

APPLICATION: PURCHASE ASSISTANCE PROGRAM

COMPLETION OF THIS APPLICATION DOES NOT OBLIGATE THE APPLICANT

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:

Includes everyone that will reside in the home

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):

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	Hourly	Weekly	Monthly	Annually	Hourly	Weekly	Monthly	Annually
Rate of Pay	\$				\$			



Housing & Community Development Department
One 4th Street North, 9th Floor
St. Petersburg, Florida 33701
727-893-7247



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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								
Position								
Employee Identification #								
Length of Employment								
Frequency of Pay	Hourly	Weekly	Monthly	Annually	Hourly	Weekly	Monthly	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								
Position								
Employee Identification #								
Length of Employment								
Frequency of Pay	Hourly	Weekly	Monthly	Annually	Hourly	Weekly	Monthly	Annually
Rate of Pay	\$				\$			

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: \$

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F. ASSET AND ASSET INCOME:

NOTE: All Household Member, including minors, must list: Checking and Savings Accounts, IRA's, CD's, 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's Name:			
Address:		City:	Zip:
Seller's Address (if different than property address)			
Address:		City:	Zip:
Telephone	Cell:	Work:	Other:

I. LENDER:

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

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J. REALTOR(S):

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

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

1. Property Insurance Information

Homeowners 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	

K. DISPOSITION OF ASSETS:

1. Have you given away, transferred ownership of or sold an asset in an amount more than \$1,000 within the past two years? Yes No

Asset Type	Asset Value	Date Sold

2. 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 St. Petersburg 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

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3. 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 and/or alimony court ordered paid by the applicant or co-applicant. **Yes** **No**

If yes, the amount is \$ _____ **weekly** **monthly** **annually**.

4. Ethnicity and Special Needs

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

White **Black** **Hispanic** **Asian/Pacific Islander** **Native American** **Other**
Farm Worker **Disabled** **Elderly** **Other**

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.

5. Homeowner 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 homebuyer(s) is/are required to receive a "Certificate of Completion" from a HUD approved counseling agency for participation in the First Time Homebuyer Homeownership Class. The "Certificate of Completion" is required prior to closing. Other educational classes in Family Budgeting and Home Maintenance are recommended.

6. Acknowledgments

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 the purpose of income verification related to making a determination 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

Under Florida law, this application is a public record. Most of the information that you provide will be released if there is a public record request. If you believe that you qualify to have your information protected, you must notify the City in writing of the specific Florida Statute that protects your information. All non-exempt information will be released in response to a public record request.

The Florida Public Records Law, Florida Statutes (2007) Section 119.071(5) requires the "City" provide written statement explaining that it collects 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.

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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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**SOCIAL SECURITY NUMBER COLLECTION POLICY DISCLOSURE
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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

Submit this application to your first mortgage lender. The lender should submit the application, and all supporting documentation as requested on the Tracking Sheet, to the City's Housing and Community Development Department:

Municipal Services Building
One 4th Street North, 9th Floor
St. Petersburg, Florida 33701