

ADULT HOUSEHOLD MEMBER APPLICATION

THIS APPLICATION MUST BE FILLED OUT BY ANY OTHER ADULT (OVER THE AGE OF 17) RESIDING OR INTENDING TO RESIDE IN THE HOUSEHOLD (INCLUDING SPOUSE, FIANCÉ, PARENT, FRIEND, ADULT CHILD OR RELATIVE) REGARDLESS OF WHETHER OR NOT THEY WILL BE PART OF QUALIFYING FOR THE FIRST MORTGAGE

Will Co-Borrower/Spouse/Adult Household Member be used to Qualify for the Mortgage? Yes No

Will Co-Borrower/Spouse/Adult Household Member be residing in the Property? Yes No

Name: _____ Social Security Number: _____

Address: _____

City/State/Zip Code: _____

Do you: Own this Property Rent this Property Live with Parents/Relative

How long have you resided at this address: _____ Monthly Rent: \$ _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Email Address: _____

Sex: Male Female Marital Status: Married Unmarried Separated Engaged

Are you a: U.S. Citizen Permanent Resident Alien with a Green Card (if yes, provide copy of Green Card)

Ethnicity (for reporting purposes only): White Black Hispanic Asian/Pacific Islander

Native American Other (please specify): _____

Special Needs (for reporting purposes only). Please check all that apply: Elderly Homeless Farmworker

Disabled, Developmentally Disabled, or Disabled Minor Other (please specify): _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Gross Pay \$ _____ per (check one): year month week hour other (specify) _____

If paid hourly, please specify average hours worked per week: _____

Second Employer (if applicable): _____ Employer Phone: _____

Employer Address: _____

Gross Pay \$ _____ per (check one): year month week hour other (specify) _____

If paid hourly, please specify average hours worked per week: _____

SECTION 2 - ADDITIONAL INCOME

Please complete this section in full. **DO NOT LEAVE ANY BLANKS.** If it does not apply, mark "No".

Do you receive:	Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount per month: \$ _____
	Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount per month: \$ _____
	Wages (fka AFDC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount per month: \$ _____
	Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount per month: \$ _____
	Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount per month: \$ _____
	Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount per month: \$ _____
	Unemployment Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount per month: \$ _____
	Workman's Comp	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount per month: \$ _____
	Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, amount per month: \$ _____

SECTION 3 - ASSET INFORMATION

Please complete this section in full. **DO NOT LEAVE ANY BLANKS.** If it does not apply, mark "No".

Do you have a:

Checking Account Yes No **If yes, Name of Bank:** _____ **Approximate Balance:** \$ _____
Savings Account Yes No **If yes, Name of Bank:** _____ **Approximate Balance:** \$ _____
CD Yes No **If yes, Name of Bank:** _____ **Approximate Balance:** \$ _____
401(K) / IRA Yes No **If yes, Name of Bank:** _____ **Approximate Balance:** \$ _____
Other: _____ Yes No **If yes, Name of Bank:** _____ **Approximate Balance:** \$ _____

SECTION 4 - BORROWER CERTIFICATION AND AUTHORIZATION

The undersigned certify and understand the following:

1. I/We certify that all of the information provided is true and exact to the best of our knowledge and belief and that I/We did not omit any pertinent information or make any misrepresentations. I/We fully understand that it is a Federal crime, punishable by fine and/or imprisonment to knowingly make any false statement when applying for a mortgage (as noted above).
2. I/We hereby authorize Tampa Bay Community Development Corporation (CDC) to verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program. I/We hereby authorize you to release to Tampa Bay Community Development Corporation (CDC), for verification purposes, information concerning: (a) Employment history, dates, title, income, hours worked, etc., (b) Banking/Asset accounts of record, (c) Mortgage/rental rating, opening date, high credit, payment amount, payment record and (d) Any information deemed necessary in connection with a consumer credit report for a real estate transaction.
3. I/We authorize our First Mortgage Lender to provide Tampa Bay Community Development Corporation (CDC) with copies of any documents from my/our mortgage file which may assist in the approval of our downpayment assistance loan, including but not limited to 1003, VOE, VOD, Credit Report, Appraisal Report and Good Faith Estimate. I/We also authorize Tampa Bay Community Development Corporation (CDC) to provide the First Mortgage Lender, HomeBuyers Club, Funding Municipality, or any other party related to this Mortgage transaction with any documents from my/our loan file which may assist in the approval of the Mortgage.
4. 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 and subject to Florida's public records laws.
5. A photographic or carbon copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.
6. **SOCIAL SECURITY NUMBER COLLECTION POLICY:** Tampa Bay CDC and its funding sources collect your Social Security number for the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes. By signing below, I/We acknowledge receipt of the Social Security Number Collection Policy disclosure.

All adult household members (over the age of 17) MUST sign below and provide the information requested on the Preliminary Application, REGARDLESS OF WHETHER OR NOT THEY WILL BE PART OF QUALIFYING ON THE MORTGAGE. If additional application pages are required, they can be requested by calling Tampa Bay CDC at (727) 442-7075.

Print Name: _____

Signature: _____

Date: _____

SOCIAL SECURITY NUMBER COLLECTION POLICY DISCLOSURE

Effective October 1, 2007

Please be advised, Tampa Bay CDC and its government funding sources collect your Social Security number for the following purposes: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes.

PLEASE RETAIN THIS DISCLOSURE FOR YOUR RECORDS.

DO NOT RETURN THIS FORM WITH YOUR APPLICATION