



## **FIRST TIME HOME BUYER SUPPORTING DOCUMENT CHECKLIST**

### **PLEASE BRING THE FOLLOWING DOCUMENTATION:**

- Driver's License
- Bank Statements [Last 2 months (60 days)]
- Approval Letter (**If Applicable**)
- Proof of Income – Most Recent Paycheck Stub(s) (Last 30 days)
- Tax Returns (Last two (2) years, including W-2; Dated and Signed)
- Proof of other household income (Award Letters, alimony, food stamps, child support, etc.)  
**(If Applicable)**
- Bankruptcy Documentation (**If Applicable**)
- Divorce Decree

**IF YOU HAVE ANY QUESTIONS CONCERNING THE INFORMATION REQUESTED, PLEASE CONTACT ME:**

**City of Tampa  
Housing & Community Development Division  
Tampa Municipal Office Building  
306 E. Jackson St., Third Floor  
Tampa FL, 33602  
Phone: (813) 274-7954  
Fax: (813) 274-7945  
(813) 274-7745**



Dear **Client Name**,

Thank you for contacting the City of Tampa's Housing & Community Development Division. We are committed and dedicated to helping you realize the dream of homeownership. We ask you to Please Read the complete package. Please note, this program is voluntary by all parties.

When you have completed this form, please contact our office and bring it and the requested checklist documents to your appointment.

If you have any questions, please feel free to call our office at 813-274-7954. If you have any special needs (disabilities, speech, hearing, language, etc.), every effort will be made to assist you. All actions by City of Tampa's, Housing & Community Development are on a non-discriminatory basis.

#### **FOR YOUR APPOINTMENT**

To best serve the needs of our community, we must make full use of our scheduled appointment times. You may be asked to reschedule your appointment if:

- You are 15 minutes or more late to your pre-purchase counseling session.
- If the joint co-applicant is not present at the time of the pre-purchase counseling session.
- If children are present causing disturbances during the pre-purchase counseling session.
- If supporting documents are missing at the time of the pre-purchase counseling session (Page 1).

Please complete and sign all required forms. List all credit obligations including those that are payroll deducted. When completing your form, if you have any questions, please contact me.



## INTAKE FORM

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

<b>Referral Resource</b>	<input type="checkbox"/> Print Advertisement <input type="checkbox"/> Government <input type="checkbox"/> Flyer <input type="checkbox"/> Staff/ Board Member <input type="checkbox"/> Radio <input type="checkbox"/> Walk-in <input type="checkbox"/> TV <input type="checkbox"/> Family/ Friend <input type="checkbox"/> Bank <input type="checkbox"/> 211 <input type="checkbox"/> Agency Referral <input type="checkbox"/> Internet <input type="checkbox"/> Realtor: _____ <input type="checkbox"/> Other : _____		
<b>Personal Information (APPLICANT)</b>			
<b>First Name</b>		<b>MI</b>	<b>Last Name</b>
<b>SS #</b>		<b>Age</b>	<b>Birth Date</b>
<b>Address</b>	_____ _____ Length at present address: _____		<b>City / State / Zip Code</b> _____ _____ , _____
<b>Mobile</b>	(    )    -	<b>Home Phone</b>	(    )    -
<b>Email</b>			<b>Citizenship</b> <input type="checkbox"/> U.S Citizen <input type="checkbox"/> Alien Resident # _____
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated
<b>Race</b>		<b>Household Type:</b>	
<input type="checkbox"/> White, Not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, Not Hispanic <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Other: _____		<input type="checkbox"/> Single Adult <input type="checkbox"/> Married with Children <input type="checkbox"/> Married without Children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Female headed single parent <input type="checkbox"/> Male headed single parent <input type="checkbox"/> Other: _____ Family/ Household Size: ____	
<b>Disabled</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Military</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Education</b>	<input type="checkbox"/> High School / GED <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Vocational <input type="checkbox"/> None <input type="checkbox"/> Other : _____		
<b>Employment ( Primary Employment)</b>			
<b>Primary Employer</b>			
<b>Start Date</b>		<b>Title of Position</b>	
<b>Employment Type</b>		<b>Pay Period</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
<b>Employment ( Secondary Employment)</b>			
<b>Secondary Employer</b>			
<b>Start Date</b>		<b>Title of Position</b>	
<b>Employment Type</b>		<b>Pay Period</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
<b>1<sup>st</sup> Time Home Buyer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Current Housing Arrangement</b>	<input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Doesn't pay rent <input type="checkbox"/> Land Contract <input type="checkbox"/> Other: _____



Personal Information (CO - APPLICANT)				
<b>First Name</b>		<b>MI</b>		<b>Last Name</b>
<b>SS #</b>		<b>Age</b>		<b>Birth Date</b>
<b>Address</b>	_____ _____ _____ Length at present address: _____		<b>City / State / Zip Code</b>	_____ _____ , _____
<b>Mobile</b>			<b>Home Phone:</b>	
<b>Email</b>			<b>Citizenship</b>	<input type="checkbox"/> U.S Citizen <input type="checkbox"/> Alien Resident # _____
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated
<b>Race</b>			<b>Household Type:</b>	
<input type="checkbox"/> White, Not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, Not Hispanic <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Other: _____			<input type="checkbox"/> Single Adult <input type="checkbox"/> Married with Children <input type="checkbox"/> Married without Children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Female headed single parent <input type="checkbox"/> Male headed single parent <input type="checkbox"/> Other: _____ Family/ Household Size: ____	
<b>Disabled</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Military</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Education</b>	<input type="checkbox"/> High School / GED <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Vocational <input type="checkbox"/> None <input type="checkbox"/> Other : _____			
Employment ( Primary Employment)				
<b>Primary Employer</b>				
<b>Start Date</b>		<b>Title of Position</b>		
<b>Employment Type</b>		<b>Pay Period</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Employment ( Secondary Employment)				
<b>Secondary Employer</b>				
<b>Start Date</b>		<b>Title of Position</b>		
<b>Employment Type</b>		<b>Pay Period</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
<b>1<sup>st</sup> Time Home Buyer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Current Housing Arrangement</b>	<input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Doesn't pay rent <input type="checkbox"/> Land Contract <input type="checkbox"/> Other: _____



**List of Household Members:**

*(Proof of income will be required for all adults as part of this application)*

Full Name	Age	Birth Date	Relationship to client

**Realtor Information**

Realtor	
Real Estate Co.	
Phone Number	
Email Address / Fax	

**Lender Information**

Bank:	
Loan Officer	
Phone Number	
Email Address / Fax	

**Title Company**

Title Company	
Title Co. Officer	
Phone Number	
Email Address / Fax	



**MONTHLY INCOME & EXPENSES INFORMATION:**

Type of Income	Applicant Monthly Income	Co-Applicant Monthly Income	Monthly Expenses	Payment Month	Periodic
<b>SALARY</b>			Rent / Mortgage		
<b>Alimony/ Child Support</b> <i>Can you furnish child support / alimony income documents? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>For how long? _____</i>			Property or Rental Insurance		
<b>Rental Income</b>			Gas/ Electric		
<b>Pension Income</b>			Water Sewer		
<b>Public Assistance</b>			Telephone		
<b>Self-Employment</b>			Cell Phone		
<b>Dependent SSI Income</b> <i>How many more years will continue?</i> _____			Groceries		
<b>Disability Income</b> <i>If so, Is it permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			Health Insurance		
<b>Seasonal Employment</b> <i>Been in the field for 2 years +? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			Prescriptions		
<b>Other:</b> _____			Child care		
<b>Total Income</b>			Auto Loan		
<b>Surplus</b>			Auto Insurance		
<b>NOTES:</b>			Gasoline		
			Credit Card		
			Credit Card		
			Credit Card		
			Student Loan		
			Church Charities		
			Fast Food		
			Savings		
			Clothing		
			Cable TV/Satellite		
			Laundry Dry cleaning		
			Hair/ Nail Care		
			Internet		
			Transportation		
			Judgment		
			Wage Garnishment/ Lien		
			Other:		
			Other		
			Other:		
			<b>Total Expenses</b>		



**AUTHORIZATION TO OBTAIN HUD-1 / CREDIT INFORMATION**

**I HEREBY AUTHORIZE THE CITY OF TAMPA’S HOUSING & COMMUNITY DEVELOPMENT DIVISION TO:**

- Obtain a copy of the **HUD-1 Settlement Statement** when I purchase a home from the lender that granted me the loan, the Real Estate Agent who sold me the property and/ or the Title Company that closed on the loan;
- Pull my credit report and review my credit file for informational inquiry purposes; and to review my credit file for housing counseling in connection with my pursuit to purchase real estate property, budget and credit management, in assistance with my housing counseling goals;
- Obtain information from/to lenders and government agencies in connection with our application for mortgage financing. Information includes, without limitation, credit history, employment history, tax returns, account information, and information regarding the property being purchased;
- To verify my past/present employment earning records, bank accounts, stock holdings, and/or any other assets balances that might be needed to process my application;
- To order a consumer report and verify other credit information, including past and present landlord references.

The Information the City of Tampa’s Housing & Community Development Division obtains is only to be used in the processing of my application and can be shared with various agencies that fund the City of Tampa.

To establish “proper identification” as required by the Fair Credit Report Act, please complete the following identifying information and supply the consumer interviewer with two (2) pieces of proper identification. It is understood that a photocopy of this form will also serve as authorization.

<b>Full Name</b>		<b>Last 4 of your Social Security #</b>	
<b>Date of Birth</b>		<b>Main Telephone Number</b>	(     )
<b>Current address</b>			
		<b>City / State / Zip</b>	
<b>Previous address if less than two years at current address</b>			
		<b>City / State / Zip</b>	
<p><b>I am the person named above, and I understand the Federal law provides that a person who obtains information from consumer- reporting agency under false pretenses shall be fines no more than \$5,000.00 or imprisoned for not more than one year, or both.</b></p>			

\_\_\_\_\_  
**Client’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Counselor’s Signature**

\_\_\_\_\_  
**Date**



## **CLIENT COUNSELING AGREEMENT**

I understand that the City of Tampa's Housing & Community Development will provide a confidential, comprehensive housing counseling interview, conducted by a certified housing counselor after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate. I agree to participate in counseling sessions to better improve my ability to address my housing and/or financial needs (this may include Pre-purchase Counseling, Post-Purchase Counseling, Budget Counseling, Financial Literacy, Homebuyers Education Workshop, Homebuyers Club, Rental Counseling, Self- Sufficiency Counseling, Fair Housing Counseling, Predatory Lending Counseling, and Foreclosure / Loss Mitigation Counseling). I understand the following:

- A. Staff/Counselors may discuss information on my credit history, personal financial circumstances, employment and/ or related matters as it may be necessary to seek a solution to my identified housing/credit matters with representatives of other firms or agencies as is necessary to seek a solution to address my concerns.
- B. Information about my personal circumstances will be treated with total confidentiality and that at no time will information be released to any third party without my express written consent (i.e. release of information).
- C. In order to solve my specific housing concerns, I recognize the need for housing counseling and pledge full cooperation with the counselor. I authorize the City of Tampa's Housing & Community Development Division, its employees, agents, and/or volunteers to, on my behalf, contact, consult with, provide information to and receive information from those third parties that it deems necessary, in order to assist me with my housing situation any additional services recommended by CDC of Tampa, Inc.
- D. All materials and information obtained in assisting me is the property of the City of Tampa's Housing & Community Development Division.
- E. A counselor may not provide legal advice. If I want legal advice, I will be referred to seek appropriate assistance from a legal representative. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on an individual circumstance.
- F. In consideration of the counseling provided by the City of Tampa's Housing & Community Development Division, I agree to hold the City of Tampa's Housing & Community Development Division, its employees, agents, and volunteers, harmless of any liability, damages, claims, suit, action, or demand asserted against or incurred by HCD, as a result of any advice or counseling which I receive from the City of Tampa's Housing & Community Development Division, and do hereby release and discharge the City of Tampa's Housing & Community Development Division its employees, agents, and volunteers from any liability, damages, claim, suit, action, or demand asserted against or incurred by the City of Tampa's Housing & Community Development Division.



- G. I understand that in the event I am dissatisfied, I can request a copy of the complaint resolution process, a copy of which is available upon request.
- H. I understand that many affiliate agency provide information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from the City of Tampa’s Housing & Community Development in no way obligates me to choose any of these particular loan products or housing programs.
- I. I am not obligated to participate in any additional programs and services offered by the City of Tampa’s Housing & Community Development Division outside of housing counseling.

I acknowledge that I have received a copy of the Privacy Policy and Conflict of Interest Disclosure Form.

\_\_\_\_\_  
**Client’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Client’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Counselor’s Signature**

\_\_\_\_\_  
**Date**

**CLIENT BILL OF RIGHTS**

*We pledge that our clients have the right:*

- *To prompt counseling services for their housing situation;*
- *To be treated with dignity and respect;*
- *To be actively involved in a comprehensive assessment of their housing situation including and appropriate action plan;*
- *To express dissatisfaction through a Complaint Resolution Process;*
- *To discontinue their relationship in our agency at any time;*
- *To ask questions and have concerns addressed.*

**NON-DISCRIMINATION POLICY**

Our agency serves all member of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with respect to age, race, religion, color, gender, national origin, sex, family status, or disability.



**RELEASE OF INFORMATION**

**By signing this form, I authorize the following:**

I authorize **City of Tampa’s Housing & Community Development Division** and their representatives to receive/share information regarding my household. I understand that this information is for the purpose of determining my needs for housing, utility assistance, counseling and/or other services.

The information consists of the following:

- My financial situation, to include amount of my income, credit, financial savings and/or food stamps I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and/or members of my household.

**I understand that:**

- The partner agencies have signed agreements to treat my information in a professional and confidential manner.
- The partner agencies may share non-identifying information about the people they serve with other parties. Working to end homelessness and increase the availability of affordable housing.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect for twenty-four months unless I revoke it in a signed written statement.
- If I revoke my authorization, all information about me previously obtained will remain within our database.
- Information and/or copies of documentation remain property of the City of Tampa’s Housing & Community Development Division.

\_\_\_\_\_  
**Client’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Client’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Counselor’s Signature**

\_\_\_\_\_  
**Date**