

AFFORDABLE SINGLE-FAMILY HOMEOWNERSHIP PROGRAM

South St. Petersburg Community Redevelopment Area



ECONOMIC & WORKFORCE DEVELOPMENT DEPARTMENT
 One Fourth Street North, 9th Floor, Municipal Services Building
 St. Petersburg, Florida 33701

A. General Information

		Applicant		Co-Applicant	
Full Legal Name					
Date of Birth & Age					
Property Street Address					
City & Zip Code					
Post Office Box, if applicable					
City & Zip Code					
Telephone	Home:	Work:	Cell:	Work:	Cell:

Check One: Married (includes separated) Unmarried (includes single/widowed/divorced)

B. Other Household Members (everyone that currently resides or will reside within 12 months):

Name(s)	Date of Birth & Age	Relationship
1.		
2.		
3.		
4.		
5.		

1. Is Applicant, Co-Applicant or any household member, age 18 or older, a full-time student?

No Yes If yes, please provide their name(s): _____

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C. Employment Information

EMPLOYMENT INFORMATION	Applicant	Co-Applicant
Employer Name		
Employer Street Address		
City/State/Zip		
Supervisor Name		
Employer Telephone Number		
Position		
Employee Identification #		
Length of Employment		
Frequency of Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Rate of Pay	\$	\$

D. Other Household Members 18 Years or Older

EMPLOYMENT INFORMATION	Household Member #1	Household Member #2
Employer Name		
Employer Street Address		
City/State/Zip		
Supervisor Name		
Employer Telephone Number		
Employee Identification #		
Position		
Length of Employment		
Frequency of Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Rate of Pay	\$	\$
EMPLOYMENT INFORMATION	Household Member #3	Household Member #4
Employer Name		
Employer Street Address		
City/State/Zip		
Supervisor Name		
Employer Telephone Number		
Employee Identification #		
Position		
Length of Employment		
Frequency of Pay	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Rate of Pay	\$	\$

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E. Other Sources of Income

NOTE: ALL Household Members, 18 years or older, must list: Business or Rental Net Income, Child Support, Alimony, Social Security Benefits, Pensions, Unemployment or Workers Compensation, Welfare Payments, Disability, AFDC and/or any other sources of income.

Household Member	Source of Income	Gross Annual Income Received
1.		
2.		
3.		
4.		
		Total: \$

F. Asset and Asset Income

NOTE: All Household Members, including minors, must list: Checking and Savings Accounts, IRAs, CDs, Bonds, Stocks, Equity in Real Estate Owned, etc

Type of Asset	Asset Value	Name on Account
1.		
2.		
3.		
4.		
	Total: \$	

G. Liabilities

Type of Credit or Loan	Balance Owed	Monthly Payment
1.		
2.		
3.		
4.		
	Total: \$	Total: \$

H. Seller

Seller Name & Address:	
Name	Address
Seller Name & Address	
Name	Address
Telephone	

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I. Lender

First Mortgage Lender	Associate Name	Company
Name		
Address		
Street		
City & Zip		
Post Office Box, if applicable		
City & Zip Code		
Telephone	Cell or other:	Work:

J. Realtor(s)

Buyer's Realtor	Associate	Company
Name		
Address		
Street		
City & Zip		
Post Office Box, if applicable		
City & Zip Code		
Telephone	Cell or other:	Work:

Selling Realtor	Associate	Company
Name		
Address		
Street Number		
City & Zip		
Post Office Box, if applicable		
City & Zip Code		
Telephone:	Cell or other:	work

K. Property Insurance Information

Home Owners Insurance		Flood Insurance	
Insurance Company		Insurance Company	
Insurance Agent		Insurance Agent	
Street or P. O. Address		Street or P. O. Address	
City, State & Zip Code		City, State & Zip Code	
Policy Number		Policy Number	

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L. Disposition of Assets

1. Have you given away, transferred ownership of or sold an asset in an amount exceeding of \$1,000 within the past two years? Yes No
2. Do you currently own real estate of any kind? Yes No

If yes, please complete the following:

Asset Type	Asset Value	Date Sold
Type of Real Estate Owned	Address	Owner Occupied?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

M. Prior Assistance

1. Have your or any property you have owned received financial assistance from the City of St. Petersburg or any other agency (i.e. St. Petersburg Housing Authority or Neighborhood Home Solutions, Inc.)? Yes No

If yes, please provide the following information:

To Whom was Assistance Provided	Date of Assistance	Purpose of Assistance	Assistance Provided by what Agency

N. Child Support and Alimony

1. Child support and/or alimony is received by the applicant, co-applicant or other household member. Yes No

If yes, check the appropriate box(s) below and provide the requested information:

- a. Court ordered child support and/or alimony is received not received
- b. Court ordered child support and/or alimony is being pursued yes No
- c. The absent parent is court ordered to pay \$_____ weekly monthly annually
- d. The absent parent is approximately \$_____ in arrears.
- e. The last payment of child support and/or alimony was on _____ (date).

2. Child support/alimony court ordered paid by the applicant or co-applicant. Yes No.
If yes, the amount is \$_____ paid weekly monthly annually.

Ethnicity and Special Needs*

This information is requested for reporting purposes only. Please check all that apply for the Head of Household Only.

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American
<input type="checkbox"/> Farm Worker	<input type="checkbox"/> Disabled	<input type="checkbox"/> Elderly	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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Note: *The city will review the inspection report to determine that the home meets the city's minimum standards providing for a safe and healthy environment for its occupants. Any code related deficiencies revealed by a city inspection or that of an independent inspection will have to be cured prior to closing.*

3. Home Owner Education Information

Note: *As a benefit and condition of receiving financial assistance from the City of St. Petersburg for down payment and closing costs, the home-buyer(s) is/are required to receive a "Certificate of Completion" from a HUD approved counseling agency for participation in the First Time Home Buyer Homeownership Class. The "Certificate of Completion" is required prior to closing. Other educational classes in Family Budgeting and Home Maintenance are recommended.*

4. Acknowledgements

I/we understand that 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 and 775.083. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge.

I/we consent to the disclosure of information for income verification related to deciding of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided may be a matter of public record.

Applicant Signature

Co-Applicant Signature

Date

Date



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SOCIAL SECURITY NUMBER COLLECTION POLICY DISCLOSURE & AUTHORIZATION TO RELEASE INFORMATION CONSENT FORM

Applicant & Co-Applicant

We/I hereby consent that the City of St. Petersburg ("City") or any credit reporting agency or bureau designated by the "City", may collect and retain any and all information concerning our/my employment, bank accounts, credit card accounts, installment obligations and any other matter, which may be required in processing our/my application for a mortgage loan. We/I also authorize release of related information by our/my employer(s), designated credit reporting agency or bureau, financial institution(s), government agency and any other creditors as listed in my/our application for assistance from the "City."

The "City" may collect Social Security numbers from prospective mortgage loan and grant recipients during the application process to determine credit worthiness of the applicant, data collection, benefit processing and tax reporting.

This Consent Form may be photo-copied, and all copies shall be as effective as those containing my/our original signature(s) dated this _____ day of _____, _____.

	Applicant	Co-Applicant
Date of Birth & Age		
Property Street Address		
City & Zip Code		
Post Office Box, if applicable		
City & Zip Code		

Applicant Signature

Co-Applicant Signature

Print Name

Print Name

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Household Member

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Household Member	
Date of Birth & Age	
Property Street Address	
City & Zip Code	
Post Office Box, if applicable	
City & Zip Code	

Household Member/Applicant Signature

Print Name

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Household Member	
Date of Birth & Age	
Property Street Address	
City & Zip Code	
Post Office Box, if applicable	
City & Zip Code	

Household Member/Applicant Signature

Print Name