



# Home Ownership Center



## Client Information Form

TAMPA BAY CDC

THE HOMEBUYERS CLUB

Case Number: \_\_\_\_\_ HUD Number: \_\_\_\_\_ HBC Number: \_\_\_\_\_

**Services Requested:**  Homebuyer Education Class  Credit Repair  Budgeting  Debt Reduction  
**One-on-One Counseling:**  Pre-purchase  Post-purchase  Mortgage Default / Foreclosure

**Applicant Name:** \_\_\_\_\_  
First MI Last

**Co-Applicant Name:** \_\_\_\_\_  
First MI Last

**Address:** \_\_\_\_\_ **City/ Zip:** \_\_\_\_\_  
(P.O. BOX NOT ACCEPTED)

**Name of Apartment Complex:** \_\_\_\_\_ (If Applicable)

**Phone:** \_\_\_\_\_  
Home Work Cell

**E-mail: (optional)** \_\_\_\_\_ **Marital Status:** ( ) Married ( ) Single ( ) Engaged

**How Did You Hear about Us?** \_\_\_\_\_ ( ) Divorced ( ) Widow

**Demographic Information:** Household Size: Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

**Race/National Origin:** ( ) American Indian/Alaskan ( ) African American ( ) Asian American  
( ) Hispanic/Latino ( ) White ( ) Other

**Gender:** ( ) Male ( ) Female Female Head of Household: ( ) Yes

**Is someone in the household disabled?** ( ) You ( ) Co-applicant ( ) Child **Age:** \_\_\_\_\_

**Total Gross Household Income:** \$ \_\_\_\_\_ ( ) hourly ( ) weekly ( ) bi-weekly ( ) monthly ( ) yearly  
(Please include all sources of income: Salary, SSI/SSD, Unemployment, Child Support, etc. from all household members)

**I CERTIFY THIS INFORMATION TO BE TRUE AND CORRECT.** \_\_\_\_\_  
SIGNATURE DATE

In order to provide these services at no charge to you, we must provide our funding sources with the information for all people who attend our programs. Please be advised that this information is strictly confidential and will not be shared with anyone. Thank you.

### FOR INTERNAL USE ONLY

**MFI CALCULATION:** Household size \_\_\_\_\_ TOTAL HOUSEHOLD INCOME \$ \_\_\_\_\_ MFI \_\_\_\_\_

**PROPERTY JURISDICTION:** ( ) Pinellas Co. ( ) City/Clearwater ( ) City/Largo ( ) City/St. Pete ( ) Hillsborough Co ( ) Other

**VERIFIED BY:** ( ) Property Appraiser Website Spoke to: \_\_\_\_\_ @ Property Appraiser Office



# TAMPA BAY COMMUNITY DEVELOPMENT CORP.



## HOUSING COUNSELING SERVICES

2139 N.E. Coachman Road, Clearwater, FL 33765

TEL: Clearwater (727) 446-6222 • Tampa (813) 849-1121 • FAX: (727) 446-8727

www.tampabaycdc.org

*A HUD Approved Agency*

### APPLICATION FOR PRE-PURCHASE AND POST-PURCHASE PROGRAM

**PLEASE RETURN THIS APPLICATION ALONG WITH A TRI-MERGE CREDIT REPORT (WITH SCORES) OR \$15 PER PERSON FOR EACH CREDIT REPORT.**

**Rental Information:**

Rent Amount \$ \_\_\_\_\_ How long at present address: \_\_\_\_\_ Do you have a lease? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EMPLOYMENT INFORMATION****Applicant:**

Name of Employer \_\_\_\_\_ Gross Annual Income \$ \_\_\_\_\_ How Long? \_\_\_\_\_

**Co-Applicant:**

Name of Employer \_\_\_\_\_ Gross Annual Income \$ \_\_\_\_\_ How Long? \_\_\_\_\_

**Other Household Income:**

Name of Recipient \_\_\_\_\_ Source \_\_\_\_\_ Income \$ \_\_\_\_\_

**Total Gross Annual Household Income \$ \_\_\_\_\_**

**IMPORTANT NOTICE: MEMBERSHIP IN THE HOMEBUYERS CLUB DOES NOT OBLIGATE OR REQUIRE YOU TO USE ANY SERVICES OR PRODUCTS THAT MAY BE SUGGESTED, OFFERED OR RECOMMENDED BY TAMPA BAY CDC OR THE HOMEBUYERS CLUB.**

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize The HOMEBUYERS CLUB to obtain all information necessary, including a credit report, to assist me/us in an evaluation of our capacity to successfully accomplish, or maintain homeownership. I understand that the information may be shared with volunteer advisors and/or lenders in an effort to determine eligibility for mortgage financing, develop a plan to correct qualification deficiencies in the pursuit of a mortgage approval, or for a workable solution to prevent foreclosure.

**A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL**

I hereby acknowledge the above information to be true and accurate to the best of my knowledge. Tampa Bay CDC-The HomeBuyers Club contracts with HUD, Pinellas County, Hillsborough County, Cities of Clearwater, Largo, St. Petersburg, and Tampa to provide services to residents of those jurisdictions, or to individuals who purchase homes within those areas. I agree that Tampa Bay CDC-The HomeBuyers Club may release information about my membership, to the proper officials, in compliance with those contracts. These jurisdictions, in return will provide financial donations to The HomeBuyers Club based on the appropriate members served.

**SOCIAL SECURITY NUMBER COLLECTION POLICY**

Tampa Bay CDC and its funding sources collect your Social Security number for the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes. By signing below, I/We acknowledge receipt of the Social Security Number Collection Policy disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Spouse/Co-Buyer

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Birth Date

For Official Use Only:

\$15 Pd. \_\_\_\_\_ \$30 Pd. \_\_\_\_\_ Cash \_\_\_\_\_ M.O. \_\_\_\_\_ Check \_\_\_\_\_



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**SOCIAL SECURITY NUMBER COLLECTION  
POLICY DISCLOSURE**

Effective October 1, 2007

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**PLEASE RETAIN THIS DISCLOSURE FOR YOUR RECORDS**

**DO NOT RETURN THIS FORM WITH YOUR APPLICATION**