

EXHIBIT B.2

Foreclosure Prevention Program - Client Application/Income Certification Complete and Submit for each Client

Client Name: _____

Client Address: _____

Part I of II - Annual Income Identification

Name (Last, First)	Relationship to Head of Household:	Gender	Household Size:
a.	a. Head of Household	a.	
b.	b.	b.	
c.	c.	c.	
d.	d.	d.	

A) Assets

Household Member	Asset Description	Total Cash Value	Income from Assets
a.			
b.			
c.			
d.			
Total Net Value of Assets		\$	
Total Actual Asset Income			\$
If Total Net Value of Assets is greater than \$5,000, multiply Total Net Value of Assets by passbook savings rate of 3% and enter the results here; otherwise leave blank.			Modified Net Value of assets: \$

B) Anticipated Annual Income

Household Member	a. Wages / Salaries	b. Benefits / Pensions	c. Public Assistance	d. Other Income	e. Asset Income
a.					Enter the greater of Total Actual Asset Income <u>or</u> Modified Net Value of Assets Below:
b.					
c.					
d.					
Totals	1	2	3	4	
Enter Total of items 1 through 5 here This is Annual Income				\$	

Part II of II - Income Certification

A) Household Data (Check all that apply:)

RACE		SPECIAL NEEDS	
<input type="checkbox"/> White-Non Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Rural	<input type="checkbox"/> Disabled
<input type="checkbox"/> Black-Non Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Farm Worker	<input type="checkbox"/> PWA
<input type="checkbox"/> Native American	<input type="checkbox"/> Other	<input type="checkbox"/> Elderly Homeless	<input type="checkbox"/> Other

B) Contractor/Developer Certification

Based on the income information provided by the household and verified by me or my authorized agent, I certify that the household previously identified in Part I, is:

- A household with an annual income not exceeding 80% of the median income based on the current applicable median income information published by the U.S. Department of Housing and Urban Development; and
- A household whose credit and debt problems require foreclosure prevention counseling/intervention.

Signature of Contractor or designated representative:

Name: _____ Date: _____

Title: _____

C) APPLICANT STATEMENT: The information on this form is to be used to determine maximum annual income and residency for eligibility. I/we certify to the following:

- * That I/we have provided, for each person set forth in Part I, an acceptable verification of current anticipated annual income.
- * That I/we own a home within the St. Petersburg City limits and occupy it as my/our principal residence.
- * That I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

Signature - Head of Household _____

_____ Date

Signature - Co-Head of Household _____

_____ Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

FOR CITY OF ST. PETERSBURG USE:	
Based upon information provided, applicant had been <input type="checkbox"/> approved, <input type="checkbox"/> declined for reimbursement in the Homebuyers Club's Foreclosure Prevention Program.	
_____	_____
Authorized Signature	Date