

**Exhibit B.1**

**Pre-purchase Budget/Credit Counseling 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 or Modified Net Value of Assets below:
b.					
c.					
d.					
Totals	1.	2.	3.	4.	5.
Enter total of items 1 through 5 here This is Annual Income				\$	

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, debt and other problems will require a minimum of \_\_\_ months to correct before a mortgage application to purchase a home could be considered.

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 intend to purchase a home within the St. Petersburg City Limits and occupy it as my/our principal residence upon homebuyer certification and becoming qualified for a home purchase mortgage.
- 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.

<p><b>FOR CITY OF ST. PETERSBURG USE:</b> 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.</p>	
<p>_____ Authorized Signature</p>	<p>_____ Date</p>