

**NUMBER OF PEOPLE IN HOUSEHOLD - CHILDREN OR OTHERS
WHO WILL BE LIVING IN THE HOUSE TO BE PURCHASED**

Name	Social Security Number	Date of Birth	Age	Relationship to Applicant	Annual Income (If Any)
					\$
					\$
					\$
					\$
					\$
					\$

ASSETS:

Do you have an account with a bank, credit union or savings bank? Yes No

If yes, please list the name of your financial institution(s): _____

Amount in checking account: _____ Amount in savings account: _____

List what source you will use for your portion of the down payment: _____

(Must be completed for ALL persons, including minors, who will be living in the house to be purchased.)

Family Member	Asset Description	Current Value	Annual Income from Asset

DEBTS OWED:

Debt Owed	Monthly Payment	Balance Owed	Debt Owed	Monthly Payment	Balance Owed
Child support payment	\$	\$	Finance Company	\$	\$
Alimony	\$	\$	Loan Payment	\$	\$
Car/Truck Payment	\$	\$	Student Loan(s)	\$	\$
Rent	\$	\$	Other:	\$	\$
Mastercard	\$	\$	Other:	\$	\$
Visa	\$	\$	Other:	\$	\$
Other:	\$	\$	TOTAL	\$	\$

Have you owned a home in the last three years? Yes No

If yes, how much do you owe on it? \$ _____

Do you own a home or a mobile home now? Yes No

Have you attended a first-time homebuyer's class? Yes No If Yes, when? _____

Who referred you to the Tallahassee Lenders' Consortium? _____

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the staff of the Tallahassee Lenders' Consortium to obtain a credit report containing detailed information about my credit history from the CBC Innovis. I also agree to pay non-refundable processing fee of \$16.75 for individual applicants or \$18.50 for joint applicants to the Tallahassee Lenders' Consortium.

ACKNOWLEDGMENT

I/We understand that the information on this form is to be used to determine maximum income for eligibility. I/We certify that the statements are true and complete to the best of my/our knowledge. 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.

WARNING: 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 or 775.83.

Applicant

Date

Co-Applicant

Date

A payment of \$16.75 for individual applicants or \$18.50 for joint applicants must be paid at the time of application.