

## **APPLICATION FOR HOUSING ASSISTANCE DOCUMENT CHECKLIST**

- 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, Child Support, Alimony, etc.)
- 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)
- Most recent and consecutive last two months of actual bank statements (With bank name and account number) (**ALL PAGES**, even if blank) for all household members with accounts
- If applicable, bankruptcy, judgment, or lien release/satisfaction/discharge/dismissal
- Legal guardianship documents regarding for any household member, if applicable.

Please contact Housing & Community Development Division at (813) 274-7954

# APPLICATION FOR HOUSING ASSISTANCE

Annual Income: \_\_\_\_\_

Type of Assistance: \_\_\_\_\_ Inc Category (VL,LI,MI): \_\_\_\_\_

## GENERAL INFORMATION:

	APPLICANT	CO-APPLICANT
Full Name (include Jr. or Sr. if applicable)		
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		
<input type="checkbox"/> Own <input type="checkbox"/> 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	
<input type="checkbox"/> Own <input type="checkbox"/> 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: \_\_\_\_\_

Initials: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

## APPLICATION FOR HOUSING ASSISTANCE

### EMPLOYMENT INFORMATION:

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 \$

Initials: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

# APPLICATION FOR HOUSING ASSISTANCE

## 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		
<b>AND</b>			
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic		

I/We understand that (City of Tama) \_\_\_\_\_, collects Social Security numbers for all household members for the following purposes: Identification & Verification; Credit Worthiness; and Tax Reporting. Further, that this information is provided to me pursuant to compliance with Section 119.071(5), Florida Statutes.

I/we understand that 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, 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																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Real Estate owned (enter Market value)</td> <td style="width: 20%;"></td> </tr> <tr> <td>Vested interest in retirement fund</td> <td></td> </tr> <tr> <td>Net worth of Business (es) Owned (attach Financial statement)</td> <td></td> </tr> <tr> <td>Automobiles Owned (make and year)</td> <td></td> </tr> <tr> <td>Other Assets (itemize)</td> <td></td> </tr> </table>	Real Estate owned (enter Market value)		Vested interest in retirement fund		Net worth of Business (es) Owned (attach Financial statement)		Automobiles Owned (make and year)		Other Assets (itemize)		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th colspan="2" style="text-align: center;">Borrower</th> <th colspan="2" style="text-align: center;">Co-Borrower</th> </tr> <tr> <td></td> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>If you answer "yes" to any questions (a) through (i), please use continuation sheet for explanation.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>a. 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*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 City of Tampa (Agency) its successors and assigns, to verify my past and present employment earnings records, credit, bank accounts, stock holdings and any other asset balances that are needed to process my housing assistance application. I further authorize the City of Tampa 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 Name (Printed or Typed)

\_\_\_\_\_  
Borrower’s Social Security #

\_\_\_\_\_  
Borrower’s Date of Birth

\_\_\_\_\_  
Borrower’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower’s Name (Printed or Typed)

\_\_\_\_\_  
Co-Borrower’s Social Security #

\_\_\_\_\_  
Co-Borrower’s Date of Birth

\_\_\_\_\_  
Co-Borrower’s Signature

\_\_\_\_\_  
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.**

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