

Bonita Springs Area Housing Development Corporation



27499 Riverview Center Blvd, Suite 112, Bonita Springs, Florida 34134

Telephone 239-495-7100 Fax 2394-495-7694 WWW.bsahdc.com

Downpayment Assistance Program for First Time Homebuyers

A P P L I C A T I O N C H E C K L I S T

Print Your Name _____ **Date:** _____

Please do not use white out on the application. Original application must be submitted; faxed copies are not acceptable.

- Attach:** Credit Report Fee of \$20 per applicant. Either \$20 for one person or \$40 For two applicants. Money order or cash!
- Attach:** Copies of Tax returns and W2's for the past 2 years. Include all pages of the tax returns and all W2's for each job.
- Attach:** Copies of Social Security Cards or birth certificates for all household members under the age of 18 and who live with you. Copies of photo ID and Social Security Cards for all adult household members and proof of alien residency if not US Citizen
- Attach:** Three most current pay check stubs for all household members who are working now.
- Attach:** For each household member that is working now, attach a letter from the employer(s) including: start date of employment; position held; base salary or hourly wage; average number of hours worked per week; type of pay period (weekly, biweekly, monthly, annually); average number of overtime hours and overtime rate of pay; and, bonus amount and frequency of payment if applicable.
- Attach:** If any household member is receiving Social Security or SSI benefits, attach a current benefit statement for each person. (Current benefit statements can be requested in person at your local Social Security Administration Office)
- Attach:** Child Support must be reported for all children who are not living with both of their natural parents. For example, applicants who have children in the household and who are not residing with both natural parents must show that he/she is collecting the amount of court ordered support reported in the divorce/separation/child support agreement by providing a copy of the court order. If the applicant does not have a court order or if the applicant is not currently receiving the court ordered support, the applicant must show proof that he/she has recently opened a child support case (indicating case number) within the past 90 days at the Child Support Enforcement Office, State of Florida Department of Revenue Telephone 800-622-5437).
- Attach:** Proof of other income received by any household member, such as: Alimony, Unemployment benefits or any other income you receive regularly.
- Attach:** A complete copy of the last three month bank statements, for all accounts that are open for each household member. (Transaction only printouts are not acceptable.)
- Attach:** A copy of last months statement for Retirement funds, IRA, state or other funds.
- Attach:** A copy of last months statement for stocks, bonds, or other income.
- Attach:** If divorced, attach a copy of your Divorce Decree.

This program is open to all without regard to race, color, sex, handicap, religion, familial or marital status, or national origin. The Downpayment Assistance Program is a first come, first completed basis. Those who supply the Program with all the information needed to process their application while funds are available will be processed first. Your "APPLICATION" will be denied if you do not provide the requested information. Your "APPLICATION" will be denied if the information is received after all funds have been obligated. Rental Properties are not eligible. If you have any questions or need assistance please call: 239-495-7100.

***Note there are limited funds and restrictions apply.**

Our phone number 239-495-7100, Our fax 239-495-7694,

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Estimado Cliente,

Por favor de llenar, y mandar todo lo que se le pide.

Primero debe llenar su aplicación completamente. Si hay mayores de 18 años de edad asegúrese que firmen también la autorización de verificación de datos (Authorization for the release of information).

- Se requiere pagar un arancel de \$ 20.00 por aplicador en *money order* o *efectivo(Cash)*
- Sus últimos (2) dos años de sus (*taxes*) recuento de impuesto
- Copias de actas de nacimientos de todos los miembros que viven en su vivienda, también seguro social, si no son ciudadanos de este país por favor de enviar tarjeta de residencia
- Los últimos (3) tres talones de cheques
- Una carta de su empleador que diga cuantas horas usted trabaja, cuanto tiempo usted lleva allí, cada cuanto a usted le pagan (por semana, quincena, o por mes) y si trabaja horas extras
- Manutención de niño- por favor reporte todos los niños que están recibiendo manutención de los padres, también se necesita que por favor entregue orden de corte. Si no tiene este documento y esta recibiendo (*child support*) puede llamar a las oficinas del Departamento del estado de la Florida 800-622-5437
- Prueba de cualquier otro ingreso que esta entrando a domicilio por ejemplo pensión, sustento, desempleo
- Los últimos (3) tres meses de sus cuentas bancarias
- Si se ha divorciado por favor, incluya orden de la corte
- Otro tipo de ingreso por ejemplo cuenta de retiro, *stocks*, y *bonds*

Por favor cualquier pregunta puede llamarnos al número que esta arriba los días de Lunes y Miércoles.

Gracias, y que tenga feliz día.

BONITA SPRINGS AREA COUNTY HOUSING DEVELOPMENT CORPORATION



PROGRAM APPLICATION

APPLICANT INFORMATION

APPLICANT NAME:		SS#:	
CO-APPLICANT'S NAME:		SS#:	
Applicant Profession:			
HOME PHONE:	WORK PHONE:	CELL PHONE:	
CURRENT ADDRESS (2 year history):		# Yrs	
CITY:	STATE:	ZIP:	CURRENT RENT: \$
LANDLORD NAME & ADDRESS:		PHONE:	
PREVIOUS ADDRESS:		#Yrs	
CITY:	STATE:	ZIP:	CURRENT RENT: \$
LANDLORD NAME & ADDRESS:		PHONE:	

**List additional addresses on back page.*

DECLARATIONS(check one)

	A	CO-AP
Are you a US citizen or Permanent resident alien?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you and/or your spouse or co-applicant owed a home during the past three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any outstanding unpaid collections or judgments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been declared bankrupt within the past 7 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had property foreclosed upon or given title or deed in lieu of foreclosure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a party in a lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied for a home through any other non-profit agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you disposed of any major assets in the past two years? If so how much \$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your Co-Applicant's combined value of assets exceed \$5,000.00	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been awarded child support for any of your children, Regardless of whether or not it is received?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, in what State or County was it awarded

Yes No Yes No

HOUSEHOLD INFORMATION(list all person that will live in new home)

Name(s)	Social Security Number	Date of Birth	Sex	Relationship to Applicant	Marital Status M,S,W, D

Is applicant, co-applicant or any other household member over the age of 18 a full time student? Yes No

If so, who

Is anyone in your household expecting a child? Yes No

Number of persons: Elderly Handicapped Native American/Indian
 White Black Hispanic Indian Asian Other
 Farm worker Developmentally Disabled Homeless Other

Household Type: Single Two-Parent Single-Parent

APPLICANTS EMPLOYMENT (were you work)

EMPLOYER:	PHONE:	FAX:
ADDRESS:	YEARS EMPLOYED:	
POSITION:	SUPERVISOR:	
PREVIOUS EMPLOYER:	PHONE:	FAX:
ADDRESS:	YEARS EMPLOYED:	
POSITION:	SUPERVISOR:	

CO-APPLICANTS EMPLOYMENT (where your co applicant works)

EMPLOYER:	PHONE:	FAX:
ADDRESS:	YEARS EMPLOYED:	
POSITION:	SUPERVISOR:	

ANNUAL HOUSEHOLD INCOME (list all money you receive each year)

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBER 18 OR OVER	TOTAL
Gross Salary				
Overtime, Tips, Bonuses. Etc.				
Alimony/Child Support				
Social Security/SSI				
Retirement/Pension				
AFDC, Welfare				
Interest/Dividends				
Unemployment, Workers Comp.				
Rental net Income				
Business Net Income				
Other				

ASSETS

TYPE	INSTITUTION bank name	OWNER name on account	ACCOUNT #	CASH VALUE balance
Checking Account				
Savings Account				
Stocks, Bonds, CD's				
IRA's, 401K				
Equity in Properties				
Life Insurance				
Other				

LIABILITIES(what you pay out example: Car, First Bank \$200, balance \$6000)

TYPE(car, credit card)	CREDITOR'S NAME bank name	MONTHLY PAYMENT	BALANCE
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Rent/Lease Payment		\$	\$
Mortgage		\$	\$

I/We understand that Florida Statue 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 Statues 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 complete to the best of my/our knowledge.** I/We consent to the disclosure of information for the purpose of income verification related to making determination of my/our eligibility for program assistance.

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.

Our program is open to all without regards to race, color, sex, handicap, religion, familial, status, or national origin.

Applicants Signature

Date

Co-Applicant's Signature

Date

If you have filled this application on the web site please print and sign the original application and return it to us with the copies of verifications attached so we may process your application.

Incomplete applications will not be processed! We must have the credit report fee to process your application, \$20 per applicant, cash or money order. We do not accept checks!

The Down-payment Assistance Program is a first come, first completed basis. Those who supply the Program with all the information needed to process their application while funds are available will be processed first.

Your "APPLICATION" will be denied if you do not provide the requested information. Your "APPLICATION" will be denied if the information is received after all funds have been obligated. If you have any questions or need assistance please call: 239-495-7100.

Please return/mail this application to:
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CREDIT REPORT AUTHORIZATION

NAME: _____
FIRST MIDDLE LAST

SPOUSE: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY, STATE ZIP

Social Security# ____/____/____

Spouse Social Security# ____/____/____

Date of Birth ____/____/____

Spouse Date of Birth ____/____/____

I (WE) hereby give permission to pull my (our) credit report for the purposed of my (our) application for assistance in regards to my home or my loan through Bonita Springs Area Housing Development Corporation – Foreclosure Prevention/Loss Mitigation Program.

All information will be kelp confidential between my Counselor and me. I further understand that Bonita Springs Area Housing Development Corporation will be held harmless for information received in this credit report.

Both Signatures are required if joint report is requested.

Signature Date

Spouse Signature Date