



# **ARE YOU READY?**

**Please Follow These Directions!**

**First:** Your Application, Release and Disclosures forms **MUST** be turned in the night of your Home Buyer Readiness Class. Even though class begins at 6:00 PM, you can come as early as 5:30 PM to turn in your forms.

**Second:** If you are interested in TLC services, you will need the following documents:

**Confidential Counseling Session: \$25.00 Per Person for Credit Report**

(The Fee can be paid at the class or can be brought to the TLC Office)

**ALL DOCUMENTS MUST BE SUBMITTED TO THE TLC OFFICE 1 WEEK PRIOR TO YOUR SCHEDULED APPOINTMENT**

Pay stubs for the last 30 days

If you own your own business, bring your last 2 years of Income Taxes and profit and loss statements for the current calendar year.

2 months of bank statements

Your driver's license and social security card (Original Only)

Personal Budget (form will be provided)

Proof of Income: social security benefits, veterans' benefits, cash contributions

Alimony and Child Support Documentation (Court Order and Pay History)

Bankruptcy Documentation –Schedule F or H (if applicable)

**Home Buyers Education Class (8 Hour Certification):**  
**\$25.00 for Materials**

For More Information Please Contact:

Shelia Moore, Administrative Assistant  
850.222.6609 x100

Orientation Class Date: \_\_\_\_\_  
 Paid/Amount: \_\_\_\_\_  
 Form of Payment: \_\_\_\_\_

Appointment Date: \_\_\_\_\_  
 Receipt# \_\_\_\_\_  
 Allocated To: \_\_\_\_\_

Tallahassee Lenders' Consortium  
 224 Office Plaza Drive  
 Tallahassee, FL 32301  
 Tel. 850-222-6609  
 Fax. 850-222-6687

**APPLICANT'S INFORMATION:**

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Suffix-Jr., Sr., etc.)

Present Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **Sex\*** Male  Female  **Marital Status** Single  Married  **Race/National Origin\***  
 Hispanic/Latino  
 White not of Hispanic Origin  
 Black not of Hispanic Origin  
 American Indian/Alaskan  
 Asian  
 Native Hawaiian/Pacific Islander

**Veteran?** YES NO (circle one) **Education Level** \_\_\_\_\_

Do you currently rent? \_\_\_\_\_  
 Do you own a home? \_\_\_\_\_

**APPLICANT CURRENT EMPLOYMENT:**

Employer's Name: \_\_\_\_\_ Your Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**IF EMPLOYED LESS THAN TWO YEARS, PLEASE LIST YOUR FORMER EMPLOYER:**

Employer's Name: \_\_\_\_\_ Your Position: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**PLEASE LIST GROSS MONTHLY INCOME FOR EACH CATEGORY:**

Full-Time Job: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_ \*\*Child Support: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
 Part-Time Job: \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_ \*\*Alimony: \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

**CO-APPLICANT'S INFORMATION:**

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Suffix-Jr., Sr., etc.)

Present Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **Sex\*** Male  Female  **Marital Status** Single  Married  **Race/National Origin\***  
 Hispanic/Latino  
 White  
 Black  
 American Indian/Alaskan  
 Asian  
 Native Hawaiian/Pacific Islander

**VETERAN?** YES NO (Circle One) **Education Level** \_\_\_\_\_

Do you currently rent? \_\_\_\_\_  
 Do you own a home? \_\_\_\_\_

**CO-APPLICANT CURRENT EMPLOYMENT:**

Employer's Name: \_\_\_\_\_ Your Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**IF EMPLOYED LESS THAN TWO YEARS, PLEASE LIST YOUR FORMER EMPLOYER:**

Employer's Name: \_\_\_\_\_ Your Position: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**PLEASE LIST GROSS MONTHLY INCOME FOR EACH CATEGORY FOR EACH ADULT HOUSEHOLD MEMBER:**

Full-Time Job: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_ \*\*Child Support: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
 Part-Time Job: \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_ \*\*Alimony: \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

INCOME LIMITS							
1 Person	\$36,500	2 People	\$41,700	3 People	\$46,900	4 People	\$52,100
5 People	\$56,300	6 People	\$60,450	7 People	\$64,650	8 People	\$68,800

\*This information is requested for statistical purposes only.

\*\*This information is necessary in qualifying you for the City of Tallahassee Down Payment Assistance Program (Regulation "B" - Equal Credit Opportunity - Section 202.8(d))

**LIST ALL PEOPLE WHO WILL BE LIVING IN THE HOUSE TO BE PURCHASED**

Name	Social Security Number	Date of Birth	Age	Relationship to Applicant	Annual Income (If Any)
					\$
					\$
					\$
					\$
					\$
					\$

**ASSETS:**

Do you have an account with a bank, credit union or savings bank? Yes  No

If yes, please list the name of your financial institution(s): \_\_\_\_\_

Amount in checking account: \_\_\_\_\_ Amount in savings account: \_\_\_\_\_

List what source you will use for your portion of the down payment: \_\_\_\_\_

*Must be completed for ALL persons, including minors, who will be living in the house to be purchased.*

Family Member	Asset Description	Current Value	Annual Income from Asset

**DEBTS OWED AND PAYING ON:**

Debt Owed	Monthly Payment	Balance Owed	Debt Owed	Monthly Payment	Balance Owed
Child Support payment	\$	\$	Finance Company	\$	\$
Alimony	\$	\$	Loan Payment	\$	\$
Auto Payment	\$	\$	Student Loan(s)	\$	\$
Rent	\$	\$	Other:	\$	\$
MasterCard	\$	\$	Other:	\$	\$
Visa	\$	\$	Other:	\$	\$
Other:	\$	\$	<b>TOTAL</b>	\$	\$

Have you owned a home in the last three years? Yes  No

If yes, how much do you owe on it? \$ \_\_\_\_\_

Do you own a home or a mobile home now? Yes  No

Have you attended a first-time homebuyer's class? Yes  No  if yes, when \_\_\_\_\_

Who referred you to the Tallahassee Lenders' Consortium? \_\_\_\_\_

**ACKNOWLEDGEMENT**

I/We understand that the information on this form is to be used to determine maximum income for eligibility. I/We certify that the statements are true and complete to the best of my/our knowledge. I/We agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record. I also agree to pay a **non-refundable** processing fee of \$25.00 for individual applicants or \$50.00 for joint applicants to the Tallahassee Lenders' Consortium.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**A payment of \$25.00 fee per applicant must be provided to cover the cost of processing.**



Tallahassee Lenders' Consortium  
224 Office Plaza  
Tallahassee, FL. 32301  
Tel. 850-222-6609  
Fax. 850-222-6687

NeighborWorks®  
HomeOwnership Center

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I/We, \_\_\_\_\_, the undersigned, hereby authorize the release, without liability, information regarding my employment, income, and/or assets, to the Tallahassee Lenders' Consortium for the purposes of verifying information provided as part of determining eligibility for Housing Counseling or assistance under the Down Payment Assistance Loan Program with the City of Tallahassee. I understand that only information necessary for determining eligibility can be requested.

**Types of information to be verified:**

I understand that previous or current information regarding me and all household members may be required. Verifications that may be requested include, but are not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, certificates of deposit, stocks, bonds, Individual Retirement Accounts, interest dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability, worker's compensation, alimony or child support payments. It is intended that this authorization be used to obtain any and all of my financial information.

**Agreement to Conditions**

I agree that a photocopy of this authorization may be used for the purposes stated herein. I understand that I have the right to review this file and correct any information found to be incorrect.

**\*\*This release is good for one year from the date signed.**

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Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

*Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately from this document.*



Revised 4/2017





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NeighborWorks®
HomeOwnership Center

Tallahassee Lenders' Consortium Program Disclosure and Authorization

Purpose of Housing Counseling. I/We \_\_\_\_\_, understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers with problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to correct the problem for me/us but rather to provide guidance and education to empower me/us to correct issues preventing affordable mortgage financing.

I/We hereby authorize the staff of the Tallahassee Lenders' Consortium to obtain a credit report containing detailed information about my credit history from Core Logic Credco for the purpose of Housing Counseling. I also agree to pay a non-refundable processing fee of \$25.00 for individual applicants or \$50.00 for joint applicants to the Tallahassee Lenders' Consortium.

Signature Printed Name Date

Signature Printed Name Date

Homeownership Education Classes. I/ We understand that as part of the housing counseling program, I/we will be required to attend group homeownership education classes. This will include:

- Home Buyer Readiness
• Financial Fitness (if recommended by Counselor)
• Home Buyer Education
• Once a Person becomes a homeowner, we encourage them to attend the Post Homeownership class to celebrate their homeownership, and to gain additional information for homeowners.

City of Tallahassee Down Payment Assistance Program. Tallahassee Lenders' Consortium is under contract with the City of Tallahassee to administer and process the municipality's down payment assistance loan program, in which the City is the lender; while we offer the loan program to all qualified clients it is not mandatory to participate. This Program is only available if a home is purchased in the city limits.



I/We understand, if we do participate in the Down Payment Assistance Program, I/We must submit the requested documents in order to determine my/our eligibility for the program.

**Customer's Responsibility.** I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

**The Tallahassee Lenders' Consortium does not discriminate against any person because of race, color, religion, sex, national origin, handicap or familial status (presence of children under the age of 18 or pregnancy).**

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature Printed Name Date

***This release and authorization is good for one year from the date of the signature.***

*Please Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately from this document.*

### **Tallahassee Lenders' Consortium Program Fees**

The Tallahassee Lenders' Consortium values the services it provides to the City of Tallahassee, Leon County and Big Bend communities. Through the grant writing and contracting with the City of Tallahassee, NeighborWorks America, Housing and Urban Development (HUD), local lenders, and Homeownership Center Partners, it helps to keep the cost of our services at a minimum. The only fees charged by Tallahassee Lenders' Consortium include:

- The processing to obtain a credit report containing detailed information about my credit history from Core Logic Credco is \$25.00 per person.
- A book entitled, "The American Dream," to be utilized in the Home Buyer Education class and the cost is \$25.00 per household.
- Any fees incurred as a part of being eligible and closing on the loan for the City of Tallahassee's Down Payment Assistance program are presented to the prospective homeowner in the Closing Disclosure form three days prior to the closing on the home.

I/We have read the above information on the TLC's program fees, and understand my/our responsibility.

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature Printed Name Date

Revised 4/17



**Current Monthly Household Income and Expenses**

				Date:
INCOME	AMT	EXPENSES	AMT	COMMENTS
<b>Net (Take Home Pay)</b>		<b>HOUSING EXPENSES</b>	\$ -	
Gross		Rent / Mortgage		
<b>Net (Take Home Pay)</b>		Rent/Mortgage		
Gross		Taxes		
Disability (Social Security)		Insurance (Home/Rental)		
<b>Net Employment Income</b>		Electricity		
Pension/ Retirement		Gas		
Veteran Benefits		Water/Sewer		
Public Assistance		Home Telephone		
Alimony		Cell Phone		
Child Support		Cable/Satellite		
Child Support		Internet/Netflix		
Other Income		Waste Removal		
Other Income		<b>TRANSPORTATION</b>	\$ -	
<b>NET MONTHLY INCOME</b>	\$ -	Auto Payment 1		
<b>TOTAL MONTHLY INCOME</b>	\$ -	Auto Payment 2		
Credit Card		Auto Insurance		
Credit Card		Auto Gas		
Credit Card		Public Transportation		
Credit Card		Licensing		
Credit Card		Maintenance		
Credit Card		<b>INSURANCE</b>		
Credit Card		Health		
Credit Card		Life		
Credit Card		<b>FOOD</b>	\$ -	
Student Loan(s)		Groceries		
Student Loan(s)		Dining Out		
Student Loan(s)		<b>PERSONAL CARE</b>	\$ -	
Personal loans		Medical/Prescriptions		
Personal loans		Hair/Nails		
Personal loans		Clothing		
Personal loans		Dry Cleaning		
Personal loans		Gifts and Donations	\$ -	
<b>COLLECTIONS</b>		Charity		
<b>NET MONTHLY INCOME</b>	\$ -	Church/Tithes		
<b>TOTAL MONTHLY EXPENSES</b>	\$ -	<b>VIDEOS</b>		
<b>TOTAL DIFFERENCE</b>	\$ -	savings		
				<b>Gross</b>
				\$ -
<b>Client Signature</b>	<b>Date</b>	<b>PETS</b>	\$ -	<b>Net</b>
		Food		\$ -
<b>Counselor Signature</b>	<b>Date</b>	<b>TOTAL EXPENSES</b>	\$ -	<b>Revised 5-1-2017</b>