



**TAMPA BAY
COMMUNITY DEVELOPMENT CORPORATION**

2139 NE Coachman Road, Clearwater, Florida 33765
(727) 442-7075 Fax (727) 446-8727
www.tampabaycdc.org

Dear Prospective Homeowner:

Congratulations! You have taken the first step towards becoming a HomeOwner in Pinellas County. Thank you for your interest in Tampa Bay CDC's programs. Attached, please find the application you requested. This is a PRELIMINARY loan application only. It is designed to pre-screen your income and make an initial determination on whether or not you meet the guidelines to receive the assistance. **In addition to applying with Tampa Bay CDC, you must also apply with a Lender to obtain a first mortgage.**

Please complete the form in full, sign where indicated, and return the form to the address below with the non-refundable Income Certification Fee (\$25.00 for one person; \$40.00 for two people). Do not leave any sections blank and do not forget to enclose the required fee, as this will cause a delay in the processing of your loan.

PLEASE NOTE THAT PROCESSING WILL NOT BEGIN UNTIL YOUR FEE IS RECEIVED
THIS FEE MUST BE RECEIVED WITHIN 10 BUSINESS DAYS OF THE APPLICATION DATE OR YOUR APPLICATION MAY BE CANCELLED.

HOW CAN I SUBMIT MY COMPLETED APPLICATION?

1. Mail or bring your original application to the following address:

Tampa Bay CDC
2139 N.E. Coachman Road, Clearwater, Florida 33765

2. Fax the Application to (727) 446-8727 and mail the Income Certification Fee and the Authorization to Release Information form to the address listed above. (Please note that processing will not begin until the Fee and Authorization form is received).
3. Apply on-line by visiting the Tampa Bay CDC website at www.tampabaycdc.org and send the Income Certification Fee in the mail to the address listed above. (Please note that processing will not begin until the Fee is received).

Tampa Bay CDC will not be responsible for applications sent or taken to any other person or location. If someone else is going to be responsible for submitting your application to Tampa Bay CDC, please make sure you follow-up with us to confirm we have received the application.

In fairness to all borrowers, applications will be reviewed in the order in which they are received - within 3 to 4 business days. Please note that the processing time does not begin until the non-refundable Income Certification Fee is received. Make sure you have completed the application in full, or it will be returned to you for completion.

WE KNOW YOU HAD A CHOICE WHEN YOU SELECTED YOUR DOWN PAYMENT ASSISTANCE PROGRAM, AND WE'RE HONORED THAT YOU PREFERRED US! IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR HOMEOWNERSHIP TEAM AT (727) 442-7075!



STOP!



WE DON'T WANT TO WASTE YOUR TIME!

Before you take the time to complete the attached Assistance Application, please answer the following questions:

Have you checked Tampa Bay CDC's income limits (as published in the program brochure and on the CDC website (www.tampabaycdc.org) and does your income exceed the limits listed?

Yes No

Is the property you are or want to purchase located in the city limits of St. Petersburg (to verify, call the Property's Appraiser's Office at 727-464-3207)? Is the property located in Hillsborough or Pasco county?

Yes No

If you have selected a property, is the price of the property more than: Yes No

City of Largo: \$ 190,000 (new or existing property)

City of Clearwater: \$ 180,000 (new or existing property)

Urban Pinellas County: \$ 190,000 (new or existing property)

If you are purchasing a home in the city limits of Clearwater, has the home had at least \$1,000 of safety/code repairs done in the last 12 months? Yes No N/A

If you are planning to purchase a home in the City of Largo, have you owned a home in the last three (3) years? Yes No N/A

If you are planning to purchase a home in the City of Largo, is it in a flood zone? Yes No

Have you received Downpayment Assistance from the City of Clearwater in the last 5 years?

Yes No N/A

Have you previously received Downpayment Assistance from Pinellas County?

Yes No N/A

If you are separated, do you expect any difficulties in getting your spouse to sign the necessary documents to release their dower rights to your property?

Yes No N/A

If you answered "Yes" to any of these questions, you may not be eligible for Downpayment Assistance. Please call the CDC office to discuss your eligibility prior to submitting the Application. Thank You.

TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION

2139 N.E. Coachman Road, Clearwater, FL 33765 Phone: (727) 442-7075 Fax: (727) 446-8727

PRELIMINARY LOAN APPLICATION – DPA ASSISTANCE

REMEMBER TO INCLUDE THE INCOME CERTIFICATION FEE (Payable to Tampa Bay CDC)

Amount Paid: \$25.00 for individual \$40.00 for two people

Paid By: Check Money Order Cash

PLEASE NOTE THAT PROCESSING WILL NOT BEGIN UNTIL YOUR FEE IS RECEIVED

SECTION 1 - BORROWER INFORMATION

Name: _____ Social Security Number: _____

Address: _____

City/State/Zip Code: _____

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

Sex: Male Female Marital Status: Married Unmarried Separated Engaged Divorced

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

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: _____

OTHER INCOME: Complete this section in full. **DO NOT LEAVE ANY BLANKS.** If it doesn't apply mark "No".

Do you receive: Social Security/Disability Yes No If yes, amount per month: \$ _____

Pension Yes No If yes, amount per month: \$ _____

Unemployment Income Yes No If yes, amount per month: \$ _____

Workman's Comp Yes No If yes, amount per month: \$ _____

Other: _____ Yes No If yes, amount per month: \$ _____

Do you receive Child Support or Alimony? Yes No

If yes, amount per month: Child Support \$ _____ Alimony: \$ _____

The Child Support or Alimony Is: Court Ordered Not Court Ordered

Date last received: _____

If support is in arrears, do you have a case in process with the State to try to collect it? Yes No

ASSET INFORMATION: 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: \$ _____

Employer Sponsored Retirement Acct Yes No Name of Bank: _____ Balance: \$ _____

Other: _____ Yes No If yes, Name of Bank: _____ Approximate Balance: \$ _____

SECTION 2 - CO-BORROWER / OTHER ADULT HOUSEHOLD MEMBER INFORMATION

THIS SECTION 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

NOTE: IF MORE THAN ONE ADULT (OVER THE AGE OF 17) WILL RESIDE IN THE PROPERTY, PLEASE MAKES COPIES OF THIS BLANK PAGE FOR THEM TO COMPLETE. WE MUST HAVE INFORMATION ON ALL ADULTS TO DETERMINE YOUR ELIGIBILITY FOR THE PROGRAM.

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: _____

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

Sex: Male Female Marital Status: Married Unmarried Separated Engaged Divorced

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

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: _____

OTHER INCOME: Complete this section in full. **DO NOT LEAVE ANY BLANKS.** If it does not apply, mark "No".

Do you receive: Social Security/Disability Yes No If yes, amount per month: \$ _____

Pension Yes No If yes, amount per month: \$ _____

Unemployment Income Yes No If yes, amount per month: \$ _____

Workman's Comp Yes No If yes, amount per month: \$ _____

Other: _____ Yes No If yes, amount per month: \$ _____

Do you receive Child Support or Alimony? Yes No

If yes, amount per month: Child Support \$ _____ Alimony: \$ _____

The Child Support or Alimony Is: Court Ordered Not Court Ordered

Date last received: _____

If support is in arrears, do you have a case in process with the State to try to collect it? Yes No

ASSET INFORMATION: 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: \$ _____

Employer Sponsored Retirement Acct Yes No Name of Bank: _____ Balance: \$ _____

Other: _____ Yes No If yes, Name of Bank: _____ Approximate Balance: \$ _____

SECTION 3 - GENERAL INFORMATION

Have you owned a principal residence in the last three (3) years? Yes No

Have you previously received Downpayment Assistance? Yes No

If yes, who provided the Assistance? Pinellas County City of Clearwater City of Largo N/A

How long ago was Assistance received? _____ years

Is anyone in your household disabled? Yes No

SECTION 4 - PROPERTY INFORMATION
(COMPLETE THIS SECTION ONLY IF YOU HAVE SIGNED A SALES CONTRACT)

Address of Property you are purchasing. Please include city, state, and zip code:

The property being purchased will be used as: primary residence secondary residence rental/investment

The property being purchased is an existing property a newly-built home

The property being purchased is: vacant Occupied by Seller Occupied by a Tenant Occupied by you

If the property is vacant, the last occupant was: the Seller a Tenant Date vacated: _____

SECTION 5 - FIRST MORTGAGE LENDER INFORMATION

Have you selected a First Mortgage Lender? Yes No If yes, provide the following information:

Company Name: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

E-Mail Address (if known): _____

SECTION 6 - HOMEBUYER EDUCATION

I/We have have not completed the Required HomeBuyer Education Program

Date Completed *: _____ If not completed: **Date Registered**: _____

Approved Instructors: Tampa Bay CDC (HUD-approved agency) - (727) 442-7075

Consumer Credit Counseling (HUD-approved agency) - (800) 741-7040, Option 4

Community Service Foundation - (727) 461-0618

* If the Certificate is over 18 months old, it is not longer valid. You will need to attend a more current Workshop.

Please Note: The agencies listed above are Approved Instructors for all area Downpayment Assistance programs. You must attend a Workshop conducted by one of these approved agencies. If you have attended a Workshop from an Agency not listed above, you will need to attend another Workshop from the list above.

SECTION 7 - DISCLOSURE OF HOUSEHOLD SIZE

BORROWER / CO-BORROWER INFORMATION	BORROWER	CO-BORROWER
Full Name		
Social Security Number		
Date of Birth / Age		
Ethnicity	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Hispanic & White <input type="checkbox"/> Hispanic and Black <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other Race not listed above: Please specify: _____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Hispanic & White <input type="checkbox"/> Hispanic and Black <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Other Race not listed above: Please specify: _____

OTHER HOUSEHOLD MEMBERS RESIDING OR INTENDING TO RESIDE IN THE PROPERTY:

	HOUSEHOLD MEMBER 1	HOUSEHOLD MEMBER 2	HOUSEHOLD MEMBER 3
Full Name			
Social Security Number			
Date of Birth/Age			
Relationship to Borrower			
Full-Time Student?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Name of Employer (If Applicable)			
Hourly Salary			
# Hours Worked Per Week			

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, assets or household size is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. 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 correct to the best of my/our knowledge. I/We further understand that random audits are conducted by Tampa Bay CDC and other governmental agencies. Should omissions or misrepresentations (most notably about income and/or household size) be uncovered, I

may be subject to immediate payment of all assistance received or possible foreclosure of my property.

SECTION 8 - BORROWER CERTIFICATION

The undersigned certify and understand the following:

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).

SECTION 9 - 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.

SECTION 10 - AUTHORIZATION TO RELEASE INFORMATION

1. 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.
 1. 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.
 2. 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.
4. A photographic or carbon copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

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.

Borrower Signature

Date: _____

Co-Borrower/Spouse/Adult Household Member 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