

APPLICATION CHECKLIST

Print Your Name: _____
LAST
FIRST
MI

Date: _____

Application must be submitted in Neighborly; faxed or emailed 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 Two (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: Two (2) months most current paycheck stubs for **all** household members who are currently employed.

Attach: *Self-employed Requirements:*

(1) Form 1040 with Schedule C, E, or F – Two (2) years.

(2) If requested to confirm third-party verification, an audited or unaudited financial statement of business income, along with a signed statement from the self-employed giving anticipated net income for the next 12 months.

(3) Two (2) months of current business bank account statement.

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. Lender should also provide Desk Underwriting, 1003 and 1008 forms used for approval.

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 – **see info below:**

Florida Dept. of Revenue - Apply For Child Support Services (floridarevenue.com)
850-488-5437

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 Two (2) months of bank statements, **for all** accounts that are open for each household member, both personal and business.

Attach: If used to provide household income, 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) – Minimum Score of 640

Attach: Buyer inspection and Lender appraisal for property under purchase contract. Applicant can be deemed ineligible if property does not meet HUD Housing Quality Standards.

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 or otherwise committed.



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.



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:	
<hr/> <div style="display: flex; justify-content: space-between;"> Street Address City State Zip Code </div> <hr/>							
<hr/> <div style="display: flex; justify-content: space-between;"> Mailing Address or P.O. Box # City State Zip Code </div> <hr/>							
(____) _____ 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) X	Applicant's Signature X	Date
Co-Applicant's Name (Print or Type) X	Co-Applicant's Signature X	Date
Other Adult's Name (Print or Type) X	Other Adult's Signature X	Date
Other Adult's Name (Print or Type) X	Other Adult's Signature X	Date
Other Adult's Name (Print or Type) X	Other Adult's Signature X	Date
Other Adult's Name (Print or Type) X	Other Adult's Signature X	Date

To be completed by Interviewer	
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