

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)

Phone Numbers: Work: _____ Home: _____

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** _____

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:	\$	\$	TOTAL	\$	\$

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? _____

AUTHORIZATION TO RELEASE INFORMATION

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. I also agree to pay a non-refundable processing fee of \$20.00 for individual applicants or \$40.00 for joint applicants to the Tallahassee Lenders' Consortium.

ACKNOWLEDGMENT

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.

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 \$20.00 for each 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

Tallahassee Lenders' Consortium Housing Counseling Program Disclosure

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 fix those 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 fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

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.

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.

City of Tallahassee Down Payment Assistance Program. Tallahassee Lenders' Consortium is under contract with the City of Tallahassee to administer 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.

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).

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

Signature	Printed Name	Date
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Signature	Printed Name	Date
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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 2/2014





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 assistance under the Down Payment Assistance Loan Program with the City of Tallahassee or Leon County Housing Finance Authority. 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 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 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.**

Signature	Printed Name	Date
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Signature	Printed Name	Date
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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 7/2014

