

Down Payment Assistance DOCUMENT CHECKLIST AND APPLICATION

- Completed and signed application
 - Authorization to Release Information for all household members over the age of 18 (or will turn 18 within 3 months of application)
 - The Privacy Policy for all household members over the age of 18 (or will turn 18 within 3 months of application)
- Identification for applicant and co-applicant
- Proof of income from **ALL** sources for **ALL** household members for the last sixty (60) days (i.e. Paystubs, Social Security Income, Food Stamps/Cash Assistance, Child Support, Alimony, etc.) (see attached for additional requirements)
- If applicable, Self Employed year to date profit and loss statement (see attached for additional requirements)
- Last two year's Tax returns all pages, with all schedules and W-2s/1099(s)
- If applicable, Verification of Disability Form, if disability code is not identified on Social Security statement
- Most recent and consecutive last six (6) months of actual bank statements (With bank name and account number) (**ALL PAGES**, even if blank) for all household members with accounts
- Current Mortgage Statement, if applicable
- If applicable, bankruptcy, judgment or lien release/satisfaction/discharge/dismissal
- If applicable, legal guardianship documents regarding for any household member, if applicable.
- Divorce decree and child support if applicable

Please contact the Community Development Department at (727) 834-3447.

APPLICATION FOR DOWN PAYMENT ASSISTANCE

Annual Income: _____
 Type of Assistance: _____ Inc Category (VL,LI,MI): _____

GENERAL INFORMATION:

	APPLICANT	CO-APPLICANT
Full Name (include Jr. or Sr. if applicable)		
Social Security Number		
Date of Birth / Age		
Marital Status	() Married () Unmarried	() Married () Unmarried
	() Separated Yrs. School ____	() Separated Yrs. School ____
Home Phone (Incl. Area Code)		
Cellular Phone (Incl. Area Code)		
E-Mail Address		
Present Address (Street)		
City, State, Zip Code		
() Own () Rent _____ No. Yrs. Monthly Rent/Mortgage \$ _____ Landlord/Apartment Name: _____ Phone: _____ Address: _____		

Former Address (if residing at present address less than three years)	
Address (Street)	
City, State, Zip Code	
() Own () Rent _____ No. Yrs. Monthly Rent/Mortgage \$ _____ Landlord/Apartment Name: _____ Phone: _____ Address: _____	

Other Household Members Name(s)	Date of Birth/Age	Relationship to Applicant	Employed?
			() Y () N
			() Y () N
			() Y () N
			() Y () N
			() Y () N

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?

() Y () N If yes, please list names: _____

EMPLOYMENT

EMPLOYMENT INFORMATION:	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
Employer Phone #		
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

	APPLICANT	CO-APPLICANT

Employer Name		
Employer Address		
City/State/Zip Code		
Employer Phone #	()	()
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

NOTE: Attach additional sheets as necessary for ALL EMPLOYED household members 18 years and over, (including signed authorization form for each member).

OTHER SOURCES OF INCOME:

(For ALL Household Members 18 and Over)

List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.

Name of Recipient	Type of Income	Gross Annual Income
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		
		Total \$

SPECIAL NEEDS: Special needs households include persons that are elderly, physically disabled, at risk of being or are homeless, and/or have extremely low incomes.

(For reporting purposes only, please check all definitions that apply to any household member (must provide documentation that can be verified by a third party and identify person who meets criteria below.)

<input type="checkbox"/> “Disabling condition” means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is: <ul style="list-style-type: none"> <input type="checkbox"/> Expected to be of long-continued and indefinite duration; and <input type="checkbox"/> Not expected to impair the ability of the person with special needs to live independently with appropriate supports. 		
<input type="checkbox"/> “Person with special needs” means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; <ul style="list-style-type: none"> <input type="checkbox"/> A young adult formerly in foster care who is eligible for services under s. 409.1451(5); <input type="checkbox"/> A survivor of domestic violence as defined in s. 741.28; <input type="checkbox"/> A person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans’ disability benefits. 		
Name(s)	SS Number	Documentation supporting (include with application)

ASSETS AND ASSET INCOME:

(For ALL Household Members, Including Minors)

List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Property Equity, Cash Value of Pensions and Insurance Policies, etc.

Type of Asset:	Asset Value	Bank/Ins. Co. Name	Account #	Annual Asset Income
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$

5.	\$			\$
6.	\$			\$
				Total \$

LIABILITIES:

(For ALL Household Members 18 and Over)

List Credit Card Debt, and Automobile, Real Estate and Mortgage Loans, etc.

Type: (Credit/Loan, etc.)	Creditor's Name	Balance Owed	Monthly Payment
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
		Total Monthly Payments: \$	

ETHNICITY/SPECIAL NEEDS:

(For reporting purposes only, please check all that apply for Head of Household only):

<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Other Multi-Racial <p style="text-align: center;">AND</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

I certify that (i) neither I, the applicant, or the co-applicant is employed by Pasco County or by any agency/ developer which is assisting with funding through this application utilizing funds provided by Pasco County, and that (ii) neither I, the applicant, or the co-applicant is related to any employee of Pasco County or of the agency/developer which is assisting with the "Subject Property" in this application utilizing funds provided by the Pasco County.

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asst 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 775.083. 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 a 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.

Applicant Signature

Date

Co-Applicant Signature

Date

SUPPLEMENTAL APPLICATION FOR HOUSING ASSISTANCE

ASSETS

DECLARATIONS

		Borrower		Co-Borrower	
		Yes	No	Yes	No
Real Estate owned (enter Market value)	If you answer "yes" to any questions (a) through (i), please use continuation sheet for explanation.				
Vested interest in retirement fund	a. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Net worth of Business (es) Owned (attach Financial statement)	b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobiles Owned (make and year)	c. Have you have property foreclosed upon or given title or deed in lieu in the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets (itemize)	d. Are you party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Have you directly been obligated on a loan which resulted in foreclosure, transfer of the title in lieu of foreclosure, or judgment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Are presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, give details.				
	g. Are you obligated to pay alimony, child support, or support maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony/Child Support/ Separate Maintenance Payments Owed to:	i. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	k. Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Related Expenses (Child care, union dues, etc.)	l. Do you intend to occupy the property as your primary residence? If yes, complete question below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	m. Have you had an ownership in a property in the last three years? IF YOUR ANSWER IS NO, DO NOT COMPLETE #1 or #2 BELOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(1) What type of property – principal residence (PR), second home (SH), or investment property (IP)				
	(2) How did you hold title to home – solely by yourself (S), jointly with your spouse (SP), or jointly with other (O)?				

The applicant understands that this pre-qualification process is a screening process to ensure potential buyers meet the minimum requirements and that this pre-qualification does not guarantee that the Applicant(s) has or will qualify for housing assistance.

Applicant's Initials _____

The undersigned specifically acknowledge(s) and agree(s) that the verification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the lender, even if the loan is not approved.

Borrower's Signature _____ Date _____ Co-Borrower's Signature _____ Date _____

BORROWER'S AUTHORIZATION TO VERIFY EMPLOYMENT, INCOME, ASSET BALANCES, CREDIT HISTORY, RENTAL & MORTGAGE HISTORY

TO WHOM IT MAY CONCERN:

I hereby authorize _____ (Agency) its successors and assigns, to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my housing assistance application. I further authorize the "Agency's Name" to verify my Mortgage and Rental History and order a credit report and verify any other credit information.

It is understood that a photocopy of this form will also serve as authorization.

The information that is obtained is to be used in the processing of my application for housing assistance and for subsequent quality control verification. *Information obtained in the verifications above may be used to alter an initial decision to either approve or deny any application based on the "Agency's" program guidelines.*

I hereby acknowledge that I am fully aware that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the information on my application for housing assistance, as applicable under provisions of Title 18, United States Code, Section 1014.

Borrower's Signature

Date

Borrower's Name (Printed or Typed)

Date

Co-Borrower's Signature

Date

Co-Borrower's Name (Printed or Typed)

Date

Below is a list of documents the HCA will need to process an application for assistance. As the Income Eligibility Process is completed and Loan Processing begins, additional documents may be needed. Please note: Your lender may require different and/or additional documents not listed on the following checklist:

1. Completed Application for Housing Assistance requires the following information:
 - Name, date of birth, age, marital status, and years of schooling for applicant and co-applicant (if any)
 - Current address (including landlord addresses) for the past two (2) years
 - Complete list of all household members and their relationship to applicant residing in the new residence
 - Name and address of each employer for the past two (2) years (for all employed household members)
 - All other sources of income for all household members (e.g. child support, social security, pensions, retirement, etc.)
 - Names, account numbers and account balances of all bank accounts, CDs, stocks, bonds, insurance, etc. (Also include any real property you own)
 - Driver's License
2. Authorization form signed by all adult household members.
3. Proof of number of household members: One or more of the following (as applicable) may be required to provide additional information on household size as needed:
 - Birth certificate(s) on which the parent/applicant's name is listed
 - School record(s) which provide the parent/applicant's name and address
 - Court-ordered letter(s) of guardianship
 - Divorce decree
 - Letter(s) of adoption
 - Social security card(s)
4. Last 60 days pay stubs for all employed household members. If self-employed, copy of most recent income tax return and a copy of an annual profit and loss statement for the business that projects income for the next 12 months, prepared by an independent third party.
5. Child support documentation for each applicable child (such as divorce decree, child support court-order, recent payment statements, etc.)
6. Recent SSI, Social Security, Disability, and/or Pension documents/Award Letter for each applicable recipient
7. Last six months bank statements for each account in the household (including children/dependents)
8. Name, address and telephone number of the lender with whom you are obtaining a primary loan

If you do not submit all required documents within ten days of your application, it will be considered incomplete and will be rejected.

****Please Do Not Use Email to Submit Your Documents. In Order To Protect Your Privacy, Please Consider Faxing the Documents ****

Pasco County is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations.

Additionally, we want you to understand how we use the personal information we collect about you. The type of information that we collect about you is:

- Information we receive from you orally, on applications, or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balances, payment history, parties to transactions and credit card usage, tax statements, bank statements, etc.
- Information we receive from a credit reporting agency, such as your credit history.

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes and/or any other pre-authorized individuals and/or organization. The types of information we disclose is as follows:

- Information you provide on application/forms or other forms of communication. This may include your name, address, social security number, employer, occupation, account numbers, assets, expensed, and income.
- Information about your transactions with us, our affiliates, or others: such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency: such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.

- We may also disclose personal information about you to third parties as permitted by law.

Florida’s Public Records Law

Florida’s Public Records Law provides a right to access the records of the state and local governments as well as private entities acting on their behalf. The information you provide to Pasco County and its contracted third parties, through writing and email, is considered public record. This information may be disclosed in response to a public records request. **FL Stat. 119.07(1)**. Although this information is public record, Chapter 119 of the Florida Statutes provides several disclosure exemptions. The information provided below will not become public record and will remain confidential.

- Social Security numbers - Fl. Stat 119.071(5)(a)(5)
- Medical history records - Fl. Stat. 119.071(5)(f)
- Bank account numbers - Fl. Stat. 119.071(5)(b)
- Debit/Credit card numbers - Fl. Stat. 119.071(5)(b)
- Information related to health and property insurances - Fl. Stat. 119.071(5)(f)

You must notify Pasco County if you qualify for additional public record exemptions provided in the Florida Statutes.

How is your personal information secured?

We restrict access to your nonpublic personal information provided to Pasco County employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Opting-Out of Certain Disclosures

You may direct Pasco County to not disclose your nonpublic personal information to third parties (such as your creditors). However, if you choose to “opt-out” we will not be able to answer any questions from your creditors, which may limit Pasco County’s ability to provide services. If you choose to “opt-out” please check the box next to the “Opt-Out” clause. If you choose to release your information as stipulated in this Privacy Policy, please check the box next to the “Release” clause. You may change your decision any time by contacting our office in writing at Pasco County Community Development Department, 8610 Galen Wilson Blvd., Port Richey, FL 34668. The “Opt-Out” clause does not include information that is public record under Fl. Stat. 119.011.

OPT-OUT: I request that Pasco County, make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Pasco County will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting Pasco County.

Applicant:

Date

Applicant/Household Member:

Date

RELEASE: I hereby authorize the Pasco County to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Applicant:

Date

Applicant/Household Member:

Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title IV of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C.3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

PHOTO RELEASE FORM

I, _____ (printed name), hereby consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs, digital images, videotapes, or recordings made of for use by Pasco County, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes or recordings in conjunction with my name.

I also give permission for the photographs, digital images, videotapes, or recordings to be used in their entirety and/or edited versions as deemed necessary by Pasco County Community Development Department, including the use of images on the County's website.

I understand that these photographs, digital images, videotapes, or recordings may be used for marketing purpose, flyers (including websites) by Pasco County Community Development Department at any time in the future without further clearance from me.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

SIGNATURE _____

DATE _____

Witness _____

Please note that this authorization can be rescinded at any time by contacting the Housing Counseling Agency or Pasco County Community Development Department.

Program Guidelines Addendum

The Downpayment Assistance Program is designed for First-time Home Buyers of Pasco County. The Pasco County Community Development Department is proud to present this program, which offers empowerment, education and security to its participants.

The following are items or regulations, which must be adhered to prior to final settlement of your transaction:

1. All necessary documentation must be reviewed by a Housing Counselor to confirm eligibility status (both income and assets).
2. Must complete Home Buyer Education with an approved agency prior to signing a sales contract.
3. **Must have a reservation number as confirmation of program eligibility prior to signing a sales contract.**
4. Borrower must meet the income guidelines.
5. Borrower must make minimum contribution towards purchase process based on income level.
6. Borrower cannot have more than \$20,000 in liquid assets.
7. Must purchase a home in the Pasco County limits.
8. Home Inspection Addendum & Voluntary Sale form must be executed **WITH** sales agreement.
9. Realtor must be on the Pasco County Approved Realtor List.
10. Loan to purchase must be with an approved lender for a fixed rate mortgage.
11. The County must complete an inspection of the property. This inspection is PASS/FAIL and must PASS before closing occurs.
12. A full independent home inspection is also required. No wind mitigation, four-point inspection or inspection summary will be accepted.
13. New Constructions must meet Energy Star Standards.
14. Homeowner's insurance must include the County as an additional loss payee.
15. Maximum Sales Price is \$240,000.00.

It is our intention to provide our eligible participants with assistance and leverage within the real estate transaction. We will aid the home-buyer in every stage of his/her purchase, and supply advice and information whenever needed. Our participants are the focus of the program and all parts of the program are to reflect this philosophy.

I have read the above requirements which are to be completed prior to closing and understand it is my responsibility, as the borrower, to remain updated regarding the above items and to make sure all have been completed prior to closing. I also agree to make sure the other parties in the transaction are aware of the above necessities.

_____ **Date** _____
Borrower

_____ **Date** _____
Borrower

Downpayment Assistance Program

BORROWER'S RELEASE OF INFORMATION

I/We _____
do hereby give the bank, at which I am/we are applying for a first mortgage, permission to release the following information:

A copy of my/our first mortgage commitment letter to be sent to the Housing Counseling Agency of which I am/we are (a) client(s).

Agency Name _____

Any and all loan documents for compliance review to the Pasco County Community Development Department where I am/we are applying for Mortgage Assistance funding.

Witness

Borrower's Signature

Borrower's Signature

Date