



Membership Fee
 Renewal Fee
 \$ _____
 Date(s) of Receipt

Membership #

Last Name, Initial

Member Name (include Jr. or Sr. if applicable)				Co-Member Name (include Jr. or Sr. if applicable)			
Social Security Number	Home Phone	DOB (mm/dd/yyyy)	Yrs. School	Social Security Number	Home Phone	DOB (mm/dd/yyyy)	Yrs. School
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed)		<input type="checkbox"/> Separated Dependents (not listed by Co-Member) no. ages		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed)		<input type="checkbox"/> Separated Dependents (not listed by Member) no. ages	
Present Address (street, city, state, ZIP)		<input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.		Present Address (street, city, state, ZIP)		<input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.	
Mailing Address, if different from Present Address				Mailing Address, if different from Present Address			

If residing at present address for less than two years, complete the following:

Former Address (street, city, state, ZIP)	<input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.	Former Address (street, city, state, ZIP)	<input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.
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MEMBER	EMPLOYMENT INFORMATION	Co-MEMBER	
Name & Address of Employer	<input type="checkbox"/> Self Employed Dates From: _____ To: _____	Name & Address of Employer	<input type="checkbox"/> Self Employed Dates From: _____ To: _____
Position/Title/Type of Business	Business Phone	Position/Title/Type of Business	Business Phone

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)	Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)
		Monthly Income \$			Monthly Income \$
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone
Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)	Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)
		Monthly Income \$			Monthly Income \$
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone

63. E. Kennedy Boulevard, Suite 100-B, Eatonville, FL 32751
Phone: 407-628-4832 Fax: 321-710-0470

MONTHLY INCOME AND HOUSING EXPENSE INFORMATION

Gross Monthly Income	Member	Co-Member	Total	Monthly Housing Expense	Member	Co-Member
Base Monthly Income*	\$	\$	\$	Rent	\$	\$
Overtime	\$	\$	\$			
Bonuses	\$	\$	\$			
Commissions	\$	\$	\$			
Dividends/Interest	\$	\$	\$			
Other (before completing, see the notice in "describe other income," below)	\$	\$	\$			
Total	\$	\$	\$	Total	\$	\$

* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Describe Other Income

Notice: Alimony, child support, or separate maintenance income need not be revealed if the Member (M) or Co-Member (C) does not choose to have it considered for repaying this loan.

M/C	Monthly Amount
	\$

If you answer "Yes" to any questions A through I, please use continuation sheet for explanation.	Borrower		Co-Borrower		EXPLANATION
	Yes	No	Yes	No	
a. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you directly or indirectly been obligated on any loan of which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guaratee. If "Yes," provide details, including date, name, and address of Lender, FHA or VA case number, if any, and reasons for the action.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guaratee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If "Yes," give details as described in the preceding question.					
f. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Do you intend to occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If "Yes," complete question m below.					
l. Have you had an ownership interest in a property in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) What type of property did you own—principal residence (PR), second home (SH), or investment property (IP)?	—	—	—	—	
(2) How did you hold title to the home— by yourself (S), jointly with your spouse or jointly with another person (O)?	—	—	—	—	

ASSETS AND LIABILITIES

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Members if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Member section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed about that spouse or other person also.

Completed Jointly Not Jointly

ASSETS	Cash or Market Value	DO NOT FILL OUT THIS SECTION (H.E.L.P. CDC will obtain this information from your credit report)			
Description		LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance	
Cash deposit toward purchase held by:	\$	Name and address of Company	\$ Payment/Months	\$	
<i>List checking and savings accounts below</i>					
Name and address of Bank, S&L, or Credit Union		Acct. no.			
Acct. no.	\$	Name and address of Company	\$ Payment/Months	\$	
Name and address of Bank, S&L, or Credit Union		Acct. no.			
Acct. no.	\$	Name and address of Company	\$ Payment/Months	\$	
Name and address of Bank, S&L, or Credit Union		Acct. no.			
Acct. no.	\$	Name and address of Company	\$ Payment/Months	\$	
Name and address of Bank, S&L, or Credit Union		Acct. no.			
Acct. no.	\$	Name and address of Company	\$ Payment/Months	\$	
Name and address of Bank, S&L, or Credit Union		Acct. no.			
Acct. no.	\$	Name and address of Company	\$ Payment/Months	\$	
Name and address of Bank, S&L, or Credit Union		Acct. no.			
Stocks & Bonds (Company name/number & description)	\$	Name and address of Company	\$ Payment/Months	\$	
		Acct. no.			
Life insurance net cash value	\$	Name and address of Company	\$ Payment/Months	\$	
Face amount: \$		Acct. no.			
Subtotal Liquid Assets	\$	Acct. no.			
Vested interest in retirement fund	\$	Alimony/Child Support/Separate Maintenance Payments Owed to:	\$		
Net worth of business(es) owned (attach financial statement)	\$				
Automobiles owned (make and year)	\$	Job-Related Expense (child care, union dues, etc.)	\$		
Other Assets (itemize)	\$				
	\$				
		Total Monthly Payments	\$		
Total Assets a.	\$		\$		Total Liabilities b.
			\$		

INFORMATION FOR MONITORING PURPOSES

The following information is requested so that H.E.L.P. CDC Homebuyers Program can develop a profile of its membership. You are not required to furnish this information, but are encouraged to do so.

Member <input type="checkbox"/> I do not wish to furnish this information	Co-Member <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

Statement of Understanding and Release

I understand and accept that H.E.L.P. CDC Homebuyers Program makes no promise or guarantee that I will become a homeowner or obtain a mortgage loan or any other financing for the purchase of a house, as a result of my being a member of the Program. In consideration of my becoming a member of H.E.L.P. CDC Homebuyers Program, I agree to release the program, its staff, volunteers, and directors from liability for any claims I may have related to Program operations and activities.

SIGNATURES

Member's Signature	Date	Co-Member's Signature	Date
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HOMEBUYERS CLUB

Supporting Document Checklist

Please bring the following documentation and/or fees to your upcoming counseling session.
If you have any questions concerning the information requested, please contact us.

- _____ Paycheck Stubs (*for last 90 days*)
- _____ Credit Card and Installment Loan Statements or Payment Books
- _____ Divorce Decree (*if applicable*)
- _____ Bankruptcy Documentation (*if applicable*)
- _____ Alimony and Child Support Documentation (*if applicable*)
- _____ Proof of other Household Income (*if applicable*)
- _____ Proof of other Assets, such as Retirement Accounts (*if applicable*)
- _____ Settlement Letters (*from creditors that have been paid off*)
- _____ Other: _____

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