



APPLICATION FOR HOME PURCHASE FUNDING ASSISTANCE

This application must be notarized before submittal. The notarization date and signature dates must be the same. Please be advised that applications with anything whited out will not be accepted.

I. APPLICANT(S) INFORMATION

A. Please print your name and address. Then indicate whether you are purchasing a new home or an existing home that has been repaired recently, or will be repaired. Please notify us if you have a change of address while your application is pending.

Applicant: _____

Co/applicant: _____

Phone: _____ E-mail address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Sponsoring organization City of Leesburg

Purchasing new home* _____ or existing home that has been or will be repaired _____

*Home that has had the Certificate of Occupancy issued within twelve months of transfer of title, or that has never been lived in.

B. Please indicate the race and ethnicity of the head of household:

White/Caucasian _____ Black/African American _____ Latino/Hispanic _____

Asian/Pacific Islander _____ Native American/Indian _____

Other (specify) _____

(This information is required only for State record keeping per Florida Statute 420.9075 (10)(a). Lake County fully supports equal opportunity housing and does not discriminate on the basis of race, national origin, religion, sex, age, family size, or handicap.)

C. Current marital status of applicant/co-applicant:

Applicant: Married ___ Single ___ Divorced ___ Widowed ___

Co-Applicant: Married ___ Single ___ Divorced ___ Widowed ___

Please check "Married" if you are separated. Florida does not recognize legal separation. If separated, provide documentation that the estranged spouse is no longer a household member. Acceptable documentation includes a long term lease in the estranged spouse's name or a utility bill in the estranged spouse's name with a different address. Please note also that if you are separated but not divorced at the time of closing, your estranged spouse's name will have to be on the mortgages, notes and the deed to the house you are purchasing. The estranged spouse will have an equal interest in the property.

If single, have the applicant or the co-applicant ever been married? Yes _____ No _____

If married, have the applicant or the co-applicant ever been married to someone other than his/her current spouse? Yes _____ No _____

Please supply copies of all divorce decrees.



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III. INCOME AND ASSET INFORMATION

A. Please estimate this year's estimated gross annual income for all household members 17 years and older: \$ _____

B. Does anyone in your household receive child support? ____ Yes ____ No
Has child support been court ordered whether received or not? ____ Yes ____ No
Please supply all applicable court documents or written agreements regarding child support.

C. Are any household members 18 years or older, excluding the applicant/co-applicant or spouse, full time students? ____ Yes ____ No
If yes, please list by name and the institution(s) they attend:

Name	Institution Attended

We will also need documentation of the institutions attended.

D. Does anyone in your household receive ____ Social Security disability, ____ Social Security retirement benefits, ____ pensions or other retirement benefits, ____ other public assistance, ____ alimony, ____ income from deferred compensation, or annuities, ____ dividends, ____ interest, ____ any other forms of income? (If other, please list below.)

We will need documentation of all forms of income. If not all sources of income are reported, your application will be denied and you will have to wait six months to reapply.

E. Please complete the blanks below for all employed household members over 17.

Applicant Employment Information:

Employee Name:		Employer Name:	
Position:		Supervisor:	
Address:			
Phone:			
Hire Date:	Pay Rate:	Pay Frequency:	Seasonal? Y N
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$			



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Co-Applicant Employment Information:

Employee Name:		Employer Name:	
Position:		Supervisor:	
Address:		Phone:	
Hire Date:	Pay Rate:	Pay Frequency:	Seasonal? Y N
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$			

Other Household Member Employment Information

Employee Name:		Employer Name:	
Position:		Supervisor:	
Address:		Phone:	
Hire Date:	Pay Rate:	Pay Frequency:	Seasonal? Y N
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$			

Other Household Member Employment Information

Employee Name:		Employer Name:	
Position:		Supervisor:	
Address:		Phone:	
Hire Date:	Pay Rate:	Pay Frequency:	Seasonal? Y N
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$			

We will need to obtain a third party verification employment for all employed household members

F. Assets and Asset Income

List monetary assets for ALL household members, including minors.

Account Type	Institution	Account Number	None
Checking			
Savings			
410k/TSA			
Other			



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Please provide checking account statements from the last six months and your most recent savings account statement. If applicable, please provide documentation of all other assets listed.

Provide a detailed description of any real property owned by you now or in the past two years, (i.e. describe the lot or parcel by size, location, current use, intended use and appraised value; describe any buildings or dwellings including appraised value. Attach additional pages if necessary):

IV. ASSISTANCE REQUESTED

A. If known, what is the anticipated closing date on the house to be purchased?

B Housing Unit to be Purchased/Constructed

Price or price range of the house to be purchased: _____
(The price of the house should not be more than 2 1/2 to 3 times the gross annual income of the purchaser. Parties co-signing loans cannot be on the mortgages or deed to the property to be purchased.)

Name and address of federally or state chartered institution or not-for-profit organization with which the principal mortgage will be held:

C: Assistance Requested

Dollar amount of assistance being requested: \$ _____
(The amount you receive could be different from the amount being requested. The calculation will be based on the total income amount determined by Lake County based on information provided from your employer(s) and any asset income.)

Describe other funding assistance used in the purchase/construction of this house below:

Source of Funds	Amount	To be used for



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V. REPAYMENT AGREEMENT AND CERTIFICATION

The applicant(s) must initial where indicated by ____/____/

____/____/ I/we, the Applicant(s), have requested funding assistance from the Lake County Affordable Housing Assistance (SHIP) Program for the purchase or construction of a home, as described by legal description below and intend along with my/our family to reside as a household in the property as described by legal description below.

Legal description of house to be purchased/constructed:

Three horizontal lines for legal description.

Attach extra page(s) if necessary.

The terms and conditions for repayment of the funding assistance are as follows:

If prior to the tenth (10th) year anniversary of my/our execution of the _____ mortgage held in favor of Lake County against my/our property as described above, I/we, the Applicant(s), refinance with a payout, use the property as collateral for a home equity line of credit, sell the property, transfer, give away, or otherwise convey any part or interest in the property, whether by voluntary act or involuntary act, by operation of law or otherwise, if the property is otherwise occupied by a person or household other than the person or household for which the assistance was intended, or if I/we, the applicant(s), is/are divested of title by judicial sale, levy or other proceeding, or if foreclosure action is instituted against the property, or if the property is leased or rented, the total sum of the awarded funding assistance originating from the Lake County Affordable Housing Assistance (SHIP) Program shall become immediately due and payable in full, without notice to the recipient.

For the purposes of this Agreement, "property" means the parcel, lot or land on which a dwelling unit has been or will be placed, together with all improvements now or hereafter erected on the property.

____/____/ I/We, the Applicant(s), have entered into this Repayment Agreement, hereinafter referred to as "Agreement", with full understanding that any monetary assistance originating from the Lake County Affordable Housing Assistance (SHIP) Program shall be repaid by me/us in accordance with the terms and conditions of this Agreement.

____/____/ I/We, the Applicant(s), further understand and expressly agree that I/we are jointly and severally liable for the repayment of monies originating from the Lake County Affordable Housing Assistance (SHIP) Program.

____/____/ I/We, the Applicant(s), agree to all the terms and conditions set forth in this Agreement for the repayment of the funding assistance and furthermore agree that if the property is held by my/our estate or my/our heirs, the estate or heirs shall repay the deferred payment loan in accordance with the terms and conditions of this Agreement.



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_____/_____/ I/We, the Applicant(s), have fully read and understand and expressly agree to the terms and conditions of this Agreement and furthermore agree to be legally bound to repay any funding assistance awarded to me/us from the Lake County Affordable Housing Assistance (SHIP) Program.

_____/_____/ I/We also agree to execute a mortgage contract and/or other documents as deemed necessary by the County to insure repayment of awarded funds and I/we, the Applicant(s), understand that these documents shall be legally recorded as a lien against the property as described by address and legal description above.

_____/_____/ I/We, the Applicant(s), understand that Florida Statute 817.03 provides that **willful false statements or misrepresentation concerning income or asset 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 either termination of the application process or, if awarded funding assistance, the total amount of the funding assistance originating from the Lake County Affordable Housing Assistance (SHIP) Program shall become immediately due and payable by the Applicant(s).

_____/_____/ I/we certify that the application information provided in this application is true and complete as of the date set forth beside my/our signature on this application.

_____/_____/ 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

Date Signed

Co-Applicant

Date Signed

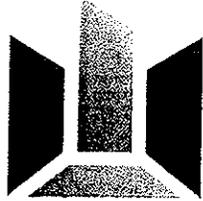
State of Florida
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, ____ by _____, who produced _____ as identification or _____ (type of identification) _____ is personally known by me.

Signature of Notary

Name of Notary Typed, Printed or Stamped

(Stamp)



REM
REAL ESTATE MORTGAGE NETWORK, INC.

Pre-qualification form for new purchase qualifying for Mortgage

Name: _____ Soc. Sec # _____

Name: _____ Soc. Sec# _____

Date of Birth _____ Contact # _____

Date of Birth _____ Contact # _____

Residential Address for most recent 2 years .

Applicant: Employment address, phone number and position for last 2 years

Co-Applicant _____

Annual or monthly income (Gross amount) _____

Assets with regard to Savings and Checking Account

Name of bank _____ Account Balances _____

Email address: _____ Monthly Rent \$ _____

Referring Realtor contact info, name and company _____

Signature _____ Date _____

Signature _____ Date _____

Colleen Conchelos
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