

# FLORIDA HOMEBUYER OPPORTUNITY PROGRAM (FHOP)

1331 South Boulevard  
Chipley, Florida 32428  
Telephone (850) 638-6058  
Fax (850) 415-5140

*Stacy Webb, Coordinator*

*Dear FHOP Applicant,*

*Thank you for your inquiry of the Washington County FHOP Program. In the package you will find:*

- 1. **Information Sheet** - Basic information on how the FHOP program is run is included for your review. Please read the next three pages and sign.*
- 2. **FHOP Application** - Please fill out completely with signatures to allow the processing of the application to begin.*
- 3. **Bank Loan Approval Memorandum (BLAM) Form**- This is the form that will go to your bank or the financial institution that you will be using to finance your home. Once I receive this form back, completed by the bank, is when you will be logged into position for funds.*

*Should you have any questions, please do not hesitate calling my office 638-6058.*

*Thank you for your inquiry of the Washington county FHOP program.*

*Sincerely,*

*Stacy L. Webb  
FHOP Coordinator*

# **INFORMATION PAPER**

(To be included as part of application, please do not remove from package)

## **PURPOSE**

The purpose of this information as is to provide you with important information to ensure you fully understand the FHOP application process and to make it as smooth as possible.

## **APPLICATION INFORMATION**

The receipt of this information paper indicates you have met the basic criteria and are in receipt of a FHOP Purchase Assistance application. The applications will not be accepted until October at the Washington County **Government** Annex Building, located at 1331 South Boulevard, Chipley, Florida. It is your responsibility to ensure your application is submitted.

## **BANK LOAN APPROVAL MEMORANDUM (BLAM)**

Along with the application you will be given a Bank Loan Approval Memorandum (BLAM). This form indicates loan approval and is to be completed by the bank of your choice. If you are already approved for a home loan without SHIP funds, you are ineligible for this program.

## **DETERMINING PLACEMENT OF APPLICANTS**

The order of placement for FHOP funds for the 2009-2010 year will be determined when the Bank Loan Approval Memorandum (BLAM) has been completed, signed and returned to Stacy Webb, Coordinator. The acceptance date of this form is the same acceptance date of the application and can be submitted together. This returned to Washington County SHIP Program, 1331 South Boulevard, Chipley, Florida, 32428, it will be stamped with the date and time received. The date and time received will determine the order in which FHOP funds will be disbursed.

## **WHERE TO GET HELP OR ADDITIONAL INFORMATION**

We at Washington County would like this process to go as smoothly as possible so we all can benefit from the FHOP program in Washington County. Should you need additional assistance or are unclear about this process, please call our office at 850-638-6058. We will be glad to assist you.

# Washington County FHOP Program

## **PURCHASES ASSISTANCE LOAN AMOUNTS**

You will be able to receive up to \$8000 depending on the amount of your tax credit. The amount you receive will have to be **PAID BACK WITHIN 60 MONTHS AFTER YOU CLOSE ON THE LOAN**. Check or money order can be mailed or dropped off at the Washington County FHOP office at 1331 South Boulevard, Chipley, Florida 32428.

## **FAMILY SIZE**

SINGLE TAXPAYER THAT MAKES UP TO \$75,000

JOINT TAXPAYER THAT MAKES UP TO \$ 150,000

## **HOMEOWNER CLASSES**

The Washington County FHOP Program now requires you to participate in a Homeowner Education Class. These classes will educate you on the responsibilities of owning your own home. A schedule of the dates and times the classes are available at your request.

## **HOME INSPECTIONS**

If you choose to purchase an existing home (a home older than twelve months) you will be required to have a home inspection done to determine any defects. The charge for the inspection is to be determined by the Home Inspector that you hire. These charges cannot be paid out of the FHOP Funds.

## **HOME PURCHASE LIMITS**

If you choose to either build your home or purchase an existing home you are required to stay within certain purchasing limits:

New construction	\$225,000
Existing Home	\$200,000

These limits include land and home value combined. Under no circumstances should you exceed these figures!

## **NEW CONSTRUCTION**

If you choose to build your home, you are required to HIRE a licensed contractor, who is approved by the Washington County Building Department. It is not permitted for you to act as your own contractor!

## **FHOP SECOND MORTGAGE**

When you participate in the FHOP program a second mortgage is taken out on your property for the amount of funds received. The lien will have to be in second position at all times. Once the total amount of the loan is paid off the lien will be released.

## **FHOP APPLICANTS LOOKING TO BUILD!**

Due to a ruling by the county Commission, the FHOP program can no longer assist in purchasing land to build a home. If you are planning to build a home and need to purchase land, your financial institution you have arranged your construction financing with, will be required to purchase the land with the construction funds and the FHOP funds will come into the equation last. The FHOP funds are to be spent last, after the construction funds have been expended.

## **ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge receipt of this information paper regarding the FHOP purchase Assistance Application Process and will call Washington County FHOP Program with any questions.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

## Florida Home buyer Opportunity Program Checklist

Please check every item submitted herein or provide an explanation and an anticipated date of submission.

Included	Document	Provided by Home buyer	Provided by Lender
	Reservation Letter		X
	Application for Homebuyer Assistance	X	
	Uniform Residential Loan Application properly signed by the applicant (s)		X
	Good Faith estimate and Truth in lending forms (signed)		X
	Credit Report		X
	Proof of income: i.e. VOE(required), social security award letter, pension statement, etc	X	
	Affordability Study		X
	Bank statements for the last six (6) months	X	
	Sales contract	X	
	Commitment letter from all other lenders		X
	Copy of property appraisal		X
	Certification of Completion: Homebuyer Counseling Class	X	

Washington County needs all information for auditing purposes as well. If any questions please call the Grants office 850-638-6058.

# APPLICATION FOR HOUSING ASSISTANCE

Type of Assistance: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_  
Income Category (VL, LL,MI): \_\_\_\_\_

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Name:		
Social Security #:		
Date of Birth/Age:		
Street Address:		Phone:
City:		State/Zip:
Mailing Address:		Phone:
City:		State/Zip:

Other Household Members:

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant

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

Does Applicant/Co-Applicant own a home? Yes \_\_\_ No \_\_\_ Monthly rent/mortgage: \$ \_\_\_\_\_

If No, type of unit to be purchased? \_\_\_ existing unit \_\_\_ newly constructed unit

Applicant/Co-Applicant Employment Information:

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.):\$ _____	

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.):\$ _____	

NOTE: Attach additional sheets as necessary for all household members 18 years and over

Other Sources of Income (For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Name	Type of Income	Gross Annual Amount
1.		
2.		
3.		
4.		
		Total: \$ _____

Assets and Asset Income (For ALL Household members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
1.			
2.			
3.			
4.			
Total \$ _____			Total: \$ _____

Liabilities (For ALL Household members 18 and Over, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)

Type Credit/Loan	Creditors Name	Balance Owed	Monthly Payment
1.			
2.			
3.			
4.			
Total Annual Payments: \$ _____			

Ethnicity/Special Needs (For reporting purposes only, Please check all that apply for Head of Household Only):

White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian/Pacific Islander \_\_\_ Native American \_\_\_ Farm worker \_\_\_ Disabled or Disabled Minor \_\_\_ Elderly \_\_\_ Homeless \_\_\_ Other: \_\_\_\_\_

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. 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 Signature

Date

Co-Applicant Signature

Date

# AUTHORIZATION FOR THE RELEASE OF INFORMATION

I \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_ to release without liability, information regarding my employment, income, and/or assets to \_\_\_\_\_, for the purposes of verifying information provided as part of determining eligibility for assistance under the \_\_\_\_\_ program. I understand that only information necessary for determining eligibility can be requested.

## Types of Information to be verified:

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

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

Past/Present Employers  
Banks, Financial or Retirement Institutions  
State Unemployment Agency  
Welfare Agency

Alimony/Child Support Providers  
Social Security Administration  
Veteran's Administration  
Title Search  
Credit Scores

## Agreement to Conditions:

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

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Signature of Applicant/

Printed Name

Date

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Co-Applicant

Printed 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" and prepare and sign separately.

# APPLICANT'S DOCUMENT CHECKLIST

Dear Applicant:

On \_\_\_\_\_ you have an appointment with \_\_\_\_\_  
to determine eligibility for \_\_\_\_\_ assistance>

**For Existing Home Owner (Rehabilitation Assistance),** please bring items **A through E** to your appointment. **For Home Buyer Assistance,** please bring items **A and B only.**

**A.** Completed Application Form

**B.** Proof of Property Ownership (this may include a copy or original of one of the items below):

Warranty Deed  
Quit-Claim Deed  
Long-term Lease

Homestead Exemption  
Tax Records  
Life Estate

**C.** Proof that you are current in your property taxes to the city ( this may include a copy or original of one of the following items listed below):

Property tax payment receipt from the city  
Cancelled check to the city for property taxes  
Affidavit certifying payment of property taxes  
Mortgage statement from lenders indicating taxes were paid

**D.** Proof of hazard insurance (which may include a copy of your home owner's insurance or fire insurance policy).

**E.** Proof of number of dependents claimed by bringing your Federal Income Tax Return and one of the following:

Birth certificate on which the parent/applicant's name is listed  
School records, which provide the parent/applicant's name and address  
Court-ordered letter of guardianship  
Divorce decree  
Letter of adoption  
Social Security Card

Should you have any difficulty in obtaining any of the above documents, please contact \_\_\_\_\_ at phone number \_\_\_\_\_ for assistance.

# ASSET ADDENDUM TO APPLICATION

(Must Be Completed For All Persons, Including Minors, Who Will Occupy Assisted Housing)

In order to properly qualify an applicant for \_\_\_\_\_ assistance, the following asset information for all persons, including minors, who will occupy assisted housing, must be obtained. This information will be used for qualification purposes only.

Assets include, but are not limited to:

Cash held in saving and/or checking accounts, safe deposit boxes, home, etc: trust funds (revocable trusts); equity in real estate and other capital investments; stock, bonds, Treasury Bills, certificates of deposit, money market and other investment accounts; IRA, Keogh and similar accounts; retirement and pension funds; cash value of life insurance policies available to the individual before death; mortgage or deed of trust; lump sum receipts (i.e. lottery winnings, inheritances, victim's restitution, insurance claims or settlements, etc.); and, personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.).

NOTE: Do not include necessary property such as clothing, furniture, cars, wedding bands, etc.

Certification:

I/We hereby state that the combined value of my/our assets (check one):

\_\_\_\_\_ Does exceed \$5,000                      \_\_\_\_\_ does not exceed \$5,000

Total Value of Assets: \$ \_\_\_\_\_

Total Annual Income Expected to be Derived from Assets: \$ \_\_\_\_\_

\_\_\_\_\_ I/We do not have any assets at this time

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Applicant Signature

Print Name

Date

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Co-Applicant Signature

Print Name

Date

NOTE: ALL Assets and their amounts must be verified

# THIRD-PARTY VERIFICATION OF ASSET INCOME

(To Be Completed For All Household Members, Including Minors)

State and/or Federal Regulations require us to verify asset income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self-addressed return envelope is enclosed or you may fax to: \_\_\_\_\_

## Authorization:

I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant	Print Name	Date
Co-Applicant/Household Member	Print Name	Date

## Please return information to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Complete the (applicable) Sections below:

Institution Name: \_\_\_\_\_ Checking Account #: \_\_\_\_\_  
Average Monthly Balance (last 6 months): \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_  
Savings Account #: \_\_\_\_\_ Balance/Interest Rate: \$ \_\_\_\_\_, \_\_\_\_\_ % \_\_\_\_\_  
Certificate of Deposit #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Interest Rate \_\_\_\_\_ Withdrawal Penalty: \$ \_\_\_\_\_  
IRA, Keogh, Retirement Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Interest Rate \_\_\_\_\_ Withdrawal Penalty: \$ \_\_\_\_\_  
Other Account #: \_\_\_\_\_ Amount/Interest Rate: \$ \_\_\_\_\_, \_\_\_\_\_ % \_\_\_\_\_  
Signature of authorized representative: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

**NOTE:** For ALL Household Members, **including** minors, obtain a signed copy of this form for each verification to be completed. Send form directly to depository institution; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notation, date and initial. If significant differences exist between { amount reported and verified, obtain a written explanation from applicant and attach to file.





# THIRD-PARTY VERIFICATION OF UNEMPLOYMENT BENEFITS

State and/or Federal Regulations require us to verify unemployment benefit income for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self-addressed return envelope is enclosed or you may fax to: \_\_\_\_\_

**Authorization:**

I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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Signature of Applicant	Print Name	Date
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Co-Applicant/Household Member	Print Name	Date
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**Please return information to:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Complete the Sections Below:**

Are Benefits being paid now (Y or N): \_\_\_\_\_ If Yes, Gross Weekly Payments: \$ \_\_\_\_\_

Date of Initial Payment: \_\_\_\_\_ Duration of Benefits: \_\_\_\_\_

Claimant Eligible for Future benefits ( Y or N): \_\_\_\_\_ If Yes, provide # of weeks: \_\_\_\_\_

If No, Provide Date of Benefits Termination: \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

NOTE: For ALL Household Members, including minors, obtain a signed copy of this form for each verification to be completed. Send form directly to depository institution; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notation, date and initial. If significant differences exist between { amount reported and verified, obtain a written explanation from applicant and attach to file.

# WASHINGTON COUNTY FHOP PROGRAM

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Re: VERIFICATION OF RETIREMENT BENEFITS

Retiree \_\_\_\_\_

Authorization \_\_\_\_\_

Dear Ma'am/Sir:

The above named claimant is an applicant or a member of the household of an applicant for state housing assistance through the FHOP Program. In order to approve the application, we must verify the applicant's household income.

The applicant has authorized the FHOP Program to verify his/her benefits (see signature above). The SHIP Program certifies that this information will be handled in compliance with the Right to Financial Privacy Act of 1978.

Please provide the requested information and return this form either to the applicant or to the address shown below. Thank you for your assistance.

Sincerely,

Stacy Webb  
FHOP Coordinator

TYPE OF BENEFITS \_\_\_\_\_ MONTHLY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY (SIGNATURE) \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

TO: Washington County FHOP Program  
1331 South Boulevard  
Chipley, FL 32428

# WASHINGTON COUNTY FHOP PROGRAM

Social Security Administration

Re: VERIFICATION OF BENEFITS

Claimant: \_\_\_\_\_

Number: \_\_\_\_\_

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

Authorization: \_\_\_\_\_

Dear Ma'am/Sir:

The above named claimant is an applicant or a member of the household of an applicant who has made application for state housing assistance through the FHOP Program. In order to approve the application, we must verify the applicant's household income.

The applicant has authorized the FHOP Program to verify his/her benefits (see signature above). The SHIP Program certifies that this information will be handled in compliance with the Right to Financial Privacy Act of 1978.

Please provide the requested information and return this form either to the applicant or to the address shown below. Thank you for your assistance.

Sincerely,

Stacy Webb  
FHOP Coordinator

TYPE OF BENEFITS \_\_\_\_\_ MONTHLY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY (SIGNATURE) \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

TO: Washington County FHOP Program  
1331 South Boulevard  
Chipley, FL 32428

# WASHINGTON COUNTY FHOP PROGRAM

Division of Family Services

Re: VERIFICATION of BENEFITS

Claimant: \_\_\_\_\_

Number: \_\_\_\_\_

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

Authorization: \_\_\_\_\_

*(Signature of Applicant)*

Dear Ma'am/Sir:

The above named claimant is an applicant or a member of the household of an applicant for state housing assistance through the FHOP Program. In order to approve the application, we must verify the applicant's household income.

The applicant has authorized the FHOP Program to verify his/her benefits (see signature above). The FHOP Program certifies that this information will be handled in compliance with the Right to Financial Privacy Act of 1978.

Sincerely,

Stacy Webb  
FHOP Administrator

TYPE OF BENEFITS \_\_\_\_\_ MONTHLY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY (SIGNATURE) \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

TO: Washington County FHOP Program  
1331 South Boulevard  
Chipley, FL 32428

# WASHINGTON COUNTY FHOP PROGRAM

THIS TO BE COMPLETED BY APPLICANT AND CO-APPLICANT

## MONTHLY EXPENSE SUMMARY

(NOTE: DO NOT include rent, electricity, food, insurance and other such costs in the summary. Do include regular monthly payments due for items such as those listed below.

MONTHLY PAYMENTS FOR:

AUTMOBILE PAYMENTS..... \$ \_\_\_\_\_  
TRUCK PAYMENTS ..... \$ \_\_\_\_\_  
BOAT PAYMENTS ..... \$ \_\_\_\_\_  
CREDIT CARD PAYMENT ..... \$ \_\_\_\_\_  
TRACTOR/LAWNMOWER PAYMENT ..... \$ \_\_\_\_\_  
ALIMONY/CHILD SUPPORT PAYMENTS ..... \$ \_\_\_\_\_  
FURNITURE PAYMENT ..... \$ \_\_\_\_\_  
DEPARTMENT STORE PAYMENTS ..... \$ \_\_\_\_\_  
FINANCE CO. PAYMENTS ..... \$ \_\_\_\_\_  
BANK LOAN ..... \$ \_\_\_\_\_  
OTHER MONTHLY INSTALLMENTS ..... \$ \_\_\_\_\_  
TOTAL MONTHLY PAYMENTS \$ \_\_\_\_\_

TO THE BEST OF MY BELIEF, THE ABOVE IS A TRUE AND COMPLETE LISTINGS OF THIS HOUSEHOLD'S MONTHLY INSTALLMENT PAYMENTS.

APPLICANT \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_  
PRINT NAME \_\_\_\_\_ PRINT NAME \_\_\_\_\_  
DATE \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICANT'S BANK LOAN APPROVAL MEMORANDUM**

FROM: \_\_\_\_\_  
(Name of Bank)  
\_\_\_\_\_  
( Address)  
\_\_\_\_\_  
( City, State, Zip)

TO: Stacy Webb, Administrator  
Washington County Florida Homebuyer Opportunity Program  
1331 South Boulevard  
Chipley, FL 32428

RE: Certification of Client's loan approval

Applicant's Name: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

- 1. Total cost of single-family housing unit \$ \_\_\_\_\_
- 2. Maximum bank loan approved for applicant (s) \_\_\_\_\_
- 3. ADDITIONAL FUNDS REQUIRED TO CLOSE \_\_\_\_\_  
(NO. 1 MINUS NO. 2)
- 4. Client funds available \_\_\_\_\_
- 5. SHIP FUNDS REQUIRED TO CLOSE \_\_\_\_\_  
(NO. 3 MINUS NO. 4)

**FHOP FUNDS DISTRIBUTION**

Down Payment \_\_\_\_\_  
Closing Cost \_\_\_\_\_  
Repairs \_\_\_\_\_  
Specify \_\_\_\_\_  
Specify \_\_\_\_\_  
TOTAL \_\_\_\_\_

(TOTAL DISTRIBUTION MUST EQUAL NO. 5 ON PG. 1)

Number of years mortgage will run \_\_\_\_\_

Monthly mortgage payment, include PITI \_\_\_\_\_

**CHECK ( ) CORRECT STATEMENT**

- \_\_\_\_\_ 1. This is NEW Construction
- \_\_\_\_\_ 2. This unit is LESS than 12 months old. \*
- \_\_\_\_\_ 3. This unit is MORE than 12 months old.

\* Attach Certification of Occupancy or other documentation attesting to unit's date of completion.

Approximate size of lot/plot on which unit is located

\_\_\_\_\_ acres ( 1/8 acre; 5 acres, etc.)

**CHECK ( ) CORRECT ANSWER YES, NO**

**INSERT CORRECT NUMBER**

The unit has:

The unit has:

A kitchen \_\_\_\_\_  
A dining nook \_\_\_\_\_  
A separate Dining Room \_\_\_\_\_  
A Living Room \_\_\_\_\_  
A Utility Room \_\_\_\_\_  
A Garage or Carport \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

Bedrooms \_\_\_\_\_  
Bathrooms \_\_\_\_\_  
Porches/Patios \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Total S. F. "heated space" \_\_\_\_\_  
Total S. F. in unit \_\_\_\_\_  
Notes \_\_\_\_\_

Date Loan Approved: \_\_\_\_\_, 200\_\_.

Closing Date : \_\_\_\_\_, 200\_\_.

**FOR FINANCIAL INSTITUTION**

Authorized Signature \_\_\_\_\_

Print/Type Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_