



## **PURCHASE ASSISTANCE (FTHB)**

# ***CITY OF POMPANO BEACH***

## **PURCHASE ASSISTANCE APPLICATION**

*“Making your home ownership dream come true, one family at a time “*

Administered by:  
Office of Housing & Urban Improvement  
100 West Atlantic Blvd, Suite 220  
Pompano Beach, FL 33060  
Phone (954) 786-4657  
Fax (954) 786-5534

Hours of Operation  
Monday through Friday  
8:00 a.m. until 5:00 p.m.

## PURCHASE ASSISTANCE (FTHB)

The City of Pompano Beach, using Federal, State and/or Local funds for Purchase Assistance, is pleased to provide purchase assistance for low to middle-income households for the purchase of an NSP/AHT or other property in Pompano Beach to **occupy as their primary residence**. Assistance is in the form of a 20-year deferred loan with 0% interest, reduced 20% per year in the last 5 years that reverts to a grant if all program conditions are met. This program is administered by the City of Pompano Beach Office of Housing and Urban Improvement (OHUI). Should you have any questions pertaining to this application please contact:

**City of Pompano Beach Office of Housing and Urban Improvement**  
**100 W. Atlantic Blvd, Suite 220**  
**Pompano Beach, FL 33060**  
**Phone: 954-786-4659 Email: [OHUI@copbfl.com](mailto:OHUI@copbfl.com)**

## PURCHASE ASSISTANCE

1. Maximum purchase assistance is **up to \$40,000** for the 50-140% income category. **City's assistance may not exceed 50% of the purchase price.** See income chart below.
2. All applicants must be pre-approved by a lender who agrees to abide by the City's approved underwriting criteria. The City does not have an approved lenders list.
3. Applications will be accepted during the open enrollment period or until sufficient applications are received.
4. Funds are available on a first come, first qualified, first served basis.
5. Should your income change after you were determined income eligible and assistance has not been provided, your program eligibility will have to be recertified.
6. You may use any real estate licensee of your choice. We also recommend you seek competent legal advice.

### 2021 Maximum Income Limits Per Income Category (Effective 04.01.2021)

Household Size	Very- Low 50%	Low 80%	Mod 140% Only for SHIP and Local Funds
1	30,800	49,280	86,240
2	35,200	56,320	98,560
3	39,600	63,360	110,880
4	44,000	70,400	123,200
5	47,550	76,080	133,140
6	51,050	81,680	142,940
7	54,600	87,360	152,880
8	58,100	92,960	162,680

*\*Income guidelines and purchase prices are subject to change without notice.*

## **PURCHASE ASSISTANCE (FTHB)**

### **PURCHASE ASSISTANCE PROGRAM DISCLOSURES**

#### **City of Pompano Beach Purchase Assistance Process**

1. Read, understand and sign program application disclosures. Signed disclosures must accompany application.
2. Be pre-qualified/pre-approved by a participating lender.
3. Schedule an appointment with the City of Pompano Office of Housing and Urban Improvement (OHUI) to submit your completed application.
4. Your application will receive an initial review from OHUI staff and you will receive a pre-award letter acknowledging receipt of your application. This does not reserve funding for you and all information presented will be verified. A final approval will not be awarded and funds will not be reserved until an executed contract is received.
5. Homebuyers must provide at least 3% towards a down payment and closing costs.
6. All purchase contracts must contain the program's required addendum, which outlines program conditions and disclosures. Program requirements must be acknowledged by both buyer and seller.
7. Once your offer for purchase is accepted on the property, you will need to order your own appraisal and property inspection.
8. Funds are on a first come, first qualified basis.
9. Your lender will need your executed purchase contract to finish processing your loan.
10. You will be required to attend and satisfactorily complete a HUD Approved 8 Hour Homebuyer's Education Class. We advise you do this as early as possible to help you understand the home buying process. It is valid for 12 months. This must be on file before your scheduled closing.
11. You will sign a mortgage and promissory note for the purchase assistance you receive.

#### **Mortgage Pre-Qualification/Pre-Approval Required**

OHUI Staff will not be able to accept an application without a lender's pre-qualification/pre-approval letter. The lender will require you to complete a loan application and will review your credit, income and other standard loan information to determine if you qualify for a mortgage and how much you are able to afford. Interest rates, loan amounts and terms of any loan are subject to negotiation between lender and borrower. Throughout the process, the lender who pre-qualified you may request additional information from you to complete the loan application. You must be determined both income eligible for the purchase assistance program and able to secure a loan to receive assistance from the City.

#### **Income Certification Process**

A third party will verify all household income information. The verification is required to determine your eligibility for assistance under the program guidelines. If you qualify for assistance, your income will be certified and you will receive a notice of eligibility. Should your income change after you were determined income eligible and assistance has not yet been provided, your program eligibility will have to be recertified.

OHUI reviews all final loan packages and inspection reports to determine program eligibility. All loan documentation, sales contracts and property inspections will be forwarded to OHUI by your lender. Once you have received a mortgage commitment from your lender, you must be sure that OHUI receives a copy of your CD Settlement closing statement at least **48 hours** prior to closing to enable final compliance review with NSP/AHT/FTHB program rules.

The City of Pompano Beach is not acting in any capacity relating to mortgage or real estate transaction. You agree to hold harmless the City of Pompano Beach, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to you applying for any grant or mortgage or your purchase of any real estate. ***Applicants should always seek competent, professional legal advice when engaging in any real estate related transaction.***

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Applicant's Signature

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Date

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Co-Applicant's Signature

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Date

**CITY OF POMPANO BEACH**  
**NEIGHBORHOOD STABILIZATION PROGRAM (NSP)**  
**PURCHASE ASSISTANCE PROGRAM DISCLOSURES**

**FALSE STATEMENTS DISCLOSURE AND ACKNOWLEDGMENT**

By completing and submitting this application, you acknowledge that the intent of the NSP/FTHB program is to assist households who would like to purchase a property as an owner-occupied residence. Under the City's NSP/AHT program, you do not have to be a first-time homebuyer.

By signing this disclosure and completing this application, you attest to the fact that you do not currently own any other residential real estate and that you intend to purchase a property as your primary residence as stipulated in the terms of your agreement with the City. You will be required to maintain a homestead exemption status and maintain flood and hazard/homeowner's insurance for the duration of the term stipulated in your agreement with the City.

**FEDERAL WARNING:** There are fines and imprisonment—\$10,000/5years—for anyone who makes false, fictitious, or fraudulent statements or entries in any matter within the jurisdiction of the Federal Government (18 U.S.C 1001).

**STATE 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 S775.082 o 775.83.

**LOCAL WARNING:** The local government overseeing the administration of this program, may also impose fines and/or imprisonment for anyone who makes false, fictitious or fraudulent statements regarding, income assets, liabilities, household size, occupancy and any other information necessary to determine eligibility for this program.

I/We have read, understand and acknowledge the above disclosure.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

## **PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT**

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Having been advised of this fact prior to making application for assistance or supplying any information, I/We agree to hold harmless and indemnify the City of Pompano Beach, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City of Pompano Beach, have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the Office of Housing and Urban Improvement in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/we agree that the City of Pompano Beach have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City of Pompano Beach or any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for any grant or mortgage or my/our purchase of any real estate, or any matter funded by the City of Pompano Beach.

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Applicant's Signature

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Date

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Co-Applicant's Signature

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Date



## NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The City collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City to give you this written statement explaining the purpose and authority for collecting your social security number.

Your social security number is being collected for the purposes of income certifying you for the City's purchase assistance program, which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, Federal and/or State program dollars.

### **Authorization to Collect Social Security Number**

- 24 CFR 5.609, referred to as "Part 5 Annual Income" - Code of Federal Regulations.
- City of Pompano Beach NSP/FTHB Implementation Procedures.

Your social security number will not be used for any other purpose other than verifying your eligibility for the City's program.

I/We have read and understand this information.

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Applicant's Signature

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Date

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Co-Applicant's Signature

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Date



CITY OF POMPANO BEACH  
OFFICE OF HOUSING AND URBAN IMPROVEMENT

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CONFLICT OF INTEREST DISCLOSURE

As a prospective applicant of the NSP ☐ or FTHB ☐ Program in the City of Pompano Beach, I understand that I must disclose my relationship with other persons who I may be associated within the City of Pompano Beach. I, therefore, attest to the following:

**Mark Yes or No to indicate your answer.**

\_\_\_\_\_ I **am not** a current City of Pompano Beach official, employee, board member, Commissioner, agent and/or other representative of the City.

\_\_\_\_\_ I **am** a current City of Pompano Beach official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title \_\_\_\_\_

\_\_\_\_\_ I **am** a former City of Pompano Beach official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title \_\_\_\_\_

Date Employment/Term Ended \_\_\_\_\_

\_\_\_\_\_ To the best of my knowledge, I **am not** aware of any current City of Pompano Beach official, employee, board member, commissioner, agent and/or other representative of the City who is related to me or with whom I am a business associate.

\_\_\_\_\_ I **am** related to or have a business relationship with a current City of Pompano Beach official, employee, board member, commissioner, agent and/or other representative.

His/her name is \_\_\_\_\_

This person is associated with the City in the capacity as: \_\_\_\_\_

**The relationship of the person is as follows:**

\_\_\_ Parent \_\_\_ Spouse \_\_\_ Immediate family \_\_\_ Business associate \_\_\_ Other

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Applicant's Name (Print)

Applicant's Signature

Date

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Applicant's Mailing Address

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false fictitious or fraudulent statement of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."

## Verification of Citizenship, or Qualified Alien Status Affidavit/Declaration/Certification

Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 provides that only U.S. citizens, U.S. non-citizen nationals or Qualified Aliens (and sometimes only particular categories of qualified aliens) are eligible for federal public benefits. Further amendments to the Act have established fair and nondiscriminatory procedures for applicants to provide proof of citizenship.

The City of Pompano Beach, as a federal benefit provider, through the Office of Housing and Urban Improvement, most specifically, the Neighborhood Stabilization or Purchase Assistance Program, is required to implement the Act, and hence make determinations regarding citizenship, qualified alien status, and eligibility to participate in this program.

These regulations, as promulgated by the Federal Government, make certain that applicants who are not U.S. citizens, U.S. non-citizen nationals, or Qualified Aliens are not eligible to participate in the City of Pompano Beach's Neighborhood Stabilization or Purchase Assistance Program.

Therefore, I certify that:

\_\_\_\_\_  
Print Full Name of Head of Household

\_\_\_\_\_  
Date of Birth

☐ am a United States citizen, United States non-citizen national or Qualified Alien as defined by Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended

☐ and I certify or declare under penalty of perjury, under the laws of the United States of America and the State of Florida that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: *Faxed or e-mailed forms, or forms without an original signature are not acceptable***

## APPLICATION CHECKLIST

**Print Your Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please do not use white out on the application. Original application must be submitted; faxed copies are not acceptable.

☐ All adult household members (18 years of age or older) **must** sign the application.

☐ **FULLY SIGNED SALES CONTRACT (all parties)**

☐ **Attach:** Copies of photo ID and Social Security Cards for **all** household members.

☐ **Attach:** Copy of current 2 years income tax return with W2s and/or 1099's for all household members employed over the age of 18.

☐ **Attach: Guardian for a minor (except foster children):** Please provide official proof of guardianship.

☐ **Attach:** Proof of citizenship/ resident alien. Copy of front and back of Alien Registration Cards (Green Card), if any applicant is not a citizen, voter's registration, or passport.

☐ **Attach:** Copy of Birth Certificate for **all** household members.

☐ **Attach:** Six months most current paycheck stubs for **all** household members who are currently employed.

☐ **Attach: Self-employed Requirements:** An audited or un-audited financial statement of business income along with a signed statement from the self-employed giving anticipated net income for the next 12 months. If you are unable to provide this, one (1) of the following may be accepted: **a)** Signed and dated copies of prior three (3) years' tax returns along with a statement or affidavit of anticipated net income for the next 12 months; or **b)** Signed and dated statements of net income for the next 12 months from a certified accountant.

☐ **Attach:** If any household member is receiving Social Security or SSI Benefit, attach a current benefit statement for each person. (Current benefit statements can be requested in person at your Social Security Administration Office)

☐ **Attach: A commitment/approval letter from a Bank or Lender stating the amount of loan for which you are qualified and the estimated interest rate and terms for a first mortgage.**

☐ **Attach: Child Support** must be reported for all children who are not living with both of their natural parents. For example, applicants who have children in the household and who are not residing with both natural parents must show that he/she is collecting the amount of court ordered support reported in the divorce/separation/child support agreement by providing a copy of the court order. If the applicant does not have a court order or if the applicant is not currently receiving the court order support, the applicant must show proof that he/she has recently opened a child support case (indicating case

number) with the past 90 days at the Child Support Enforcement Office, State of Florida Department of Revenue (Telephone number 800.622.5437).

☐ **Attach:** Proof of other income received by any household member, such as: Alimony, Unemployment benefits, Pension Benefits, or any other income you receive regularly.

☐ **Attach:** A complete copy of the last six months bank statements, **for all** accounts that are open for each household member.

☐ **Attach:** A copy of last month's statement for Retirement funds, IRA, State or other funds.

☐ **Attach:** Homebuyer Class Certificate for each buyer

☐ **Attach:** Proof of marriage, divorce, alimony, child support (If divorced, attach a copy of your Divorce Decree).

☐ **Attach:** If any household member 18 or older is in school and working; a copy of current school registration showing how many credits they are taking.

☐ **Attach:** Credit Reports (for applicant & co-applicant)

☐ **Attach:** Buyer inspection and Lender appraisal for property under purchase contract.

**This program is open to all without regard to race, color, sex, handicap, religion, familial or marital status, or national origin.** The City of Pompano Beach is a first come, first eligible basis. Those who supply the program with all the information needed to process their application while funds are available will be processed first. Your **"APPLICATION"** will be **denied** if you do not provide the requested information. Your **"APPLICATION"** will be **denied** if the information is received after all funds have been obligated. If you have any questions or need assistance please call the number below.



**\*NOTE: There are Limited Funds and Restrictions Apply.**

OFFICE OF HOUSING & URBAN IMPROVEMENT  
100 WEST ATLANTIC BLVD., SUITE 220 – POMPANO BEACH, FL 33060  
TELEPHONE 954.786.4659 | FAX 954.786.5534

**Purchase Assistance Program**  
**Additional Information**

**Purchase Assistance**

- ✓ No current home ownership is allowed.
- ✓ All properties will be subject to full inspection.
- ✓ No funds are to be escrowed for repairs. Repairs must be addressed before purchase.
- ✓ Borrowers are required to have sufficient funds available to cover one (1) to three percent (3) percent of the total purchase price for the property depending on program.
- ✓ The borrower will need to obtain a **fixed** rate loan from a mortgage lender.
- ✓ Funds are reserved for a maximum of one hundred and eighty (**180**) days for eligible borrowers with an executed purchase contract and a mortgage pre-approval letter from a mortgage lender.
- ✓ If the property transfers to legal heirs who are income-eligible, the loan may be assumable under the original terms and conditions of the original contract. All assumable loans are subject to the approval of the City of Pompano Beach.
- ✓ Eligible properties include single-family homes, town homes, condominiums, or villas located in the corporate limits of the City of Pompano Beach.

**The attached list of items is to be received by the City of Pompano Beach for Final Approval at least two weeks before the scheduled closing date:**

- ✓ First Mortgage Loan Application (Form 1003)
- ✓ Underwriting and Transmittal Summary (FHLMC Form 1077 or FNMA form 1008)
- ✓ Lender Commitment Letter
- ✓ Home Inspection Report for Existing Home – Section 8 Minimum Housing Quality Standards must be met.
- ✓ Copy of the Appraisal
- ✓ Executed Closing Statement
- ✓ Title Policy (City must be insured)
- ✓ Homeowner's Hazard and Flood Insurance Policy, if applicable
- ✓ Good Faith Estimate
- ✓ HUD-1 – Settlement Statement
- ✓ Executed First Mortgage & Promissory Note
- ✓ Copy of Recorded Warranty Deed
- ✓ Copy of Certificate of Occupancy for New Construction
- ✓ Any other documents that may be required under program guidelines.

## CERTIFIED HOMEBUYER CLASSES

- **Housing Foundation of America, Inc.**  
A Certified Counseling Agency  
2400 N. University Drive  
Pembroke Pine, FL 33024  
954/923-5001  
www.approvedbyhud.org email – hudcertified@yahoo.com
- **Neighborhood Housing Services**  
2800 Oakland Park Blvd., Suite 301  
Ft. Lauderdale, FL 33311  
954/564-4037 Extensions 1100 & 1127
- **Urban League of Broward County**  
3521 W. Broward Blvd, Suite 201  
Fort Lauderdale, FL 33312  
954/584-0777  
954/625-2570 Class is free and fills up fast. Class is given on the second Saturday of each month.  
You must register in advance online. Go to <http://www.ulbroward.org>
- **Haven Economic Development, Inc.**  
1220 S.W. 53<sup>rd</sup> Street, Suite 504  
Cooper City, FL 33330  
954/423-1637
- **Consumer Credit and Budget Counseling, Inc. (online)**  
<http://www.cc-bc.com/>
- **Consolidated Credit Counseling Services (se habla Espanol)**  
5701 W. Sunrise Blvd.  
866/435-1876  
Class cost is \$75.00 (fee includes credit counseling and certificate).  
Classes are given on the second and third Thursday of each month.
- **Oasis of Hope Community Development Corporation, Inc.**  
600 SW 3 Street, Suite 2290, Pompano Beach, FL 33060  
[www.oasiscdc.org](http://www.oasiscdc.org)  
954-586-1283 Office  
954-586-1114 Fax

**\* The City of Pompano Beach does not in anyway endorse or support any of the above. This is for information purposes only!**



# City of Pompano Beach Purchase Assistance Application

Program: ☐ Purchase Assistance Existing ☐ Purchase Assistance New

## Construction (office use only)

GENERAL INFORMATION							
Applicant:				Date of Birth:		Social Security Number:	
Spouse and/or Co-Applicant:				Date of Birth:		Social Security Number:	
Street Address		City		State		Zip Code	
Mailing Address or P.O. Box #		City		State		Zip Code	
( ) Home Telephone		( ) Business Telephone		( ) Cell Number		E-mail Address	
LIST ALL OTHER HOUSEHOLD MEMBERS WHO LIVE WITH YOU:							
Name	Date of Birth	age	sex	Social Security Number	Relationship to You	Retired/ Disabled	Employed
						Yes/ No	Yes/ No
						Yes/ No	Yes/ No
						Yes/ No	Yes/ No
						Yes/ No	Yes/ No
						Yes/ No	Yes/ No
Years Living at the address? _____							
Is applicant, co-applicant, or any other household member, age 18 or older, a full-time student?							
If yes, please list name _____							
Number of Dependents (under 18 years of age): _____							
Does Applicant/Co-Applicant currently or has ever owned real property? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, was the lost interest of the home due to a divorce? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If no, type of unit to be purchased? _____ Existing Unit _____ Newly Constructed Unit							
How did you hear about the program?							
Newspaper: _____		Neighbor: _____		City Hall: _____		Other: _____	

**EMPLOYMENT INFORMATION FOR ALL HOUSEHOLD MEMBERS**

Employee Name	Employer	Address	Phone	Employed From/To	Rate of Pay	Monthly gross income

**OTHER SOURCES OF INCOME INCLUDING SOCIAL SECURITY, TANF, CHILD SUPPORT, ALIMONY, PENSIONS, UNEMPLOYMENT, ETC.**

Beneficiary name	Type of benefit	Claim number	Monthly benefit amount

**LIST ASSETS FOR ALL HOUSEHOLD MEMBERS INCLUDING CHECKING, SAVINGS, CD'S, CREDIT UNION ACCOUNTS, STOCKS, BONDS, LIFE INSURANCE POLICIES, REAL ESTATE, ETC. INCLUDING ASSETS DISPOSED OF WITHIN THE LAST TWO YEARS**

Asset belongs to	Asset bank or company name	Type of account	Account number	Total cash value of asset	Annual Income from asset

**LIABILITIES – LIST ALL OUTSTANDING OBLIGATIONS AND DEBT INCLUDING CREDIT CARD DEBT, AUTO LOANS, REAL ESTATE AND MORTGAGE LOANS, CHARGE CARDS, ETC.**

Debt belongs to	Creditor's Name	Balance Owed	Monthly Payment
1.			
2.			
3.			
4.			
5.			

**Profile:** This program is Federally & State funded. Therefore, we request you to complete the following information for statistical purposes only.

**Applicant**

Marital Status: ☐ Single ☐ Married ☐ Widow/Widower ☐ Divorced ☐ Separated

Citizen / Resident Alien: ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

**Race/National Origin:**

- ☐ Black ☐ White  
☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native  
☐ Other (Specify) \_\_\_\_\_

**Ethnicity**

☐ Hispanic ☐ Non-Hispanic

**Co-applicant**

Marital Status: ☐ Single ☐ Married ☐ Widow/Widower ☐ Divorced ☐ Separated

Citizen / Resident Alien: ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

**Race/National Origin:**

- ☐ Black ☐ White  
☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native  
☐ Other (Specify) \_\_\_\_\_

**Ethnicity**

☐ Hispanic ☐ Non-Hispanic

**LENDER INFORMATION**

Lending Institution: \_\_\_\_\_ Phone #: \_\_\_\_\_

Lender's Address: \_\_\_\_\_

Have you received a commitment/approval letter from the lender? \_\_\_\_\_ Loan Number: \_\_\_\_\_

Broker/Loan Officer Name \_\_\_\_\_ Phone #: \_\_\_\_\_

**REAL ESTATE AGENT'S INFORMATION**

Agency Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Do you have a signed contract? \_\_\_\_\_ If yes, what is your closing date? \_\_\_\_\_

Real Estate Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## AUTHORIZATION TO VERIFY INFORMATION

This is authorization for the City of Pompano Beach to verify previous or current information regarding me/us. The undersigned specifically acknowledge(s) that: (1) verification or re-verification of any information contained in this application may be made by the City of Pompano Beach from any source named in this application, as well as, banks, credit unions, a credit reporting agency and other sources not specifically identified here; (2) the City of Pompano Beach may make copies of this letter for distribution to any party with which I (we) have a financial or credit relationship and that any party may treat such copy, including a faxed copy, as an original; (3) the property will be occupied as the applicant's primary residence.

## AGREEMENT

The undersigned understands that the intent of this application is for purposes of pre-qualifying only and does not guarantee acceptance or approval and no commitment is hereby made on the part of either the applicant or the City of Pompano Beach. We further understand that all information and documents provided with, and in association with this application, are public records and as such are subject to the State of Florida's public records laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my signature on this application. Any property assisted under this program will not be used for any illegal or restricted purposes, and will be used solely as my / our principal residence.

Any intentionally false or fraudulent statement or supporting document will constitute cancellation of this application and liability in any legal action brought against me/us by the City. The City of Pompano Beach is hereby authorized to verify any of the above information and to inspect the property prior to approval. I/we agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the City of Pompano Beach.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** Federal law, U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies ... or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

## 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 loan client under its Program. It will not be disclosed outside the agency except as required and permitted by law. Failure to provide this information may delay or result in rejection of your application. All information you provide is subject to Florida's public records laws.

Applicant's Name (Print or Type)	Applicant's Signature	Date
<b>X</b>	<b>X</b>	
Co-Applicant's Name (Print or Type)	Co-Applicant's Signature	Date
<b>X</b>	<b>X</b>	
Other Adult's Name (Print or Type)	Other Adult's Signature	Date
<b>X</b>	<b>X</b>	
Other Adult's Name (Print or Type)	Other Adult's Signature	Date
<b>X</b>	<b>X</b>	
Other Adult's Name (Print or Type)	Other Adult's Signature	Date
<b>X</b>	<b>X</b>	
Other Adult's Name (Print or Type)	Other Adult's Signature	Date
<b>X</b>	<b>X</b>	

<b>To be completed by Interviewer</b>	
This application was taken by:  <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Walk-in	Interviewer's Name (print or type)
	Interviewer's Signature