

HOUSEHOLD EMPLOYMENT AND INCOME Please list for all members of the household.

Name of Household Member	Employer/Address	Income \$/month
1.		
2.		
3.		
4.		
5.		

OTHER HOUSEHOLD INCOME AND/OR PUBLIC ASSISTANCE

- { } I or { } someone living with me receives Supplemental Security Income: \$ _____/month
- { } I or { } someone living with me receives Social Security: \$ _____/month
- { } I or { } someone living with me receives Pension: \$ _____/month
- { } I or { } someone living with me receives Veteran's Assistance: \$ _____/month
- { } I or { } someone living with me receives Other Public Assistance Income: \$ _____/month

Please describe: _____

- { } I or { } someone living with me receives Alimony/Child Support: \$ _____/month
- { } I or { } someone living with me receives _____: \$ _____/month
- { } I or { } someone living with me receives Income from Assets: \$ _____/month

GROSS HOUSEHOLD MONTHLY INCOME: \$ _____

GROSS HOUSEHOLD ANNUAL INCOME: \$ _____

HOUSING EXPENSES

- | | | | |
|--------------------|----------------|----------|----------------|
| Rent Payment | \$ _____/month | Water | \$ _____/month |
| Real Estate Taxes | \$ _____/month | Electric | \$ _____/month |
| Renter's Insurance | \$ _____/month | Gas | \$ _____/month |
| Telephone | \$ _____/month | Other | \$ _____/month |

TOTAL MONTHLY HOUSING EXPENSES: \$ _____

TOTAL ANNUAL HOUSING EXPENSES: \$ _____

FIRST TIME HOME BUYER AND MAYOR’S RENAISSANCE FUND PROGRAM

You will be considered for financing through a combination of federal and private lender funds from the Mayor’s Renaissance Fund (MRF). The MRF is a partnership between the City and nine local lending institutions for making mortgage loans to eligible first time homebuyers at below market interest rates for acquisition with or without rehabilitation and new construction purchases. Private mortgage amounts are based on an applicant’s ability to pay. City subsidy amounts are determined on a case-by-case basis, based on need and in accordance with program policy.

CERTIFICATION BY APPLICANT(S)

The applicant certifies that all information provided in this application and all information furnished in support of this application is provided for the purpose of obtaining housing assistance and is true and complete to the best of the applicant’s knowledge and belief.

The applicant (s) understands that information in this application will be used to determine if the applicant is eligible for assistance and the amount of loan funds available to finance the requested housing assistance.

The applicant(s) certifies their intent to occupy the unit as their primary residence and that the unit will be used solely for residential purposes.

WARNING: Section 1001 of Title 19 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Signature

Date

Signature

Date



“The Capital City of the Palm Beaches”

CONSENT FORM

- (X) I hereby authorize the **City of West Palm Beach** to order a consumer credit report that is needed to provide a mortgage estimate and/or to process my mortgage loan application.

- (X) I hereby authorize the **City of West Palm Beach** to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to provide a mortgage estimate and/or process my mortgage loan application.

- (X) I hereby authorize the **City of West Palm Beach** to verify other credit information including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

The information obtained is only to be used to provide a mortgage estimate or to process my/our application for a mortgage loan.

Applicant’s Signature

Social Security Number

Date

Co-Applicant’s Signature

Social Security Number

Date

“Equal Opportunity Employer”



“The Capital City of the Palm Beaches”

ASSET ADDENDUM TO APPLICATION

In order to properly qualify an applicant for residency, the following asset information for all occupants including minors must be obtained. The information will be used for qualification purposes only.

Assets Included:

Cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.) and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.)

(Do not include necessary personal property such as furniture, automobiles and clothing.)

A. I (we) hereby state that the combined value of my (our) assets _____ does _____ does not exceed \$5000.

TOTAL VALUE OF ASSETS: \$ _____

TOTAL ANNUAL INCOME EXPECTED TO BE DERIVED FROM ASSETS \$ _____

B. ___I (WE) do not have any assets at this time.

Name Signature Date

Name Signature Date

“Equal Opportunity Employer”
THIRD PARTY VERIFICATION OF EMPLOYMENT

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may fax to:

(561)822-1268 Attention: Lucy Rivera

Authorization:

I hereby authorize the release of requested information. A copy of the executed “authorization for the release of information” is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant/Print Name/ Date

Co-Applicant/Household Member

Please return information to:

Name: Luz “Lucy” Rivera Title: Housing Loan Specialist Phone: 561-822-1250
Department: Economic & Community Development Address: 200 – 2nd Street 2nd Floor, West Palm Beach, Florida 33401

Please provide information about anticipated employment income during the next 12 months:

Position: _____ Length of Time Employed _____

Pay Rate: _____ Pay Frequency (Hr,Wk,Mo): _____ Total Hours: _____

Overtime Pay Rate: _____ Average Overtime Hours/Wk _____

Total Annual Base Pay Earnings: \$ _____ Total Overtime Base Pay earnings \$ _____

Amount and Frequency of Other Compensation (bonus, raise, commission, tips): \$ _____

Vacation Pay (Y or N): _____ If yes, number of days _____

Retirement account (Y or N): _____ Amount accessible to Employee: \$ _____

Total Gross Annual Income, including other compensation, for next 12 months: \$ _____

Signature of authorized representative: _____

Print Name: _____ Title: _____

Date: _____ Phone: _____

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. Punished by fines and imprisonment provided under Statutes 775.082 or 775.83.

Note: For all applicable Household members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate employment source; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make

any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.