



Washington County State Housing Initiative Partnership

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

Dear SHIP Applicant,

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

- 1. **Information Sheet** - Basic information on how the SHIP program is run is included for your review. Please read the next three pages and sign.*
- 2. **SHIP 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 SHIP program.

Sincerely,

*Stacy L. Webb
SHIP Coordinator*

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!

SHIP 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.

SHIP APPLICANTS LOOKING TO BUILD!

Due to a ruling by the county Commission, the *SHIP* 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 *SHIP* funds will come into the equation last. The *SHIP* 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 *SHIP* purchase Assistance Application Process and will call Washington County *SHIP* Program with any questions.

Applicant

Date

Co-Applicant

Date

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 *SHIP* 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 July 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 SHIP funds 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 SHIP 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 SHIP Program

PURCHASES ASSISTANCE LOAN AMOUNTS

The SHIP Purchase Assistance award amounts are as follows:

Very Low Income	\$20,000
Low Income	\$15,000
Moderate Income	\$10,000

<u>FAMILY SIZE</u>	1	2	3	4	5	6	7	8
Very Low Income	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200
Low Income	26,450	30,200	34,000	37,750	40,800	43,800	46,850	49,850
Moderate Income	39,720	45,360	51,000	56,640	61,200	65,760	70,320	74,880

HOMEOWNER CLASSES

The Washington County SHIP 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 SHIP Funds.

FLORIDA HOUSING FINANCE CORPORATION

227 North Bronough Street, Suite 5000 # Tallahassee, Florida 32301-1329

(850) 488-4197 # Fax (850) 410-2510

RESIDENT INCOME CERTIFICATION - HOME OWNER

State Housing Initiatives Partnership (SHIP) Program

Effective Date: _____ Allocation Year: _____

A. Recipient Information (select one)

a. _____ Current homeowner

b. _____ Home buyer: _____ Existing Dwelling _____ Newly Constructed Dwelling

B. Subsidy Use (check all that apply)

<input type="checkbox"/>	Down Payment Assistant	<input type="checkbox"/>	Principal Buy Down
<input type="checkbox"/>	Closing Costs	<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Interest Subsidy	<input type="checkbox"/>	Emergency Repair
<input type="checkbox"/>	Loan Guarantee	<input type="checkbox"/>	Other

C. Household Information

Member	Names - All Household Members	Relationship	Age
1			
2			
3			
4			
5			
6			
7			

D. Assets: All household members including minors

Member	Asset Description	Cash Value	Income from Assets
1			
2			
3			
4			
5			
6			
7			
	Total Cash Value of Assets	D(a) \$	XXXXXXXXXXXXXXXXXX
	Total Income from Assets	D(b) \$	

If line D(a) is greater than \$5,000, multiply that amount by the rate specified by HUD (applicable rate 2.0%) and enter results in D(c), otherwise leave blank .

D(c)

E. Anticipated Annual Income: Includes unearned income and support paid on behalf of minors.

Member	Wages/Salaries (include tips, commission bonuses and overtime)	Benefits/Pensions	Public Assistance	Other Income	Asset Income (Enter the greater of box D(b) or box D(c). above, in box E(e) below)
1					
2					
3					
4					
5					
6					
7					
Totals	\$ (a)	\$ (b)	\$ (c)	\$ (d)	\$ (e)
Enter total of items E(e). This amount is the Annual Anticipated Household Income					\$

F. Recipient Statement: The information on this form is to be used to determine maximum income for eligibility. I/ we have provided, for each person set forth in Item C, acceptable verification of current and anticipated annual income. I/ we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

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 S 775.082 or 775.83.

Signature of Head of Household

Date

Signature of Spouse or Co-Head of Household

Date

G. SHIP Administrator Statement: Based on the representations herein, and upon the proofs and documentation submitted pursuant to item F, hereof, the family or individuals(s) named in item C of this Resident Income Certification is/are eligible under the provisions of Chapter 420, Part V, Florida Statutes, the family or individual(s) constitute(s) a: (check one)

_____ **Very Low Income (VLI) Household** means individuals or families whose annual income does not exceed 50% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size
(maximum income Limit \$ _____).

_____ **Low Income (LI) Household** means individuals or families whose annual income does not exceed 80% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size
(maximum income Limit \$ _____).

_____ **Moderate Income (MI) Household** means individuals or families whose annual income does not exceed 120% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size
(maximum income Limit \$ _____).

Based upon the _____ (year) income limits for _____ Metropolitan Statistical Area (MSA) or County, Florida.

Signature of the SHIP Administrator or His/Her Designated Representative:

_____ **Date** _____
(Signature)

_____ **Title** _____
(Print or type name)

H. Household Data (to be completed by Administrator or designee)

Number of Persons									
By Race/ Ethnicity						By Age			
White	Black	Hispanic	Asian	American Indian	Other	0 - 25	26 - 40	41 - 61	62+

Unit Information		
Number of Residents	Tenant Rent	Number of Bathrooms

Special Target/Special Needs (check all that apply)				
Farm Worker	Developmentally Disabled	Homeless	Elderly	Other

NOTE: Information concerning the race or ethnicity of the occupants is being gathered for statistical use only. No occupant is required to give such information unless he or she desires to do so, and refusal to give such information will not affect any right he or she has as an occupant.

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

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.

Signature of Applicant/

Printed Name

Date

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

Applicant Signature

Print Name

Date

Co-Applicant Signature

Print Name

Date

NOTE: ALL Assets and their amounts must be verified

THIRD-PARTY VERIFICATION OF EMPLOYMENT

State and/or Federal Regulations require us to verify employment history 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: _____

Please provide information about anticipated employment income during the next 12 months:

Position: _____ Length of Time Employed : _____
Pay Rate: _____ Pay Frequency (Hr, Wk, Mo): _____
Overtime Pay Rate: _____ Average Overtime Hours/Wk: _____
Total Annual Base Pay Earnings: \$ _____ Total Overtime Base Pay Earnings: \$ _____
Amount and Frequency of Other Compensation (bonus, raise, commission, tops): \$ _____
Vacation Pay (y or N): _____ If yes, number of days _____
Retirement Account (Y or N): _____ Amount Accessible to Employee: \$ _____
Total Gross Annual Income, including other compensation, for next 12 months: \$ _____
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 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.

Signature of Applicant	Print Name	Date
------------------------	------------	------

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

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 SHIP PROGRAM

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 SHIP Program. In order to approve the application, we must verify the applicant's household income.

The applicant has authorized the SHIP 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
SHIP Coordinator

TYPE OF BENEFITS _____ MONTHLY _____

VERIFIED BY (SIGNATURE) _____

TITLE _____ DATE _____

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

WASHINGTON COUNTY SHIP 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 SHIP Program. In order to approve the application, we must verify the applicant's household income.

The applicant has authorized the SHIP 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.

Sincerely,

Stacy Webb
SHIP Administrator

TYPE OF BENEFITS _____ MONTHLY _____

VERIFIED BY (SIGNATURE) _____

TITLE _____ DATE _____

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

WASHINGTON COUNTY SHIP 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 State Housing Initiative Partnership
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) | |

SHIP 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 _____