



**Marion County
Board of County Commissioners**

Community Services

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-671-8770
Fax: 352-671-8769

PURCHASE ASSISTANCE PROGRAM LOAN APPLICATION

**State Housing Initiatives Partnership (SHIP)
HOME Investment Partnership
Neighborhood Stabilization Program (NSP)**

 **Equal Housing Opportunity**

Applicant (s) Name: _____
Applicant (s) Address: _____

Date Stamp Received

APPLICANT (S) FILE # _____

“Meeting Needs by Exceeding Expectations”



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**PLEASE COMPLETE ALL FORMS AND RETURN TO COMMUNITY SERVICES.
IN ORDER TO PROCESS THE APPLICATION YOU MUST INCLUDE THE
FOLLOWING: (CHECK BOXES WHEN COMPLETE)**

- Copy of Current Year Social Security Benefit letter and/or Pension Benefit letter. (if applicable)
- Copy of Court Order for CHILD SUPPORT AND a court house PRINTOUT of child support payments. If you DO NOT receive court ordered child support, obtain a letter from the courthouse that states there is no child support received through the courts.
- A copy of the birth certificate for each child in the household (under 18 years of age).
- A copy of Divorce Decree and Settlement OR a notarized statement that you have never been married.
- A copy of the driver's license or state id and social security card of the applicant and co- applicant (if applicable)

CHECK BOXES AS YOU COMPLETE EACH FORM

- Application cover page (to be returned with the application packet).
- Application for loan assistance (to be filled out completely to the best of the applicant's ability).
Pages 3-5
- Authority to verify credit information form. (This allows Community Services staff to verify the applicant's credit, bank accounts, and employment) Page 6
- First Time Homebuyer Affidavit Page 7
- Asset Addendum (additional assets). Page 8
- Verification of Deposit (top portion to be filled out by applicant) Page 9-10
- Employment verification (top portion to be filled out by applicant) Page 11-12

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SHIP/HOME/NSP PURCHASE ASSISTANCE LOAN APPLICATION

APPLICANT'S NAME: _____ SS# _____

CO-APPLICANT'S NAME: _____ SS# _____

STREET ADDRESS: _____ PHONE: _____

ALTERNATIVE PHONE: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____

Check ONE:

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Are you a first time homebuyer? Yes No

Do you: Reside in Marion County? Yes No

Do you: Own your own home? Yes No

Do you: Rent? Yes No

What is your monthly rent or mortgage payment? \$ _____

Do you receive subsidized housing/housing voucher? Yes No

Are you a U.S. Citizen or permanent Resident Alien? Yes No

ANNUAL INCOME - Please list all household annual (YEARLY) income.

**** Note: Please use GROSS income not net income****

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBER	TOTAL
Gross Salary				
Overtime, Tips, etc.				
Interest/Dividends				
Business Net Income				
Rental Net Income				
Social Security, Pensions, etc.				
Unemployment, Workers Comp				
Alimony, Child Support				
Welfare Payments				
Other				

<p>Qualifies For:</p> <p>SHIP _____</p> <p>HOME _____</p> <p>NSP _____</p>	<p style="text-align: center;">FOR OFFICE USE ONLY:</p> <p>Income Level:</p> <p>Extremely Low 30% _____</p> <p>Very Low 50% _____</p> <p>Low 80% _____</p> <p>Moderate 120% _____</p>	<p>APPROVED:</p> <p>Yes _____</p> <p>No _____</p>
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ASSETS

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NO.
Checking Accounts:				
Savings Accounts:				
Stocks:				
Life Insurance:				
Land/Rental Property:				
Home Value:				
Mortgage Balance:				

LIABILITIES (List debts including auto loans, credit cards, charge accounts, real estate & mortgage loans, etc.)

TYPE	CREDITORS NAME	MONTHLY PAYMENT	BALANCE
Mortgage:			
Rent/Lease Payment:			
Car Payment:			
Credit Cards:			
Furniture, Appliances, etc:			
Alimony/Child Support:			

- Do you have any outstanding unpaid collections or judgments? Yes No
Amount of collections/judgments \$_____
- Have you declared bankruptcy in the last 7 years? Yes No
- Are you a party in a law suit? Yes No

DECLARATION: I am applying for assistance. I understand that I will have to give true information on this form. It could be a crime if I am not truthful about my eligibility for assistance. The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. Applicant understands that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant also agrees to provide the county with any other documentation needed to verify eligibility and are aware that all information and documents provided are a matter of public record. It is also my responsibility to submit any changes such as a new address, phone number or change of employment to Community Services.

APPLICANT

DATE

CO-APPLICANT

DATE

HOUSEHOLD MEMBER 18 & Over

DATE



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AUTHORITY TO VERIFY CREDIT INFORMATION

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualifications for assistance from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective recipient under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective program recipient may be delayed or rejected.

Applicant Signature

Date

Co-Applicant Signature

Date

Household Member 18 and Over

Date

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FIRST TIME HOMEBUYER AFFIDAVIT

In order to properly qualify for assistance, the applicants must be certified as a first time homebuyer. The following information describes who is considered to be a first time homebuyer. Please read and sign to verify that you are a first time homebuyer.

Please check one of the following that describes you:

- An individual and/or his or her spouse who have not owned a home within the last three years.**

- A single parent who is unmarried or legally divorced from a spouse and/or has one or more minor children for whom the individual has custody or joint custody, or is pregnant. May have owned a home with his or her spouse or resided in a home owned by the spouse.**

- Own a mobile or manufactured home and wish to purchase a site built home.**

On this _____ day of _____, 20____, I state that I am a first time homebuyer based on the above mentioned criteria.

Applicant Signature

Date

Co-Applicant Signature

Date

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ASSET ADDENDUM TO APPLICATION

In order to properly qualify for assistance, the income of applicants must be certified. The following asset information must be obtained. This information will be used for income eligibility purposes only.

Assets include: 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 (such as lottery winnings, insurance settlements, etc.), and personal property held as an investment (such as gems, coin collections, paintings, antique cars, rental property, etc.). *ASSETS DO NOT INCLUDE:* necessary personal property such as furniture, automobiles, and clothing.

The total value of my (our) assets are:	\$ _____
The total annual income (interest, rent) received from these assets are:	\$ _____

Applicant Signature

Date

Co-Applicant Signature

Date

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REQUEST FOR VERIFICATION OF DEPOSIT

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38USC, Chapter 37 (if VA); by 12 USC, Section 1701, et.seq. (If HUD/FHA); BY 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et.seq. Or 7 USC, 1921 et seq. (If USDA/FmHA).

Part I - Applicant Instructions: COMPLETE ITEMS 1, 7, 8, AND 9.

1. To (Name and COMPLETE Mailing Address of depository/bank	2. From: Marion County Community Services 2710 E. Silver Springs Blvd. Ocala, FL 34470
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I certify that this verification was sent directly to the bank/depository and has not passed through the hands of the applicant or any other party.

3. Lender Signature	4. Title Client Services Specialist	5. Date	6. Lender Phone Number (352) 671-8770
7. Information to be Verified			
Type of Account	In Name(s)	Account Number	Estimated Balance

To Depository: I/We have applied for a mortgage loan and stated in my financial statement that the balance on deposit with you is shown above. You are authorized to verify this information and to supply the lender identified above with the information requested in items 10 through 13. Your response is solely a matter of courtesy which no responsibility is attached to your institution or any of your officers.

8. Name and address of Applicant(s)	9. Signature of Applicant(s)
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❖ APPLICANT - DO NOT SUBMIT THIS FORM TO YOUR DEPOSITORY/BANK. WE ARE REQUIRED TO MAIL IT DIRECTLY TO THEM FOR COMPLETION.

Part II - Verification of Depository (To be completed by Depository)

10. Deposit Accounts

Type Account	Account Number	Current Balance	Withdrawal Fee	Avg. 6 Month Balance	Rate/Interest Income YTD	Date Opened

11. Loans Outstanding

Loan Number	Date of Loan	Original Amount	Current Balance	Mo. Installment	Secured by	Number Late Payments

12. Additional information which may be of assistance in determination of credit worthiness, including loans paid-in-full.

13. If the name(s) on the accounts differ from those listed in Item 7, please supply the name(s) on the account(s) as reflected in your records.

Part III - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance or any guaranty or insurance by the VA secretary, the U.S.D.A., FmHA/FHA Commissioner, or the Hud/CPD Assistant Secretary.

14. Signature of Depository Representative	15. Title (Please print or type)
16. Please print or type name signed in Item 14.	17. Phone Number
	18. Date



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Section I - To be completed by Applicant and returned to Community Services.

EMPLOYER NAME: _____

EMPLOYER MAILING ADDRESS: _____

EMPLOYER FAX # _____ ATTENTION: _____

APPLICANT NAME: (Print) _____ S.S. #: _____

I hereby grant permission and authorize my employer to disclose full information as to my anticipated annual income to the Marion County Community Services Department where I have applied for assistance.

Applicant Signature

Date

APPLICANT - DO NOT SUBMIT THIS FORM TO YOUR EMPLOYER. WE ARE REQUIRED TO MAIL OR FAX IT DIRECTLY TO THEM FOR COMPLETION.

Section II - To be completed by Employer and returned to Community Services.

Hire Date: _____ Position: _____

Please complete ONE of the following: (GROSS AMOUNT)

1. Hourly	\$ _____	4. Weekly	\$ _____
2. Bi-Weekly	\$ _____	5. Monthly	\$ _____
3. Bi-Monthly	\$ _____	6. Annually	\$ _____

Average hours worked per week: _____ Weeks worked per year: _____

Vacation Pay (Y or N): _____ Number of days: _____

ANTICIPATED additional ANNUAL GUARANTEED GROSS INCOME from:

1. Tips	\$ _____	3. Commissions	\$ _____
2. Bonuses	\$ _____	4. Overtime	\$ _____

Has employee been terminated? _____ If yes, is the individual eligible for unemployment benefits? _____

Employer Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____

Title: _____

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, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83

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