



**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:	\$	\$	<b>TOTAL</b>	\$	\$

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? \_\_\_\_\_

Have you received assistance from other Leon County Housing strategies?      Yes       No

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 a \$15.00 non-refundable processing fee for each applicant 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 \$15.00 for each applicant must be paid at the time of application.*