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 APPLICATION MUST BE COMPLETED BY THE BORROWER ONLY (NOT BY ANY OTHER PARTY SUCH AS THE LENDER OR REALTOR).** 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 USING ONE OF THE METHODS BELOW.** All Authorizations and Affidavits must be signed by hand, no electronic signatures will be accepted. **DO NOT LEAVE ANY SECTIONS BLANK, AS THIS WILL CAUSE A DELAY IN THE PROCESSING OF OUR APPLICATION.**

**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, Suite 1, Clearwater, Florida 33765

2. **FAX THE APPLICATION TO (727) 446-8727.**

3. **APPLY ON-LINE BY VISITING THE TAMPA BAY CDC WEBSITE AT WWW.TAMPABAYCDC.ORG.** After completing the online application, go to the “Forms and Brochures” page to print out and sign the Authorization Form, then mail this form to the address listed above. (Please note that electronic signatures are not acceptable. You must sign the form in blue ink).

Tampa Bay CDC will not be responsible for applications sent or taken to any other person or location.

**In fairness to all borrowers, applications will be reviewed in the order in which they are received - within 3 to 4 business days.** 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:

Does your income exceed the 2019 limits listed below?  
- 1 Person: $35,800  
- 2 People: $40,900  
- 3 People: $46,000  
- 4 People: $51,100  
- 5 People: $55,200  
- 6 People: $59,300  
- 7 People: $63,400  
- 8 People: $67,500

☐ Yes  ☐ No

IF YOUR ANNUAL HOUSEHOLD INCOME EXCEEDS THE LIMITS LISTED ABOVE, YOU WILL NOT QUALIFY FOR TAMPA BAY CDC’S ASSISTANCE PROGRAM.

Is the property you are or want to purchase located in Hillsborough County, Pasco County or unincorporated Pinellas County or the City of ST. Petersburg?  
☐ Yes  ☐ No

IF YOU ARE BUYING IN PASCO COUNTY OR IN HILLSBOROUGH COUNTY, DO NOT COMPLETE THIS APPLICATION!

If you have selected a property, is the price of the property more than:  
☐ Yes  ☐ No
- City of Largo (Tax Code “LA”): Existing or Newly-Built: $190,000  
- City of Clearwater (Tax Code “CW”): Existing: $210,000  
- City of Clearwater (Tax Code “CW”): Newly-Built: $229,000

Are you (or any other Household Adult) a non-U.S. Citizen or do you currently reside here without having a Green Card yet?  
☐ Yes  ☐ No  ☐ N/A

Have you received Downpayment Assistance from the City of Clearwater in the last 5 years?  
☐ Yes  ☐ No  ☐ N/A

If you are separated, has it been less than 12 months and 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

Is the Realtor and Lender for this transaction the same person or same company?  
☐ Yes  ☐ No  ☐ N/A

If you are purchasing a home in Largo, is it in a flood zone?  
☐ Yes  ☐ No  ☐ N/A

IF YOU ANSWERED “YES” TO ANY OF THESE QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR DOWNPAMENT ASSISTANCE. Please call the CDC office to discuss your eligibility prior to submitting the Application.
PRELIMINARY DOWNPAYMENT ASSISTANCE APPLICATION FOR PINELLAS COUNTY (7-18)

SECTION 1 - CONTACT INFORMATION

Borrower Name: ____________________________

Co-Borrower Name (if applicable): ____________________________

Mailing Address: ____________________________________________

City/State/Zip Code: _________________________________________

Daytime Phone Number: ____________________________ Is this □ Home Phone □ Cell Phone □ Work Phone

Secondary Phone Number: ____________________________

Preferred Method to receive correspondence from Tampa Bay CDC (please check only ONE box below):

□ Mail □ E-Mail Address listed below

E-Mail Address (please print legibly to insure all correspondence goes to the correct e-mail address):

__________________________________________

SECTION 2 - DISCLOSURE OF HOUSEHOLD SIZE

<table>
<thead>
<tr>
<th>BORROWER</th>
<th>CO-BORROWER OR SPOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth / Age</td>
<td></td>
</tr>
</tbody>
</table>

HOUSEHOLD MEMBERS (NOT LISTED ABOVE) RESIDING OR INTENDING TO RESIDE IN PROPERTY:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth / Age</th>
<th>Relationship to Borrower</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ YES □ NO □ N/A</td>
</tr>
</tbody>
</table>

If 17 or older, are you a Full-Time Student? □ YES □ NO □ N/A

If 17 or older, are you Employed? □ YES □ NO □ N/A

If 17 or older, Name of Employer

Hourly Salary

# Hours Worked Per Week
SECTION 3 - BORROWER INFORMATION

Name: ___________________________ Sex: □ Male □ Female
Social Security Number: ___________________________ Date of Birth: __________

Address: __________________________________________
City/State/Zip Code: ___________________________

Do you □ Own □ Rent this property? Monthly Rent/Mortgage Payment: $________
How long have you resided at this address: _____________ years

Marital Status: □ Married □ Unmarried □ Separated □ Engaged □ Divorced □ Widowed
Are you a: □ U.S. Citizen □ Permanent Resident Alien with a Green Card (if yes, provide copy of Green Card)

Ethnicity (Please check only ONE box, whichever is applicable):
□ White □ Black □ Black/African American & White □ Hispanic & White □ Hispanic and Black
□ Asian □ Asian and White □ American Indian or Alaska Native □ Native Hawaiian or Pacific Islander
□ Other Race not listed above: Please specify: ___________________________

BORROWER'S INCOME INFORMATION:
Is your income received from: □ An Employer (W-2 Received) □ Self Employment (1099 Received)

Employer Name: __________________________________________
Employer/Human Resources Phone Number: ___________________________
Employer Address: __________________________________________

How long have you been employed on this job? _________________ □ years □ months

Gross Pay $________ per (check one): □ year □ month □ week □ hour □ other (specify) _______
If paid hourly, please specify average hours worked per week: _____________
Check one of these boxes if you regularly receive: □ overtime □ bonus □ commissions □ shift differential

OTHER INCOME: Complete this section in full. **DO NOT LEAVE ANY BLANKS**, If it doesn’t apply mark “No”.

Do you receive:
Income from a Second Job □ Yes □ No If yes, amount per month: $________
Social Security/Disability □ Yes □ No If yes, amount per month: $________
Pension □ Yes □ No If yes, amount per month: $________
Unemployment Benefits □ Yes □ No If yes, amount per month: $________
Workman’s Compensation □ 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

BORROWER'S ACCOUNT INFORMATION:
(Complete this section in full. **DO NOT LEAVE ANY BLANKS**, If it doesn’t apply mark “No”).

Do you have any of the following types of accounts?

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>□ Yes</th>
<th>□ No</th>
<th>Name of Bank:</th>
<th>Balance: $</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
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<td>Savings</td>
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<td>CD / Money Market</td>
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<td>401(K) / Retirement / IRA</td>
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<td>Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Is this a Joint Account:

□ Yes □ No

When do you have access to your 401K? □ Now □ Upon Retirement

Other: ___________________________ □ Yes □ No Name of Bank: ______________ Balance: $________
□ Yes □ No
SECTION 4 - CO-BORROWER OR SPOUSE'S INFORMATION

Will Co-Borrower or Spouse be used to Qualify for the Mortgage? □ Yes □ No

Name: ___________________________ Sex: □ Male □ Female
Social Security Number: ___________________________ Date of Birth: __________
Address: __________________________________________________
City/State/Zip Code: ___________________________

Do you □ Own □ Rent this property? Monthly Rent/Mortgage Payment: $ __________
How long have you resided at this address: ____________ years

Marital Status: □ Married □ Unmarried □ Separated □ Engaged □ Divorced □ Widowed
Are you a: □ U.S. Citizen □ Permanent Resident Alien with a Green Card (if yes, provide copy of Green Card)

Ethnicity (Please check only ONE box, whichever is applicable):
□ White □ Black □ Black/African American & White □ Hispanic & White □ Hispanic and Black
□ Asian □ Asian and White □ American Indian or Alaska Native □ Native Hawaiian or Pacific Islander
□ Other Race not listed above: Please specify: ___________________________

CO-BORROWER OR SPOUSE'S INCOME INFORMATION:
Is your income received from: □ An Employer (W-2 Received) □ Self Employment (1099 Received)

Employer Name: __________________________________________________________
Employer/Human Resources Phone Number: _________________________________
Employer Address: ______________________________
How long have you been employed on this job? ____________ □ years □ months

Gross Pay $ ____________ per (check one): □ year □ month □ week □ hour □ other (specify)________
If paid hourly, please specify average hours worked per week: ____________
Check one of these boxes if you regularly receive: □ overtime □ bonus □ commissions □ shift differential

OTHER INCOME: Complete this section in full. DO NOT LEAVE ANY BLANKS. If it doesn’t apply mark “No”.

Do you receive:
Income from a Second Job □ Yes □ No If yes, amount per month: $ __________
Social Security/Disability □ Yes □ No If yes, amount per month: $ __________
Pension □ Yes □ No If yes, amount per month: $ __________
Unemployment Benefits □ Yes □ No If yes, amount per month: $ __________
Workman’s Compensation □ 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

CO-BORROWER OR SPOUSE'S ACCOUNT INFORMATION:
(Complete this section in full. DO NOT LEAVE ANY BLANKS. If it doesn’t apply mark “No”).

Do you have any of the following types of accounts? Is this a Joint Account:
Checking □ Yes □ No Name of Bank: _____________ Balance: $ __________ □ Yes □ No
Savings □ Yes □ No Name of Bank: _____________ Balance: $ __________ □ Yes □ No
CD / Money Market □ Yes □ No Name of Bank: _____________ Balance: $ __________ □ Yes □ No
401(K) / Retirement / IRA □ Yes □ No Name of Bank: _____________ Balance: $ __________ □ Yes □ No
Other: ___________ □ Yes □ No Name of Bank: _____________ Balance: $ __________ □ Yes □ No

When do you have access to your 401K? □ Now □ Upon Retirement
Will Adult Household Member be used to Qualify for the Mortgage?  □ Yes  □ No

Name: ___________________________ Sex: □ Male □ Female
Social Security Number: ____________ Date of Birth: ____________________

Address: ___________________________________________________________
City/State/Zip Code: _________________________________________________

Marital Status: □ Married □ Unmarried □ Separated □ Engaged □ Divorced □ Widowed
Are you a: □ U.S. Citizen □ Permanent Resident Alien with a Green Card (if yes, provide copy of Green Card)

ADULT HOUSEHOLD MEMBER’S INCOME INFORMATION:
Is your income received from: □ An Employer (W-2 Received) □ Self Employment (1099 Received)

Employer Name: ___________________________________________________
Employer/Human Resources Phone Number: _____________________________
Employer Address: _________________________________________________

How long have you been employed on this job? _______________ □ years □ months

Gross Pay $___________ per (check one): □ year □ month □ week □ hour □ other (specify)________
If paid hourly, please specify average hours worked per week: ______________

Check one of these boxes if you regularly receive: □ overtime □ bonus □ commissions □ shift differential

OTHER INCOME: Complete this section in full. DO NOT LEAVE ANY BLANKS. If it doesn’t apply mark “No”.

Do you receive:

Income from a Second Job □ Yes □ No  If yes, amount per month: $________
Social Security/Disability □ Yes □ No  If yes, amount per month: $________
Pension □ Yes □ No  If yes, amount per month: $________
Unemployment Benefits □ Yes □ No  If yes, amount per month: $________
Workman’s Compensation □ 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

ADULT HOUSEHOLD MEMBER’S ACCOUNT INFORMATION:
(Complete this section in full. DO NOT LEAVE ANY BLANKS. If it doesn’t apply mark “No”).

Do you have any of the following types of accounts?

Do you have any of the following types of accounts?  □ Yes  □ No  Name of Bank: ____________________________ Balance: $________
Checking □ Yes □ No  Name of Bank: ____________________________ Balance: $________  □ Yes □ No
Savings □ Yes □ No  Name of Bank: ____________________________ Balance: $________  □ Yes □ No
CD / Money Market □ Yes □ No  Name of Bank: ____________________________ Balance: $________  □ Yes □ No
401(K) / Retirement / IRA □ Yes □ No  Name of Bank: ____________________________ Balance: $________  □ Yes □ No
Other: ____________________________ □ Yes □ No  Name of Bank: ____________________________ Balance: $________  □ Yes □ No

When do you have access to your 401K?  □ Now  □ Upon Retirement
Other:____________________ □ Yes □ No  Name of Bank: ____________________________ Balance: $________  □ Yes □ No
SECTION 6 - GENERAL INFORMATION

Have you owned a principal residence in the last three (3) years?  □ Yes □ No
Have you previously received Downpayment Assistance? □ Yes □ No  How long ago was it received? ______ years
If yes, who provided the Assistance? □ City of St. Petersburg □ City of Clearwater □ City of Largo
Is anyone in your household disabled? □ Yes □ No

SECTION 7 - PROPERTY INFORMATION
(COMPLETE THIS SECTION ONLY IF YOU HAVE A FULLY ACCEPTED 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: ________________

Name of Your Realtor: ________________________________________________________________
Phone Number: ___________________________  Cell Phone Number: ___________________________
E-Mail Address (if known): __________________________________________________________________

SECTION 8 - 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: ___________________________  Cell Phone Number: ___________________________
E-Mail Address (if known): __________________________________________________________________

SECTION 9 - HOMEBUYER EDUCATION INFORMATION

I/We □ have □ have not completed the required Homebuyer Education Program from a HUD-approved Agency

Date Completed: ________________________  (If certificate is over 12 months old, you must attend another Workshop)

If you have not attended a Workshop? If not, what is the date you are scheduled to attend? ________________
Instructor: □ Tampa Bay CDC □ Clearwater Neighborhood Housing □ Neighborhood Home Solutions St. Pete
□ E-Home America (only accepted online course). (THIS COURSE IS NOT FREE. A FEE IS REQUIRED).

SECTION 10 - BORROWER/CO-BORROWER/ADULT HOUSEHOLD MEMBER CERTIFICATION

I/We certify that NO OTHER PARTY COMPLETED THE APPLICATION ON MY/OUR BEHALF and ALL OF
THE INFORMATION PROVIDED IS TRUE AND EXACT TO THE BEST OF MY/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).  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 11 - 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 Pinellas County Community Development, City of Clearwater, City of Largo or City of St. Petersburg Social Security Number Collection Policy disclosure.

SECTION 12 - 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.

2. I/We authorize our First Mortgage Lender and/or Realtor to provide Tampa Bay Community Development Corporation (CDC) with copies of any documents from my/our mortgage or real estate file which may assist in the approval of our downpayment assistance loan. I/We also authorize Tampa Bay Community Development Corporation (CDC) to provide the First Mortgage Lender, HomeOwnership Center, 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.

3. 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 HAND-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, please call Tampa Bay CDC at (727) 442-7075.

Signature of Borrower
Printed Name: ____________________________
Date: _______________________________________________________________________________________

Signature of Co-Borrower or Spouse (if applicable)
Printed Name: ____________________________
Date: _______________________________________________________________________________________
Please be advised, Tampa Bay CDC and its funding jurisdictions 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.