



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.



St. Johns County Board of County Commissioners

Housing & Community Development

Date: _____

Referral	<input type="checkbox"/> Print Advertisement <input type="checkbox"/> Flyer <input type="checkbox"/> Staff <input type="checkbox"/> Agency Referral <input type="checkbox"/> Family/Friend <input type="checkbox"/> Government				
Resource	<input type="checkbox"/> Walk-in <input type="checkbox"/> Internet <input type="checkbox"/> TV <input type="checkbox"/> Bank <input type="checkbox"/> Radio <input type="checkbox"/> Realtor <input type="checkbox"/> Other				
Personal Information (APPLICANT)					
First Name		MI		Last Name	
SS#		Age		Birthdate	
Address			City/State/Zip		
Length at present address					
Cell Phone	()		Home Phone	()	
Email			Citizenship	<input type="checkbox"/> US 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	<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		Household Type	<input type="checkbox"/> Single Adult <input type="checkbox"/> Married w/children <input type="checkbox"/> Female Headed single parent <input type="checkbox"/> Male Headed single parent <input type="checkbox"/> Married w/o children <input type="checkbox"/> Two or more unrelated adults	
Education	<input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> None <input type="checkbox"/> Vocational/Trade School <input type="checkbox"/> Other		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Military <input type="checkbox"/> Yes <input type="checkbox"/> No	



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EMPLOYMENT (PRIMARY)					
Employer Name			Title of Position		
Start Date			Pay Period	___ Weekly ___ Bi-Weekly ___ Monthly	
Employment Type	___ Temporary ___ Full Time ___ Part Time ___ Seasonal				
EMPLOYMENT (SECONDARY)					
Employer Name			Title of Position		
Start Date			Pay Period	___ Weekly ___ Bi-Weekly ___ Monthly	
Employment Type	___ Temporary ___ Full Time ___ Part Time ___ Seasonal				
1 ST Time Homebuyer (Have not owned home in past 3 years)	___ Yes ___ No		Current Housing Arrangement	___ Rent ___ Homeless ___ Family/Friends ___ Other	
Personal Information (CO-APPLICANT)					
First Name		MI		Last Name	
SS#		Age		Birthdate	
Address			City/State/Zip		
Cell Phone	()		Home Phone	()	
Email			Citizenship	___ US Citizen ___ Alien Resident	
Gender	___ Male ___ Female		Marital Status	___ Single ___ Married ___ Divorced ___ Widow ___ Separated	



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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	Age	Date of Birth	Relationship to Client

Realtor Information: If Applicable

Realtor Name _____

Real Estate Company _____

Phone Number _____ Email/Fax _____

