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St. Johns County Board of County Commissioners

Housing & Community Development

ST. JOHNS COUNTY HOUSING AND FINANCIAL COUNSELING PROGRAM APPLICATION

Want to own a home of your own? Need help finding down payment assistance? Just want to figure out the best way to improve your credit?

The St Johns County Housing and Financial Counseling Program is designed to provide education and guidance regarding the complexities of credit and homeownership.

To schedule an appointment with a Counselor that will begin your journey to homeownership or improved credit:

- 1. Complete the application and authorization forms. These forms are available on our website at http://www.sjcfl.us/housing.
- 2. Include Money Order or Cashier's Check made payable to **St Johns County Housing** and Community Development in the amount of \$21.00, per adult applicant. This fee will be charged each time your credit report is requested. All fees must be paid prior to the report being pulled. **Personal checks or Cash will not be accepted; your application will be returned.**
- 3. Mail the application, the authorization form, and the money order or cashier's check to:

St Johns County Housing and Financial Counseling Program 200 San Sebastian View, Suite 2300 St Augustine, FL 32084

You will be contacted by a counselor to schedule your first counseling session.

Please note: You will be asked to provide your driver's license and social security card as proof of identification at the initial counseling session.

Per Title VI of the Civil Rights Act of 1964, The Fair Housing Act, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, St Johns County Housing and Financial Counseling prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability and where applicable, sex, marital status, religion, or sexual orientation. Persons with disabilities who require alternative means for communications of program information, or an accommodation for access to facilities, should contact Housing and Community Development at 200 San Sebastian View, Ste 2400, St Augustine, FL 32084 or (904) 827-6890.

Application expires one year from the date of receipt if you are not actively working with St Johns County Housing and Financial Counseling. You will need to complete another application packet should you decide to enter the program again. If any of your contact information (address, phone number, etc.) changes during the next 12 months please call the St Johns County Housing and Financial Counseling department at (904) 209-6062 to update your information.



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Date:										
	Print Adverti Walk-in _		-					-	Governmer	nt
Personal Information (APPLICANT)										
First Name				MI		Last N				
SS#				Age		Birthd	late			
Address					City/State	/Zip				
Length at present address										
Cell Phone	()				Home Ph	one	()		
Email					Citizensh	ip	Resid	_US Citizen lent #	Alien	
Gender	Male	eFe	male		Marital S	tatus		Single Married Divorced Widow Separated		
Race	Hispa Black Asian Nativ	e, Not Hispa nnic x, Not Hispa n/Pacific Isla e Hawaiian/ rican Indian/	nic nder Pacific		Househol	d Туре	N	Male Headed s Married w/o cl	d single parent single parent	
Education	High School/GED College Graduate School None Vocational/Trade School			Disab Yes				itary No		



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EMPLOYMENT (PRIMARY)									
Employer Name	e				Title of Posi	tion			
Start Date					Pay Period	w	eekly	Bi-Weekly _	Monthly
Employment Ty	Employment TypeTemporaryFull Time			mePart	Time		Seasonal		
EMPLOYMENT (SECONDARY)									
Employer Name	e				Title of Posi	tion			
Start Date	Start Date		Pay Period	Pay PeriodWeekly Bi-Weekly Monthly					
Employment Ty	nt TypeTemporaryFull TimePart TimeSeasonal								
1 ST Time Homebuyer not owned home in past 3					Current HousingArrangement		RentHomeless Family/Friends Other		
Personal Information (CO-APPLICANT)									
First Name				MI		Last Na	ıme		
SS#				Age		Birthda	ıte		
Address			City/Stat	City/State/Zip					
Cell Phone	()		Home Ph	Home Phone)			
Email				Citizenship		US Citizen	_ Alien Resident		
Gender	MaleFemale		Marital S	Marital Status		Single Married Divorced Widow Separated			



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Race				Household	1		
	White, Not Hispanic					Single Adult	
	Hispanic					Married w/children	
	Black, Not Hispanic					Female Headed single parent	
	Asian/Pacific Islander					Male Headed single parent	
	Native Hawaiian/Pacific Islander					Married w/o children	
	American Indian/Alaskan Native						
						Two or more unrelated adults	
Education		School/GED		Disabled		Military	
Education	Colleg Gradu	ge iate School		Yes _	No	YesNo	
	None	ional/Trade Schoo	1				
	Other		l				
					_		
		EMI	PLOYMENT	(PRIMAR)	Y)		
Employer Name	!		7	Title of Position			
Start Date							
Start Date]	Pay Period	Wee	ekly Bi-Weekly Monthly	
Start Date Employment Ty	pe	_Temporary				ekly Bi-Weekly Monthly Seasonal	
	ре			nePar	t Time	· · · · · · · · · · · · · · · · · · ·	
			Full Tin	nePar	rt Time	· · · · · · · · · · · · · · · · · · ·	
Employment Ty			Full Tim	nePar	t Time RY) ion	· · · · · · · · · · · · · · · · · · ·	
Employment Ty Employer Name	,		Full Tim	SECONDA Fitle of Posit	et Time RY) ion Wee	Seasonal	
Employer Name Start Date	pe	EMPI	Full Tim	SECONDA Fitle of Posit	et Time RY) ion Wee et Time	Seasonal	



Phone Number _____

St. Johns County Board of County Commissioners

Housing & Community Development

Email/Fax_____

Total number of persons expected to live in the home:							
List of Household Members (Proof of income will be required for all adults as part of this application)							
Full Name		Date of Birth	Relationship to Client				
run Name	Age	Date of birth	Relationship to Chefit				
Realtor Information: If Ap	<u>oplicable</u>						
Realtor Name							
Real Estate Company							



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AUTHORIZATION TO OBTAIN CREDIT INFORMATION/CLOSING DISCLOSURE

I/We hereby authorize St Johns County Housing and Financial Counseling Program (SJCHFCP) to:

Obtain a copy of my/our credit profile, provide counseling and provide referral services on my/our behalf. This authorization shall become effective immediately and shall continue in effect until revoked by me/us.

Obtain a copy of the Closing Disclosure when I/We purchase a home from the lender that granted the loan, the real estate agent who sold me the property and/or the title company that closed on the loan.

Obtain/Provide 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.

I/We hereby authorize SJCHFCP to obtain my/our credit report for the purpose of assessing my/our credit status and providing direct counseling services. I/We acknowledge that SJCHFCP has informed me/us in advance of the fee related to me/us obtaining this disclosure for which I/we are responsible for paying. The fee related to me/us obtaining this disclosure will be required each time I/we request a credit report. I/we further understand that an inquiry made by SJCHFCP could appear on my/our credit file as a result of pulling my/our file. It is further understood that SJCHFCP is not responsible for the credit information found on my/our file.

I/We understand that SJCHFCP is a counseling agency which aids individuals who are considering the possibility of obtaining homeownership.

- I/We _____ authorize SJCHFCP to:
 Pull my/our credit report, review the credit file and make recommendations, and counseling in connection with my/our current request;
 - Release my/our financial information to various agencies that fund St Johns County.

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

I agree that I am the person named above, and I understand that the Federal law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned for not more than one year, or both.

Applicant Full Name (Print)		Last 4 of SSN	Date of Birth
Co-Applicant Full Name (Print)		Last 4 of SSN	Date of Birth
Current Address		City/State/Zip	
Previous Address, if less than two years at current address		City/State/Zip	
Applicant Signature	Date	Co Applicant Signat	ture Date
Counselor Signature		Date	