



FIRST-TIME HOME BUYER SUPPORTING DOCUMENT CHECKLIST

PLEASE BRING THE FOLLOWING DOCUMENTATION:

- Driver's License
- Bank Statements [Last 2 months (60 days)]
- Lender Approval Letter **(If Applicable)**
- Proof of Income – Most Recent Paycheck Stub(s) (Last 60 days)
- Proof of other household income (Award Letters, alimony, child support, etc.) **(If Applicable)**
- Tax Returns (Last two (2) years, including W-2; Dated and Signed)
- Bankruptcy Discharge/Dismissal **(If Applicable)**
- Judgment or Lien Release/Satisfaction **(If Applicable)**
- Divorce Decree **(if Applicable)**
- Copies of Bills (Credit cards, utility bills, etc.)

IF YOU HAVE ANY QUESTIONS CONCERNING THE INFORMATION REQUESTED, PLEASE CONTACT OUR OFFICE:

**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
Alt Fax: (813) 274-7745**



INTAKE FORM

Date: _____

Referral Resource	<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 : _____		
Personal Information (APPLICANT)			
First Name		MI	Last Name
SS #		Age	Birth Date
Address	_____ _____ Length at present address: _____		City / State / Zip Code _____ _____ , _____
Mobile	() -	Home Phone	() -
Email		Citizenship	<input type="checkbox"/> U.S Citizen <input type="checkbox"/> Alien Resident # _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated
Race		Household Type:	
<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: _____	
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Military	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education	<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)			
Primary Employer			
Start Date		Title of Position	
Employment Type		Pay Period	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Employment (Secondary Employment)			
Secondary Employer			
Start Date		Title of Position	
Employment Type		Pay Period	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
1st Time Home Buyer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Housing Arrangement	<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)					
First Name		MI		Last Name	
SS #		Age		Birth Date	
Address	_____ _____ _____ Length at present address: _____		City / State / Zip Code	_____ _____ , _____	
Mobile			Home Phone:		
Email			Citizenship	<input type="checkbox"/> U.S Citizen <input type="checkbox"/> Alien Resident # _____	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated	
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Education	<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 : _____				
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Primary Employer					
Start Date		Title of Position			
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Secondary Employer					
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Employment Type		Pay Period	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		
1 st Time Home Buyer	<input type="checkbox"/> Yes <input type="checkbox"/> No		Current Housing Arrangement	<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
SALARY			Rent / Mortgage		
Alimony/ Child Support <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		
Rental Income			Gas/ Electric		
Pension Income			Water Sewer		
Public Assistance			Telephone		
Self-Employment			Cell Phone		
Dependent SSI Income <i>How many more years will continue? _____</i>			Groceries		
Disability Income <i>If so, Is it permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			Health Insurance		
Seasonal Employment <i>Been in the field for 2 years +? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			Prescriptions		
Other: _____			Child care		
Total Income			Auto Loan		
Surplus			Auto Insurance		
NOTES:			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:		
			Total Expenses		



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.

Full Name		Last 4 of your Social Security #	
Date of Birth		Main Telephone Number	()
Current address			
		City / State / Zip	
Previous address if less than two years at current address			
		City / State / Zip	
<p>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.</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



Privacy Policy

The City of Tampa is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations.

Additionally, we want you to understand how we use the personal information we collect about you. The type of information that we collect about you is:

- Information we receive from you orally, on applications, or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balances, payment history, parties to transactions and credit card usage, tax statements, bank statements, etc.
- Information we receive from a credit reporting agency, such as your credit history.

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes and/or any other pre-authorized individuals and/or organization. The types of information we disclose is as follows:

- Information you provide on application/forms or other forms of communication. This may include your name, address, social security number, employer, occupation, account numbers, assets, expensed, and income.
- Information about your transactions with us, our affiliates, or others: such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency: such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.

- We may also disclose personal information about you to third parties as permitted by law.

Florida's Public Records Law

Florida's Public Records Law provides a right to access the records of the state and local governments as well as private entities acting on their behalf. The information you provide to the City of Tampa and its contracted third parties, through writing and email, is considered public record. This information may be disclosed in response to a public records request. **FL Stat. 119.07(1)**. Although this information is public record, Chapter 119 of the Florida Statutes provides several disclosure exemptions. The information provided below will not become public record and will remain confidential.

- Social Security numbers - Fl. Stat. 119.071(5)(a)(5)
- Medical history records - Fl. Stat. 119.071(5)(f)
- Bank account numbers - Fl. Stat. 119.071(5)(b)
- Debit/Credit card numbers - Fl. Stat. 119.071(5)(b)
- Information related to health and property insurances - Fl. Stat. 119.071(5)(f)

You must notify the City of Tampa if you qualify for additional public record exemptions provided in the Florida Statutes.

How is your personal information secured?

We restrict access to your nonpublic personal information provided to the City of Tampa employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Opting-Out of Certain Disclosures

You may direct the City of Tampa to not disclose your nonpublic personal information to third parties (such as your creditors). However, if you choose to "opt-out" we will not be able to answer any questions from your creditors, which may limit the City of Tampa's ability to provide services. If you choose to "opt-out" please check the box next to the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, please check the box next to the "Release" clause. You may change your decision any time by contacting our office in writing at the City of Tampa, Housing & Community Development, 306 E. Jackson Street, 3N, Tampa, FL 33602. The "Opt-Out" clause does not include information that is public record under Fl. Stat. 119.011.

OPT-OUT: I request that the City of Tampa, make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that the City of Tampa will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting the City of Tampa.

Applicant:

Date

Applicant/Household Member:

Date

RELEASE: I hereby authorize the City of Tampa to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Applicant:

Date

Applicant/Household Member:

Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title IV of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C.3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.



CONFLICT OF INTEREST DISCLOSURE STATEMENT
AGENCY / INDIVIDUAL DISCLOSURE:

The City of Tampa, Housing and Community Development Division (HCD) is acting on its own behalf and is not under the influence of, control, or direction of any outside party such as a landowner, real estate broker, contractor, builder, lender, or consultant seeking to derive a profit or gain from our housing counseling program clients. HCD has no financial relationships with any other industry partners.

Counseling services provided by HCD:

- Credit Counseling
- Financial Management Counseling (Budgeting)
- Pre-purchase Counseling
- Post-purchase Counseling
- Homebuyer Education
- Delinquent and Default Counseling (Foreclosure Prevention)

Other services provided by HCD:

- Owner-occupied Rehabilitation
- Down Payment and Closing Cost Assistance (MAP Program)
- Historic Preservation
- Multi-family Housing Development

- No counseling client is obligated to accept or receive any other services offered by HCD.
- The City of Tampa will ensure and monitor that the agency, its staff, or any member of their immediate family must take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain, providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency’s ability to ensure compliance with HUD program requirements, or serve the best interests of its clients.

I further certify that this agency does not engage in any activities that would cause a conflict of interest for our housing counseling clients as defined in Handbook 7610.1, Chapter 5.

Client Signature

Date Received

Client Signature

Date Received