



City of Homestead
COMMUNITY REDEVELOPMENT AGENCY
FIRST TIME HOMEBUYER'S PROGRAM
Guidelines

APPLICATION

Name of Applicant: _____

Name of Co-Applicant: _____

Current Address: _____

Phone Number: _____ Cell Phone Number: _____

E-mail: _____

Annual Total Household Income (must be verified) \$ _____

How many members are in your household? _____

Please list their names, ages, and relationship to the applicant:

Name: _____ Age: _____ Relationship: _____

PROPERTY INFORMATION

Property Folio Number: _____

Seller: _____

Property Address: _____

Total Price: _____

Head of Household Race: _____ Black _____ White

_____ Asian/Pacific Islander _____ Other (Specify)

Head of Household Ethnicity: _____ Hispanic _____ Non-Hispanic

Check all that apply to Head of Household: _____ Elderly (Over 62)

_____ Female Head of Household

_____ Handicap/Physically Disabled

CERTIFICATION AND WAIVER OF PRIVACY:

The applicant(s) certify that all information presented in this application, and all of the information furnished in support of the application, is given for the purpose of obtaining a loan under the CRA's First Time Homebuyer's Program and it is true and complete to the best of the applicant(s) knowledge and belief. The applicant(s) further certifies that he/she is aware of the fact that he/she can be penalized by fine and/or imprisonment for making false statements or presenting false information.

I hereby waive my rights under the privacy and confidentiality provision act, and give my consent to the CRA's First Time Homebuyer's Program, its agents, employees, and contractors to examine any confidential information provided herein or in conjunction with this Application and the First Time Homebuyer's Program. I further grant permission, and authorize any bank, employer, or other public or private agency to disclose information deemed necessary by the CRA to complete this application.

Applicant:

Co-Applicant:

Signature

Signature

Print Name

Print Name

Date: _____

Date: _____

STATE OF FLORIDA)
)
COUNTY OF MIAMI DADE)

Sworn to and subscribed before me by means of (check one) physical presence or online notarization on this ____ day of _____, of 20____, by _____ who (check one) is personally known to me or has produced a _____ as identification.

[SEAL]

Notary Public, State of _____

Print Name of Notary

Commission No. _____

Commission Expires _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to the CRA and City of Homestead for the purposes of verifying information provided as part of determining eligibility for assistance under the CRA First Time Homebuyer's Program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers	Alimony/Child Support Providers
Banks, Financial or Retirement Institutions	Social Security Administration
State Unemployment Agency	Veteran's Administration
Welfare Agency	Other

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Applicant Signature Print Name Date

Co-Applicant Signature Print Name Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.