

# NEIGHBORHOOD STABILIZATION PROGRAM (NSP3) APPLICATION PACKAGE



The City of Coral Springs, through the use of Federal Neighborhood Stabilization Program (NSP3) funds, is pleased to provide purchase and repair assistance for low to middle-income households for the purchase of foreclosed and vacant property within Coral Springs to *occupy as their primary residence*. Assistance is in the form of a 0% interest deferred second loan that reverts to a grant if all program conditions are met. This program is administered by the City of Coral Springs in conjunction with the City's consultant, Community Redevelopment Associates of Florida, Inc (CRA). Should you have any questions pertaining to this application please contact:

**Community Redevelopment Associates of Florida, Inc (CRA)**  
**8569 Pines Boulevard, Suite 201**  
**Pembroke Pines, Florida 33024**  
**(Phone) 954-431-7866 – Option 3 or 1-877-CRA-FLA1**  
**[www.crafla.com](http://www.crafla.com)**

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## PROGRAM SUMMARY

### What is the Neighborhood Stabilization Program 3 (NSP3)?

NSP3 is a program that provides assistance to states and local governments to facilitate the acquisition and rehabilitation of foreclosed and abandoned properties that are at risk of becoming slum and blighted.

### When will the assistance become available?

Applications are on June 1, 2011. Application submittal begins on June 14, 2011. The program will be available until funds are expended.

### What types of assistance are being offered by the City of Coral Springs through NSP3?

**Purchase Assistance/Financial Mechanism-** Financial assistance will be for down payment, closing costs, and mortgage and interest rate buy downs (**not to exceed \$30,000**). Applicants will be required to pay a minimum of 3% or more depending on the first mortgage lender's down payment requirement. NSP3 assistance will be in the form of a 0% interest, deferred payment loan for up to 15 years secured by a second mortgage and promissory note.

*Example: Purchase contract -\$150,000, required down payment from applicant- \$4,500 (minimum)*

**Purchase and Rehabilitation-** This activity sets aside funds to assist NSP3 homeowners that purchased a foreclosed or abandoned property to help make minor repairs and/or make energy efficient improvements (Approx. \$70,000: 51-120% AMI; Approx. \$65,000: 50% and below AMI).

### Who is eligible to apply for NSP3?

Eligible applicants do not have to be first-time homebuyers. However, applicants may not own any other residential property. The program is designed to assist low- to middle-income households. Below are the income limits for the program, established by the Federal government.

### What is the income criterion for NSP3?

Applicant income cannot exceed the last column (4<sup>th</sup>).

2012 Income Limits Effective (December 2011)			
Household Size	Low Income (50% and below AMI)	Moderate Income (51- 80% AMI)	Middle Income (81-120% AMI)
1	\$ 25,100.00	\$ 40,150.00	\$ 60,150.00
2	\$ 28,650.00	\$ 45,850.00	\$ 68,750.00
3	\$ 32,250.00	\$ 51,600.00	\$ 77,350.00
4	\$ 35,800.00	\$ 57,300.00	\$ 85,900.00
5	\$ 38,700.00	\$ 61,900.00	\$ 92,800.00
6	\$ 41,550.00	\$ 66,500.00	\$ 99,650.00
7	\$ 44,400.00	\$ 71,100.00	\$ 106,550.00
8	\$ 47,300.00	\$ 75,650.00	\$ 113,400.00

### What form of assistance will be offered to NSP3 applicants?

The assistance will be provided in the form of a Second Mortgage 0% interest, deferred payment loan secured by a mortgage and note. The loan is forgivable in its entirety at the end of the term. The term begins the date of the closing, provided the title remains under the ownership of the original purchaser/applicant.

<b>HOMEOWNERSHIP ASSISTANCE AMOUNT</b>	<b>AFFORDABILITY PERIOD</b>
Under \$15,000	5
\$15,000 to \$40,000	10
Over \$40,000	15

(Standard HUD Guidelines)

There will be a yearly write-down of the loan after the end of each full year. The write-down will be equivalent to 1/5<sup>th</sup>, 1/10<sup>th</sup> or 1/15<sup>th</sup> of the mortgage depending on the term. The mortgage and note shall provide for pro-rated repayment, which shall be due if the home is sold, title is transferred or conveyed, or the home ceases to be the primary resident of the owner during the affordability period. Applicants are required to file for homestead exception through Broward County Property Appraiser.

**Do I have to make a financial contribution toward the purchase of the home?**

Applicants will be required to pay a minimum of 3% or more depending on the first mortgage lender's down payment requirement. It's the responsible of the applicant to pay for the initial inspection(s).

**I am married, but can I apply by myself?**

No, applicants must apply with their spouse.

**Can I apply if my wife/husband currently owns a property but my name is not on the property's deed, title or mortgage?**

No, applicants must apply with their spouse

**Are co-signers allowed?**

No, co-signers are not allowed, only co-applicants who will be reside in the property

**I am separated from my spouse. Can I still apply for assistance?**

Applicants must verify separation by providing personal federal income tax returns for the last five (5) consecutive years and provide further evidence that the spouse no longer resides with the applicant.

*Example: a copy of the spouse's driver's license or utility bill, showing spouse's current address.*

**Can I apply if I am not a U.S. Citizen or a Permanent Resident?**

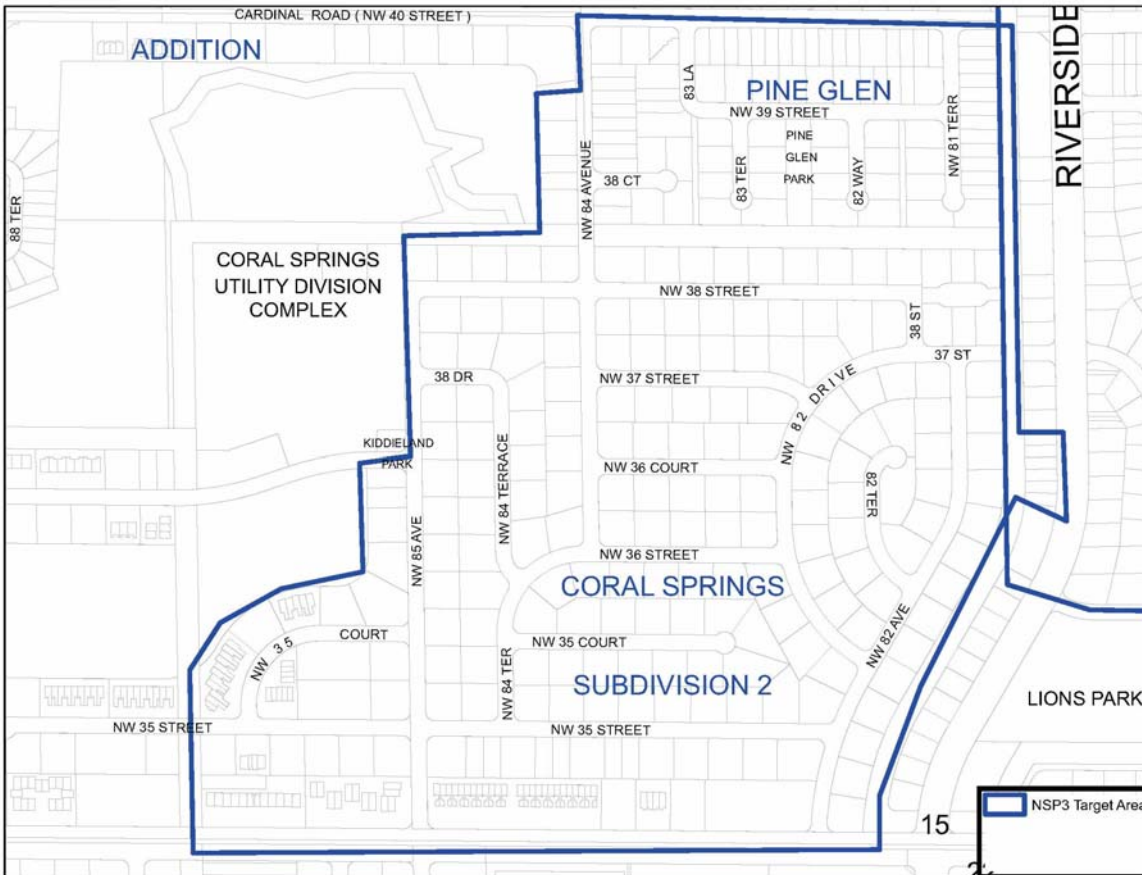
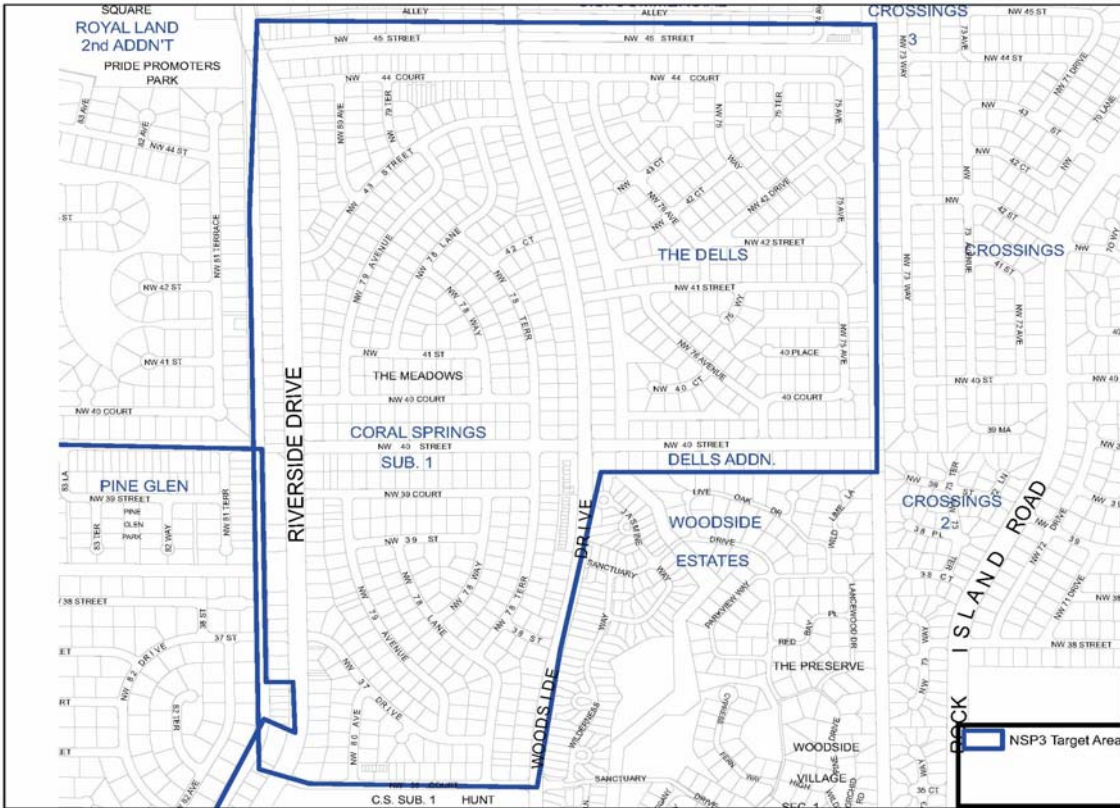
No, only U.S. Citizens and permanent residents can apply for the program.

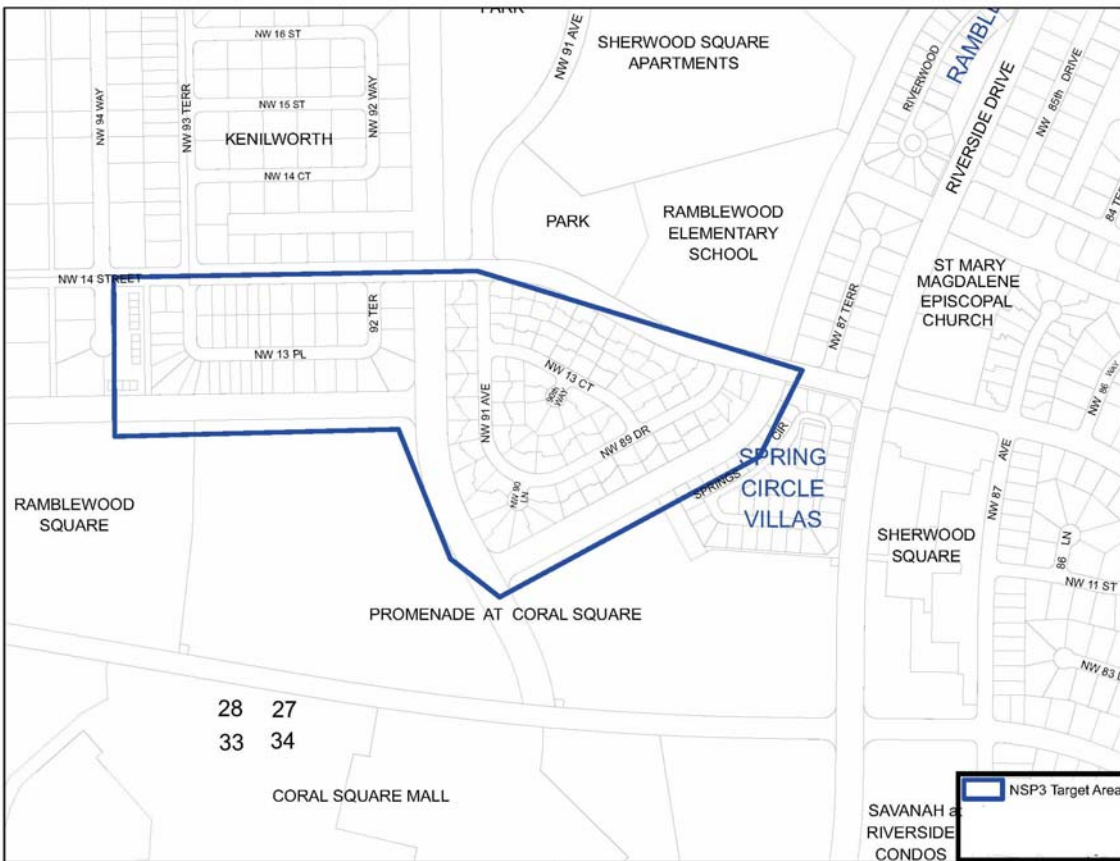
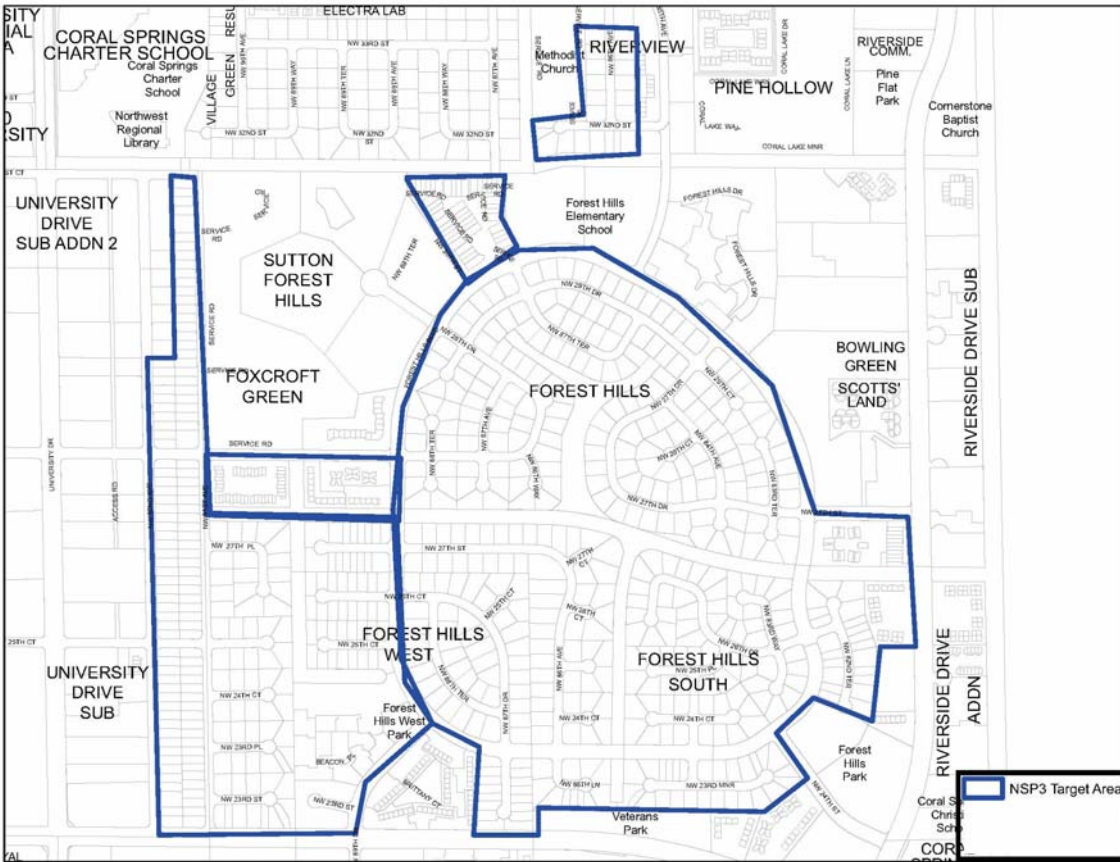
**What properties are eligible in NSP3?**

Foreclosed, vacant and abandoned single family detached homes, condos, townhomes, and villas in the NSP3 Target Area not exceeding \$250,000.00. Please check with CRA or the City of Coral Springs to ensure your property is in the approved target area before submitting an offer on a property.

**Below is a map of the NSP3 target area; the area includes the following neighborhoods:**

- **Portions of Meadows and Dells;**
- **Pine Glen and portions of Coral Springs Sub-division 2;**
- **Portions of Forest Hills;**
- **Portions of Ramblewood South**
- **Parkside, Springs Park;**
- **Portions of Chevy Chase, Glenwood and the Windings;**







## KEY STEPS TO APPLY FOR ASSISTANCE

1. Read, understand and sign program application disclosures. Signed disclosures must accompany application when it is submitted.
2. Please read all sections of the application package.
3. Be pre-qualified/pre-approved by a participating lender. You can only use a lender registered with the program. The list of approved lenders is included in this package and is also located on CRA's website at [www.crafla.com](http://www.crafla.com) (click on Coral Springs in the main menu window)
4. Your lender will be required to e-mail your loan pre-qualification/pre-approval to [NSP3@crafla.org](mailto:NSP3@crafla.org) or fax the pre-approval to 954-431-6882 with your name and telephone number in the subject line. If you do not receive a call from CRA within 48 hours of the submission, please contact CRA at 954-431-7866 Option 3. Please request that your lender copy you on the e-mail or forward a copy of the receipt to you for your records.
5. CRA will contact applicants to schedule appointments to submit program applications. Applicants will be contacted by CRA in the order in which their pre-approval was received by CRA from the approved lender. Applications will be accepted until funds are exhausted.
6. Appointments to accept application will begin **JUNE 14, 2011. Applications will not be accepted prior to JUNE 14, 2011.**
7. Appointments will be available at the City of Coral Springs and CRA. You will be given the opportunity to choose which location you would like to submit your application.
8. **ONLY COMPLETED APPLICATIONS WITH ALL REQUIRED DOCUMENTS WILL BE ACCEPTED.**
9. A preliminary application review will be completed during the appointment to determine the potential eligibility. Once a preliminary determination is made, applicants can begin to seek contracts on eligible NSP3 properties.
10. Applicants are required to contact CRA at or City of Coral Springs (954-344-1114) when a potential property is identified to verify eligibility.
11. Attend and satisfactorily complete a HUD approved 8-hour homebuyer's education class. (It is recommended that applicants complete this as early as possible to help you understand the home buying process.) A list of approved counselors is included in this package and can be found on [www.crafla.com](http://www.crafla.com) or [www.hud.gov](http://www.hud.gov).

## REQUIRED DOCUMENTATION

*Please provide photocopies of the below documents that apply to you. We cannot make copies without a charge.*

1. Three (3) most recent pay stubs or earnings statements showing the employee's name, gross pay per pay period, deductions, and frequency of pay for every household member over 18 years old.
2. Last six (6) months bank statements for every household member. Every page of the bank statements – including the “blank” pages must be submitted.
3. Federal income tax returns filed with the IRS for the last two (2) years AND W-2's for the last two (2) years. We accept the following documents for verification:
  - a. A copy of the original signed federal tax return with W-2's or
  - b. A transcript of your federal return from the IRS with W-2's. You can request a transcript by filling out IRS form 4506-T and sending to the IRS. The form can be obtained from the IRS website [www.irs.gov](http://www.irs.gov) by calling the IRS at 1-800-829-3676, or by going to the IRS office at 7850 SW 6<sup>th</sup> Court, Plantation FL 33324. Monday to Friday 8:30 a.m. to 4:30 p.m.
4. Proof of number of dependents claimed (Dependants must be listed on your federal tax return).
  - a. Birth Certificate on which the parent/applicant's name is listed or
  - b. School records which give the parents names and address or
  - c. Court-ordered letters of guardianship or
  - d. Divorce decree or
  - e. Letters of adoption
  - f. If a dependant over 18 is a full time student please submit a copy of their class schedule in addition to the above documents.
5. Signed Social Security Cards for all household members.
6. Proof of citizenship or legal alien status documents.
  - a. United States of America birth certificate or
  - b. U.S. Passport or
  - c. Alien registration card
7. If divorced please provide a copy of the divorce decree or certified court documents.
8. Self-Employment Income. Schedule C, E, or F must be included with your federal income tax return AND
  - a. Accountant or bookkeeper's statement of net income expected for the next 12 months printed on the accountant/book keeper's company letterhead or
  - b. A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months.
9. Social Security, Supplemental Security Income (SSI), and Disability benefits - An award or benefit notification letter prepared and signed by the authorizing agency.
10. Unearned Income. Please provide documents for all that apply.
  - a. Unemployment Compensation - Unemployment benefit award notice with three (3) copies of unemployment check stubs.
  - b. Disability Compensation - Notice of eligibility from employer or authorizing agency and three (3) copies of check stubs.
  - c. Worker's Compensation - Notice of eligibility with amount awarded and three (3) copies of check stubs.
  - d. Severance Pay - Notice of employer stating the amount received in severance pay.
  - e. Welfare of other needs based payments given to any household members.

11. Unemployed household member not receiving unemployment benefits or income. Please provide a notarized, sworn statement from the household member stating that unemployment benefits are not received and he/or she is not receiving any income.

12. For Alimony or Child Support Payments

- a. A printout from the court or governmental agency through which payments are being made or
- b. An original notarized letter from the non-custodial parent stating the amount given weekly, bi-weekly, or monthly or
- c. An original notarized statement from custodial parent stating that child support is not received for each child.

For Scholarships, Grants, and Veteran's Administration Benefits - Benefactor's written confirmation of amount of assistance and educational institution's written confirmation of expected cost of the student's tuition, fees, books, and equipment for the next 12 months.

13. Assets - Please bring current statements for the assets mentioned below for each household member if applicable. All pages of each statements submitted and listed on your application form must be provided.

- a. 401(K) account statement
- b. Retirement statement
- c. Pension statement
- d. IRA statement
- e. Certificate of deposit (CD) statement
- f. Annuities
- g. Any other financial accounts not included above for any household member.

14. Life Insurance policy with current cash value and the type (term or whole). Provide all pages of the most current policy statement.

15. Recurring Contributions and Gifts. Example: non-household member paying all or part of bills, mortgages or contributing money on a regular basis.

- a. Notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts or
- b. A letter from a bank, attorney, or a trustee providing required verification.

## **PURCHASING A NSP3 ELIGIBLE PROPERTY**

1. Please check if the potential property is located in the approved target area by contacting CRA at 954-431-7866 Option 1 or the City of Coral Springs 954-344-1114 before making an offer on a property. Once you have a fully executed purchase contract for an eligible property in the target area, please submit the purchase contract to CRA for compliance review. The Contract must contain all required program conditions and disclosures included in this package)
2. A full property inspection must be performed and an independent appraisal completed within 60 days of contract offer.
3. Obtain and submit mortgage commitment from your lender to CRA.
4. CRA will need 30-45 days after acceptance of contract to close on the property.
5. The City will issue a check to the title company, once all paper work is reviewed and approved for closing by CRA and the City.
6. Once the purchase transaction is completed, the file will transition to the home repair process within 48 hours of closing.

## **HOME REPAIR**

1. Once a contract has been accepted and progressing toward closing, the City's home repair inspector/work specifications writer will inspect the home and create a scope of services/work write up on the property.
2. Within approximately 48 hours of purchase transaction, the inspector will schedule a bid conference. All home repairs completed through the City's home repair program will be competitively bid to the City's approved list of contractors.
3. Once the final price of repairs is determined, a separate mortgage and promissory note (held by the City of Coral Springs) must be signed. The mortgage will be for the total cost of home repair assistance and associated cost (sections, mold test, lead base test). This will also be a 0% interest deferred payment loan secured by a mortgage and note.
4. All work will be completed within a specified time period according to the terms of the contract between the contractor and homeowner.
5. All work will be inspected and require owner's satisfaction. Contractor invoices will be paid by the City of Coral Springs.

NOTE: In many instances the required home repairs for the NSP3 properties purchased, the homeowner may not be able to move into the property immediately. The applicant may be required to pay the mortgage while still maintaining their existing home until repairs are completed on the NSP3 property is completed.

**APPROVED LENDER LIST (6/10/11)**

<b>Lender</b>	<b>Loan Officer</b>	<b>Address</b>	<b>Office</b>	<b>Mobile</b>	<b>Email</b>
<b>Ascent Home Loans</b>	Devon Stubbs	Coral Springs, FL 33065	954-399-0027		<a href="mailto:devonstubbs@extramortgageinfo.com">devonstubbs@extramortgageinfo.com</a>
<b>Bank Atlantic</b>	Robin Holley	Fort Lauderdale, FL 33309	954-940-5429	954-557-5591	<a href="mailto:rholley@bankatlantic.com">rholley@bankatlantic.com</a>
<b>Bank Atlantic</b>	Edith Bynes	Fort Lauderdale, FL 33309	954-940-5435		<a href="mailto:ebynes@bankatlantic.com">ebynes@bankatlantic.com</a>
<b>Chase</b>	Patrick Eichholtz	Pembroke Pines, FL 33027	954-257-0014	954-257-0014	<a href="mailto:patrick.e.eichholtz@chase.com">patrick.e.eichholtz@chase.com</a>
<b>Chase</b>	Norma DuCille	Coral Springs, FL 33071	954-755-8993 Ext 3	954-263-6691	<a href="mailto:Norma.ducille@chase.com">Norma.ducille@chase.com</a>
<b>Chase</b>	Mirta Richardson		954-974-8565 Ext 48565	954-658-6234	<a href="mailto:Mirta.Richardson@chase.com">Mirta.Richardson@chase.com</a>
<b>Fidelity Financial</b>	Juan Robles	Pembroke Pines, FL 33024		754-235-4128	<a href="mailto:ierobles@msn.com">ierobles@msn.com</a>
<b>Fidelity Financial</b>	Craig Prickett	Pembroke Pines, FL 33024		954-558-4430	<a href="mailto:craig@firstfloridafin.com">craig@firstfloridafin.com</a>
<b>Flagship Financial Services</b>	Lisa Kislia Debbie Healy	Ft. Lauderdale, FL 33309	954-771-8984	561-289-4534 954-675-6000	<a href="mailto:flagshipfinancial@msn.com">flagshipfinancial@msn.com</a>
<b>Gulf Atlantic Funding Group</b>	Jose Rosario	Davie, FL 33328	954-252-1760	954-369-6228	<a href="mailto:rosariomortgage@hotmail.com">rosariomortgage@hotmail.com</a>
<b>Kiesel Mortgage</b>	Charles Kiesel	Cooper City, FL 33026	954-430-4510		<a href="mailto:charlie@kieselmortgage.com">charlie@kieselmortgage.com</a>
<b>New Penn Financial Ilc,</b>	Veronica Sylvester	Ft. Lauderdale, FL 33308	954-240-0140		<a href="mailto:Vsylvester@npflc.com">Vsylvester@npflc.com</a>
<b>PNC Bank</b>	Terri Darvish	Boca Raton, FL 33433	561-926-7001	866-575-1204	<a href="mailto:Terri.darvish@pncmortg">Terri.darvish@pncmortg</a>
<b>SunTrust</b>	Monica Coward	Sunrise, FL 33323	954-838-4600	954-471-3043	<a href="mailto:Monica.Coward@SunTrust.com">Monica.Coward@SunTrust.com</a>
<b>Wells Fargo</b>	Elizabeth Kulhman	Weston, FL 33326	954-483-1712	954-483-1712	<a href="mailto:Liz.Kulhman@wellsfargo.com">Liz.Kulhman@wellsfargo.com</a>

## HUD APPROVED HOUSING COUNSELING AGENCIES

HUD Approved Housing Counselors			
Agency Name	Contact Information	Address	Language
BOYNTON BEACH FAITH BASED CDC	Phone: 561-752-0303 Fax: 561-244-5046 Email: jhormebbfcdc@yahoo.com Website: www.boyntonbeachcdc.org	2191 N Seacrest Blvd Boynton Beach, FL 33435	English, Creole
CROSS ROAD MINISTRY AFFILIATED	Phone: 954-391-6976 Fax: 954-391-6083 Email: wallogee@comcast.net	9900 Stirling Road, Suite 301 Cooper city, FL 33024	English
CRISIS HOUSING SOLUTIONS, INC	Phone: 954-587-0160 Fax: 954-587-0170 Email: info@crisishousingsolutions.org	4700 SW 64th Ave, Suite C Davie, FL 33314	English, Creole, French, Spanish
DEERFIELD BEACH HOUSING AUTHORITY	Phone: 954-425-8449 Ext 115 Fax: 954-425-8450 Email: bferguson@dbhaonline.org Website: www.dbhaonline.org	533 S Dixie Hwy, Suite 201 Deerfield Beach, FL 33441	English
CONSUMER CREDIT MANAGEMENT SERVICES, INC	Phone: 561-454-5643 Toll Free: 800-568-4545 Fax: 866-590-2329 Email: kevin@ccmsclient.org Website: www.debt-mgt.org	315 NE 2nd Ave Delray Beach, FL 33444	English, Spanish
CONSOLIDATED CREDIT COUNSELING SERVICE, INC	Phone: 866-435-1876 Toll Free: 866-435-1876 Fax: 954-377-9661 Email: housing@consolidatedcredit.org Website: www.consolidatedcredit.org/hud	5701 W Sunrise Blvd Ft Lauderdale, FL 33313	English, Creole, Spanish

URBAN LEAGUE OF BROWARD COUNTY (Branch Office)	Phone: 954-625-2574 Fax: 954-321-2276 Email: cbiscardi@ulbcfl.org	3521 W Broward Blvd, Suite 201 Ft Lauderdale, FL 33312	English
URBAN LEAGUE OF BROWARD COUNTY (Main Office)	Phone: 954-584-0777 Fax: 954-321-2276 Email: cbiscardi@ulbcfl.org	11 NW 36th Ave Ft Lauderdale, FL 33311	English, Creole, French, Spanish
NEW VISIONS COMMUNITY DEVELOPMENT CORP.	Phone: 954-768-0920 Fax: 954-768-0964 Email: pharris@mtbbc.org Website: www.newvisionscdc.com	1004 NW 1st St, Suite 3 Ft Lauderdale, FL 33311	English, French
HOPE HUMAN RESOURCES DEVELOPMENT	Phone: 305-826-9343 Fax: 305-687-4588 Email: hopehrd@yahoo.com	2305 Sheridan St Hollywood, FL 33020	English
CCCS of the Midwest	Phone: 800-355-2227 Toll Free: 800-355-2227 Fax 614-552-4800 Email: info@ccservices.com Website: www.ccservices.com	301 Civic Ct Homestead, FL 33030	English
TRINITY EMPOWERMENT CONSORTIUM, INC	Phone: 305-248-4553 Toll Free 877-738-9437 Fax: 877-769-3912 Email: info@trinityempowers.org Website: www.trinityempowers.org	15260 SW 280th ST #206 Homestead, FL 33032	English, Spanish
BROWARD COUNTY HOUSING AUTHORITY	Phone: 954-497-4583 Fax: 954-497-3726 Email: housingscounselor@bchafll.org Website: www.bchafll.org	4780 North State Road 7 Lauderdale Lakes, FL 33319	English, Spanish

CCCS OF THE MIDWEST	Phone: 800-355-2227 Toll Free: 800 355-2227 Fax 614-552-4800 Email: info@ccsservices.com Website: www.cccservices.com	3170 N Federal Hwy, Ste 103E Lighthouse Point, FL 33064	English, Spanish
A123 CREDIT COUNSELORS, INC.	Phone: 305-269-9201 Fax: 305-269-0473 Email: egarcia@a123cc.org Website: www.a123cc.org	703 NW 62nd Ave Miami, FL 33126	English, Spanish
AFFORDABLE HOUSING CENTERS OF AMERICA	Phone: 305-631-9002 Fax: 305-631-9050 Email: ogonzalez@ahcoa.org Website: www.ahcoa.org	1439 West Flagler St., Suite C Miami, FL 33126	English, Spanish
CORNERSTONE FINANCIAL EDUCATION	Phone: 786-369-1652 Toll Free: 800-336-1245 Fax: 800-420-0947 Email: luis.herrera@csfedu.org Website: www.csfedu.org	7860 NW 71st St Suite 302 Miami, FL 33166	English, Spanish
CUBAN AMERICAN NATIONAL COUNCIL, INC.- MIAMI	Phone: 305-642-3484-129 Fax: 305-649-0302 Email: jgarcia@cnc.org Website: www.cnc.org	1223 SW 4th ST Miami, FL 33135	English, Spanish
MIAMI-DADE AFFORDABLE HOUSING FOUNDATION, INC	Phone: 305-471-9750 Email: lasternicole@hotmail.com Website: www.asite.com	7300 NW 19th ST Suite 502 Miami, FL 33126	English, Spanish
NEIGHBORHOOD HOUSING SERVICES OF SOUTH FLORIDA	Phone: 305-751-5511 Fax: 305-751-2228 Email: LeeAnnR@nhssf.org Website: www.nhssf.org	300 NW 12th Ave Miami, FL 33128	English, Spanish, Creole

SAINT JOHN COMMUNITY DEVELOPMENT CORP.	Phone 305-372-0682 Fax: 305-381-9574 Email: dalexander@stjohncdc.org Website: www.stjohncdc.org	1324 NW 3rd Ave Miami, FL 33136	English
SER JOBS FOR PPROGRESS	Phone: 305-871-2820 Ext.104 Fax: 305-871-5643 Email: mavnignon@serflorida.org	5600 NW 36th St, Suite 561 Miami, FL 33166	English, Creole, French, Spanish
MIAMI BEACH COMMUNITY DEVELOPMENT CORP	Phone: 305-538-0090 Ext237 Toll Free: 305-303-0046 Fax: 305-538-2863 Email: vicky@miamibeachcdc.org Website: www.miamibeachcdc.org	945 Pennsylvania Ave, 2nd FL Miami Beach, FL 33139	English, Spanish
NID-HCA FLORIDA	Phone: 305-652-7616 Fax: 305-652-8124 Email:danny@erechelp.org Website: www.nionline.org	610 Northwest 183rd ST Suite 202 Miami Gardens, FL 33169	English, Creole, French, Spanish
VISION TO VICTORY DESTINATION HOME	Phone:305-691-3464 Fax: 305-953-8327 Email: Mbryant@vvhsc.com	13230 NW 7th AVE N Miami, FL 33168	English
CCS OF THE MIDWEST	Phone: 800-355-2227 Toll Free: 800-355-2227 Fax: 314-552-4800 Email: info@ccservices.com Website: www.cccservices.com	1175 NR 125th St, Ste 413 North Miami, FL 33161	English
NANAY HOUSING RESOURCE CENTER	Phone: 305-981-3232 Fax: 305-981-3231 Website: www.nanay.com	915 NE 125th Street, Ste 203 North Miami, FL 33161	English, Creole, Cantonese, Spanish
OPA-LOCKA COMMUNITY DEVELOPMENT CORP.	Phone: 305-687-3545 Ext 238 Fax: 305-685-9650 Email: bomnye@olcdc.org Website: www.olcdc.org	490 Opa-Locka Blvd, Ste 20 Opa-Locka, FL 33054	English

REAL ESTATE, EDUCATION AND COMMUNITY HOUSING, INC.	Phone: 561-491-1680 Toll Free: 800-416-0793 Fax: 561-712-9666 Email: pat@reach4housing.org Website: www.reach4housing.org	8409 N. Military Trail, Ste 110 Palm Beach, Garden, FL 33410	English, Creole, Spanish, Farsi, Hindu, Polish, Russian, Czech
HOUSING FOUNDATION OF AMERICA	Phone: 954-923-5001 Fax: 954-924-1225 Email: hudcertified@yahoo.com Website: www.mortgagegrants.com	2400 N University Drive, Ste 200 Pembroke Pines	English, Spanish
CCS OF THE MIDWEST	Phone: 800-355-2227 Toll Free: 800-355-2227 Fax: 314-552-4800 Email: info@ccservices.com Website: www.cccservices.com	1333 s. University Drive, Ste 210 Plantation, FL 33324	English, Spanish
DREAM HOME ORGANIZATION, INC.	Phone: 954-474-4884 Fax: 954-747-4579 Email: info@dreamhomeorganization.org Website: www.dreamhomeorganization.org	201 North University Drive, #105 Plantation, FL 33324	English, Creole, French, Spanish, Portuguese
HOUSING PARTNERSHIP, INC.	Phone: 561-841-3500, Ext 1062 Fax: 561-808-6162 Email: bconrad@gocpg.org Website: www.gocpg.org	2001 W. Blue Heron Blvd. Riveria Beach, FL 33404	English, Creole, Spanish
CREDIT CARD MANAGEMENT SERVICES, INC	Phone: 561-472-8000 Toll Free: 800-920-2262 Fax: 866-561-2622 Email: counseling@debthelper.com Website: www.debthelper.com	4611 Okeechobee Blvd, Ste 114 West Palm Beach, FL 33417	English, Creole, Spanish, Portuguese
FLORIDA COOPERATIVE EXTENSION	Phone: 561-233-1700 Email: leehj@ufl.edu Website: www.fycs.ifas.ufl.edu	559 N. Military Trail West Palm Beach, FL 33415	English, Spanish

LIFE IMPROVEMENT FOR TOMORROW, INC.	Phone: 561-318-7487 Fax: 561-318-7490 Email: lupe@liff tomorrow.org	1920 Palm Beach Lakes Blvd, Ste 205 West Palm Beach, FL 33409	English, Spanish
URBAN LEAGUE OF PALM BEACH COUNTY, INC.	Phone: 561-833-1461 Ext 3005 Fax: 561-833-6060 Email: alewis@ulpbc.org Website: www.ulpbc.org	1700 N Australian Avenue West Palm Beach, FL 33407	English, Creole

## CONTRACT DISCLOSURE

### Residential Sale and Purchase Contract Addendum Neighborhood Stabilization Program City of Coral Springs

This addendum ("Florida Addendum") is made a part of the Residential Sale and Purchase Contract dated \_\_\_\_\_ between the Seller, \_\_\_\_\_, and the Purchaser(s), \_\_\_\_\_, ("Contract") for the Property located at: \_\_\_\_\_ Florida;

By signing below, the parties acknowledge and agree to the following conditions that are requirements of financing from the City of Coral Springs through the Purchase Assistance Program funded through the Neighborhood Stabilization Program (NSP).

- 1) To receive purchase assistance from the City, the Property must be Neighborhood Stabilization Program (NSP) eligible as defined by the following:
  - a. The property is at least 60 days delinquent on its mortgage and the owner has been notified; or the property owner is 90 days or more delinquent on tax payments; or under state or local law, foreclosure proceedings have been initiated or completed; or foreclosure proceedings have been completed and title has been transferred to an intermediary aggregator or servicer that is not an NSP grantee, subrecipient, developer, or end user.
  - b. The property must have an appraisal completed within **sixty (60) calendar days** of the date of this offer. A state licensed appraiser must complete appraisals. An initial offer can be made, subject to the completion of the appraisal within **sixty (60) calendar days** of a final offer. The lender may have additional appraisal requirements.
  - c. The purchase price must include a **minimum of a 1% discount** from the value established by an independent appraisal.
  - d. The property must be located within the target area/census tracts designated by the city.
  - e. Seller will agree to sign, prior to closing, a seller certification signifying that seller has complied with tenant protection laws.
  - f. The seller must agree to provide good and marketable title.
  - g. Homes with a purchase price that exceeds \$250,000 are NOT eligible.
  - h. All known structural and code related problems and/or repairs have been disclosed by Seller to Buyer.
  - i. Property is intended to be purchased as an owner occupied property by the Buyer who must maintain homestead on the property throughout the affordability period set in the award agreement with the city.
  - j. The property must not be currently under contract with any other party and the property must not be made available for purchase to any other party for the duration of this contract.

At any time prior to completion of transaction, if any of the conditions above are not met, financing from the City will not be available.

_____	_____	_____	_____
Buyer	Date	Seller	Date

_____	_____	_____	_____
Buyer	Date	Seller	Date

_____	_____	_____	_____
Buyer's Agent	Date	Listing Agent	Date

**CITY OF CORAL SPRINGS  
NEIGHBORHOOD STABILIZATIONS PROGRAM3 (NSP3)  
APPLICATION**



## CITY OF CORAL SPRINGS NEIGHBORHOOD STABILIZATIONS PROGRAM3 (NSP3) APPLICATION

### APPLICATION CHECKLIST

Read, understand and sign program application disclosures.

All sections of application must be completed.

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

Must provide proof of dependents claimed (dependent must be listed on your federal tax return). The following documents may be used as verification for all dependents: birth certificate on which the parent/applicant's name is listed, school records which provide the parents/applicants names and addresses, court-ordered letter of guardianship, divorce decree, letter of adoption, if a dependent over 18 is a full time student please submit a copy of their class schedule in addition to one of the above documents.

#### **Attach the following:**

Copy of HUD approved 8 hour homebuyer's education class certificate

Copies of valid Florida ID or Florida Drivers License for all adult household members (18 years of age or older).

Copies of Social Security card and United States birth certificate or a U.S. Passport or documentation of alien registration number/green card for all household members.

Three (3) most recent pay stubs for **all** household members who are currently employed. If an adult household member is unemployed and receives no income from any source, please have the household member provide a notarized statement indicating that he or she receives no income and relies upon the support of the income-earner in the family.

#### **Other Attachments:**

**If Self-Employed**, Schedule C, E, or F must be included with your federal income tax return **AND** an accountant or bookkeeper's statement of net income expected for the next 12 months printed on the accountant/bookkeeper's company letterhead or a notarized, sworn statement, from the self-employed individual of net income expected for the next 12 months.

If any household member is receiving Social Security or SSI benefit, attach a current benefit statement for each person.

Court ordered child support, and last four (4) of most recent child support checks stubs, or direct payment agreement from the natural parent not residing in the household. If the applicant does not have a court order, and/or is not receiving child support, please provide a notarized statement indicating non-receipt or a Child Support Affidavit (**see attachment**).

Proof of other income received by any household member, such as; Alimony, Unemployment benefits, Public Assistance (Cash) Income or any other income you receive.

A complete copy of the last six (6) months bank statements, for all accounts that are open for each household member regardless of the current balances. (**Transaction only print outs are not acceptable**). A notarized letter or statement from each adult household member that does not have an open bank statement.

A copy of most recent statement for 401K, retirement funds, IRA, Stocks, Bonds or other funds.

If divorced, attach a copy of your Divorce Decree.



## FALSE STATEMENTS DISCLOSURE AND ACKNOWLEDGMENT

By completing and submitting this application, you acknowledge that the intent of the NSP program is to assist applicants who would like to purchase a foreclosed property as an owner occupied residence. You do not have to be a first-time homebuyer to receive assistance under the City's NSP Purchase Assistance program. Under the City's NSP program, you could have owned a property within the last 3 years. However, at the time of completing this application and prior to receiving any assistance from the City, you cannot own any other residential real estate.

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/homeowners 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/Print Name

Date \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature/Print Name

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 Community Redevelopment Associates of Florida, Inc. and the City of Coral Springs, 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 neither Community Redevelopment Associates of Florida, Inc., nor the City of Coral Springs, have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to Community Redevelopment Associates of Florida, Inc. or the City of Coral Springs 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 neither Community Redevelopment Associates of Florida, Inc. nor the City of Coral Springs 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 Community Redevelopment Associates of Florida, Inc. and the City of Coral Springs 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 arising out of any housing rehabilitation project funded by the City of Coral Springs.

\_\_\_\_\_  
Applicant's Signature/Print Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature/Print Name

Date: \_\_\_\_\_



**NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSES**

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 housing assistance program, which requires third-party verification of assets, employment and income. In addition, this information maybe 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**

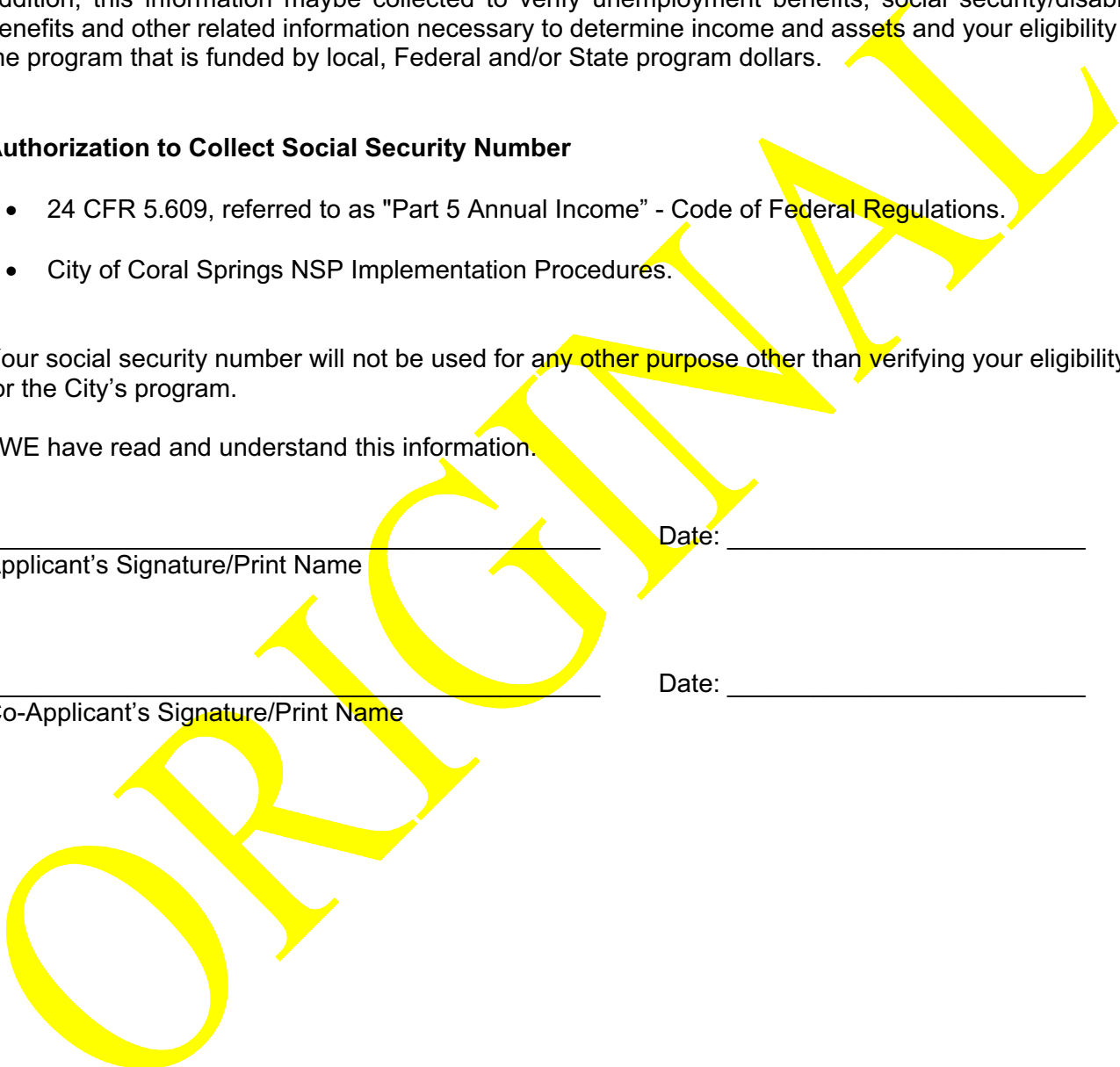
- 24 CFR 5.609, referred to as "Part 5 Annual Income" - Code of Federal Regulations.
- City of Coral Springs NSP Implementation Procedures.

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.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant's Signature/Print Name

\_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant's Signature/Print Name



# CONFLICT OF INTEREST DISCLOSURE

In accordance with 24 CFR 570.611, applicants can be denied participation in the City's Purchase Assistance/Residential Repair Program if a conflict of interest exists. **A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official or appointed official of the recipient or sub recipients and the applicant currently or within the past 12 months:**

1. Exercises or has exercised any functions or responsibilities with respect to funds for this program.
2. Participates or has participated in the decision making process related to funds for this program.
3. Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the City's program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge and disclose that conflict.

Please read statement #1 and #2 and check the statement that applies to you.

**I/We DO NOT have a conflict of interest as it relates to applying for assistance from the City.**

**I/We HAVE a conflict of interest as it relates to applying for assistance from the City.**

If you placed a checkmark by statement #2, please explain the Conflict of Interest:

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I/We have read and understand what a Conflict of Interest is as it pertains to this application for assistance.

\_\_\_\_\_  
Applicant's Signature/Print Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature/Print Name

Date: \_\_\_\_\_



## PURCHASE ASSISTANCE PROGRAM TERMS AND CONDITIONS

**Minimum Contribution from Borrowers Own Funds:** 3% (three percent) or up to half of the lender's required down payment.

**First Mortgage Maximum LTV (Loan to Value): 95% LTV and 96.5% (For FHA).** Must be pre-qualified based on ability to pay without consideration of assistance from the City.

**Maximum Combined LTV (Loan to Value):** 105% CLTV

**Second Mortgage Purpose:**

- Soft Second Mortgages - Zero percent (0%) interest deferred second mortgage that does not require payment by the NSP recipient as long as terms of agreement between the City and owner are maintained for duration of the affordability period. Interest rate and principal buy down may be permitted.

**Maximum Amount of Assistance:** Up to \$30,000.

**Second Mortgage Interest Rate: 0% interest for the term of the loan.**

0% interest, deferred payment loan secured by a mortgage and note. The loan is forgivable in its entirety at the end of the term. The term begins the date of the closing, provided the title remains under the ownership of the original purchaser.

Homeownership Assistance Amount	Affordability Period
Under \$15,000	5
\$15,000 to \$40,000	10
Over \$40,000	15

(Standard HUD Guidelines)

There will be a yearly write-down of the loan after the end of each full year. The write-down will be equivalent to 1/5<sup>th</sup>, 1/10<sup>th</sup> or 1/15<sup>th</sup> of the mortgage depending on the term. The mortgage and note shall provide for pro-rated repayment, which shall be due if the home is sold, title is transferred or conveyed, or the home ceases to be the primary resident of the owner during the affordability period.

**Borrower Income Limitations:** 120% of the area median income (AMI) adjusted for household size.

**Property Eligibility:** Single-family, condominiums, and townhomes that have been foreclosed on and/or vacant.

**Purchase Price for homes may not exceed \$250,000**

Purchase checks are issued by the City of Coral Springs. CRA of Florida Inc. is not responsible for issuance of checks. Perspective homebuyers must have their title company coordinate the closing with CRA of Florida Inc. Federal and State statutes, regulations and programs governing this application are subject to change at any time.

**I/We understand and agree with the terms mentioned above.**

\_\_\_\_\_  
Applicant's Signature/Print Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature/Print Name

Date: \_\_\_\_\_



# HOME REPAIR PROGRAM TERMS AND CONDITIONS

The City's NSP program has set aside funds to address minor repairs that may be needed in the foreclosed units you have purchased with NSP funds. If the City of Coral Springs provides additional assistance to repair your home, the following terms and conditions will apply for NSP home repair assistance.

**Maximum Amount of Assistance:**

Very Low and Low Income (0-50% of AMI)- Up to \$65,000  
 Moderate and Middle Income (51-120% of AMI)- Up to \$70,000

**Second Mortgage Interest Rate: 0% Interest Deferred Loan**

0% interest, deferred payment loan secured by a mortgage and note. The loan is forgivable in its entirety at the end of the term. The term begins the date of the closing, provided the title remains under the ownership of the original purchaser.

Home Repair Assistance Amount	Affordability Period
Under \$15,000	5
\$15,000 to \$40,000	10
Over \$40,000	15

(Standard HUD Guidelines)

There will be a yearly write-down of the loan after the end of each full year. The write-down will be equivalent to 1/5<sup>th</sup>, 1/10<sup>th</sup> or 1/15<sup>th</sup> of the mortgage depending on the term. The mortgage and note shall provide for pro-rated repayment, which shall be due if the home is sold, title is transferred or conveyed, or the home ceases to be the primary resident of the owner during the affordability period.

**Property Eligibility:** Housing units that have been purchased with NSP funds.

**Standard Repairs Permitted** (Subject to availability of funds): The City maintains a list of standard repairs that it will complete in a NSP assisted unit. These repairs address code issues, health, safety, welfare, and other non-cosmetic type repairs. If a home needs repair assistance, purchasers should take into consideration the maximum amount of funding available for repairs. *NOTE: Applicants may not be able to occupy the residency for 3 to 6 months depending on repairs.*

Federal and State statutes, regulations and programs governing this application are subject to change at any time.

**I/We understand and agree to the terms and conditions outlined above.**

\_\_\_\_\_  
 Applicant's Signature/Print Name Date: \_\_\_\_\_

\_\_\_\_\_  
 Co-Applicant's Signature/Print Name Date: \_\_\_\_\_

**(END OF DISCLOSURES)**



## GENERAL APPLICANT INFORMATION

	Applicant	Co-Applicant
Full Name:		
Age & Date of Birth:		
Applicant Street and Mailing address		
Street Address:		State:
City:		Zip Code:
Mailing Address:		State:
City:		Zip Code:

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Other Members in the Household

Name	Date of Birth	Age	Relationship To Applicant	Document Used for Verification

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?  
If yes, please list: \_\_\_\_\_

### Applicant Employment Information

Current/Last Employer Name:	Phone #
Address:	Supervisor:
Position:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonus, etc.): \$	

### Co-Applicant Employment Information

Current/Last Employer Name:	Phone #
Address:	Supervisor:
Position:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonus, etc.): \$	

### Other Household Member 18 and over

Current/Last Employer Name:	Phone #
Address:	Supervisor:
Position:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonus, etc.): \$	

*NOTE: Please attach additional sheets as necessary for all household members 18 years and over.*



**Annual Gross Income**

Source	Applicant	Co- Applicant	Other Member 18 or over	Total
Employment				
Unemployment Compensation				
Workmen's Compensation				
Pensions (VA, Mil, Retirement)				
Short- or- Long Term Disability				
Child Support/Alimony				
Social Security				
SSI				
SSD				
AFDC/TAN/ESS				
Welfare Payment				
Business or Rental Net Income				
Other (List)				

Are you a US Citizen? **Yes**\_\_ **No**\_\_ or Legal Permanent Resident? **Yes**\_\_ **No**\_\_  
 (if you answer yes, a copy of the resident card/green card must be provided)

**Total Household Annual Income:** \$ \_\_\_\_\_

**Assets and Asset Income (For All Household Members, List checking and savings accounts, IRA, CDs, bonds, Stocks, Equity in Properties, Life Insurance, etc).**

**Applicant:**

Name of Institution	Type of Asset	Asset Value	Interest Rate	Annual Asset Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
<b>Total:</b>				

**Co-Applicant:**

Name of Institution	Type of Asset	Asset Value	Interest Rate	Annual Asset Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
<b>Total:</b>				



Does the Applicant, Co-Applicant, or any other household member, age 18 or older, own any property or land?

YES NO

If yes, please list: \_\_\_\_\_

**Other Household Members 18 and over:**

Name of Institution	Type of Asset	Asset Value	Interest Rate	Annual Asset Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
<b>Total: \$</b> _____				

**Liabilities: Monthly Expenses**

Type/Creditors Names	Applicant	Co- Applicant	Other Member 18 or over
Rent/Mortgage:			
Car Payment:			
Car Insurance:			
Credit Cards:			
Charge Accounts:			
Medical:			
Other loans:			
Other (List):			

Do you have any outstanding unpaid collections or judgments? Yes No Amount \$ \_\_\_\_\_  
 Have you declared Bankruptcy in the last 7 years? Yes No Amount \$ \_\_\_\_\_  
 Are you a party in a lawsuit? Yes No



**IMPORTANT - APPLICANT READ BEFORE SIGNING**

The information provided is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information of 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(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

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.

\_\_\_\_\_  
Applicant's Signature/Print Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature/Print Name

Date: \_\_\_\_\_

ORIGINAL



## Statement of Household Size

This is to certify that \_\_\_\_\_ person(s) will be residing in the property that I/We intend to purchase.

\_\_\_\_\_  
Applicant's Signature/Print Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature/Print Name

Date: \_\_\_\_\_

**For Reporting purposes only, please check all that apply for Head of Household**

Race: American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_

Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ (All persons not of Hispanic Origin)

Special Needs: Farm worker \_\_\_\_\_ Disabled or Disabled Minor \_\_\_\_\_ Elderly \_\_\_\_\_  
Homeless \_\_\_\_\_

Other: \_\_\_\_\_

-----  
**For Office Use Only**

Assigned to Program Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print information, do not use whiteout**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/We \_\_\_\_\_, the undersigned, hereby authorize the release without liability, information regarding my/our employment income, and/or assets to **Community Redevelopment Associates, Inc. and the City of Coral Springs** for the purposes of verifying information provided, as part of determining eligibility for assistance under the NSP3 program. I/We understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

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

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

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

Agreement to Conditions:

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

\_\_\_\_\_  
Applicant's Signature/Print Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature/Print Name

Date: \_\_\_\_\_

*NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506. Request for Copy of Tax Return will need to be signed separately.*



# Credit Bureau Services, Inc. REPOSITORY REPORT ORDER FORM

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

Client Code: \_\_\_\_\_

## APPLICANT INFORMATION:

BORROWER: \_\_\_\_\_

A.K.A./FKA: \_\_\_\_\_

SS#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## CO-APPLICANT INFORMATION:

CO-BORROWER: \_\_\_\_\_

A.K.A./FKA: \_\_\_\_\_

SS #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

I (We) authorize Credit Bureau Services, Inc. to access repository information from a credit-reporting agency of its choice and provide this information to Community Redevelopment Associates of Florida, Inc.

\_\_\_\_\_  
Applicant's Signature/Print Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature/Print Name

Date: \_\_\_\_\_



# CHILD SUPPORT AFFIDAVIT

Applicant/Resident Name: \_\_\_\_\_

**Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.**

**Child support amounts awarded by the courts but not received can be executed only when the applicant/residents certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with appropriate courts or agencies responsible for enforcing payment, have been taken.**

A. Do you receive child support? Yes  
Go to C2 No  
Sign Form

B. I receive:  
 1. Payment amount \$ \_\_\_\_\_  
 2. Frequency \_\_\_\_\_  
 3. Children's Names \_\_\_\_\_  
 4. Name of Source \_\_\_\_\_

C. 1. Have you been awarded child support by court order Yes  
Go to C2 No  
Sign Form  
 2. Provide copy of entire documents, enter amount of award \$ \_\_\_\_\_, and frequency \_\_\_\_\_;  
 3. Is payment being received as awarded? Yes  
Go to C2 No  
Sign Form

A. Indicate the manner by which payment is received and sign form.  
 i.  Enforcement Agency  Agency  
 Name \_\_\_\_\_  
*provide agency print out*  
 ii.  Court of Law  Court Name: \_\_\_\_\_  
 iii.  Direct from responsible party (provide affidavit or statement)  
 iv.  Other (Explain) \_\_\_\_\_

B. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.  
 \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of your application for assistance

\_\_\_\_\_  
 Applicant's Signature/Print Name Date: \_\_\_\_\_

\_\_\_\_\_  
 Co-Applicant's Signature/Print Name Date: \_\_\_\_\_

