



## TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION

2139 NE Coachman Road, Suite 1, 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 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.**

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### HOW CAN I SUBMIT MY COMPLETED APPLICATION?

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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!**



Tampa Bay CDC is an Equal Housing Lender



1/2019



# 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?  Yes  No

1 Person: \$ 35,800	4 People: \$ 51,100	7 People: \$ 63,400
2 People: \$ 40,900	5 People: \$ 55,200	8 People: \$ 67,500
3 People: \$ 46,000	6 People: \$ 59,300	

**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 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.**

**TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION**

2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765

Phone: (727) 442-7075 Fax: (727) 446-8727

<p><b>PRELIMINARY DOWNPAYMENT ASSISTANCE APPLICATION FOR PINELLAS COUNTY (7-18)</b></p>
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**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**

	BORROWER	CO-BORROWER OR SPOUSE
Name		
Date of Birth / Age		

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

	HOUSEHOLD MEMBER	HOUSEHOLD MEMBER	HOUSEHOLD MEMBER
Name			
Date of Birth/Age			
Relationship to Borrower			
If 17 or older, are you a 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
If 17 or older, are you 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
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?**

**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:** \$ \_\_\_\_\_

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: \$ \_\_\_\_\_

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

Other: \_\_\_\_\_  Yes  No Name of Bank: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  Yes  No

**SECTION 5 - 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 FIANCÉ, PARENT, FRIEND, ADULT CHILD OR RELATIVE) REGARDLESS OF WHETHER OR NOT THEY WILL BE PART OF QUALIFYING FOR THE FIRST MORTGAGE. PLEASE MAKE A COPY OF THIS BLANK PAGE FOR OTHER ADULT HOUSEHOLD MEMBERS TO COMPLETE.**

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?

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: \$ \_\_\_\_\_

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

Other: \_\_\_\_\_  Yes  No Name of Bank: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  Yes  No

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**SECTION 6 - GENERAL INFORMATION**

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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

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**SECTION 7 - PROPERTY INFORMATION**  
**(COMPLETE THIS SECTION ONLY IF YOU HAVE A FULLY ACCEPTED SALES CONTRACT)**

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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): \_\_\_\_\_

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**SECTION 8 - FIRST MORTGAGE LENDER INFORMATION**

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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): \_\_\_\_\_

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**SECTION 9 - HOMEBUYER EDUCATION INFORMATION**

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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).**

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

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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.

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**SECTION 11 - SOCIAL SECURITY NUMBER COLLECTION POLICY**

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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.

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**SECTION 12 - AUTHORIZATION TO RELEASE INFORMATION**

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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:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Adult Household Member (if applicable)**

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_





**PLEASE TEAR THIS PAGE OFF AND RETAIN THIS DISCLOSURE**

**FOR YOUR RECORDS.**

**DO NOT RETURN THIS FORM WITH YOUR APPLICATION**

**SOCIAL SECURITY NUMBER  
COLLECTION POLICY DISCLOSURE**

Effective October 1, 2007

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.