



# St. Johns County Board of County Commissioners

Health and Human Services

## 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 and submit the following application
2. You will be contacted by a counselor to schedule your first counseling session.
3. You will be required to bring a Money Order or Cashier's Check to your first appointment, made payable to: **St Johns County Housing and Community Development** in the amount of **\$19.00**, 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.**
4. If you prefer to print and mail the application you may mail the application, 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**

**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 Ginny Campbell at 200 San Sebastian View, Ste 2300, St Augustine, FL 32084 or (904) 209-6146 or [vcampbell@sjcfl.us](mailto:vcampbell@sjcfl.us).

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) 209-6146 to update your information.

Rev. 12/18

200 San Sebastian View, Suite 2300, St. Augustine, FL 32084  
P: 904.209.6140 | F: 904.209.6141  
[www.sjcfl.us](http://www.sjcfl.us)



CREDIBILITY • INTEGRITY • ACHIEVEMENT



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## St Johns County Housing and Financial Counseling Program Application

Date: \_\_\_\_\_

<b>Referral</b> <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Flyer <input type="checkbox"/> Staff <input type="checkbox"/> Agency Referral <input type="checkbox"/> Family/Friend <b>Resource</b> <input type="checkbox"/> Government <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)			
<b>First Name</b>		<b>MI</b>	
		<b>Age</b>	
<b>Last Name</b>		<b>Birthdate</b>	
<b>Address</b>		<b>City/State/Zip</b>	
<b>Length at present address</b>			
<b>Cell Phone</b>	(    )	<b>Home Phone</b>	(    )
<b>Email</b>		<b>Citizenship</b>	<input type="checkbox"/> US Citizen <input type="checkbox"/> Alien Resident #
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated
<b>Race</b>	<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	<b>Household Type</b>	<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
<b>Education</b>	<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	<b>Disabled</b>	<b>Military</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 <sup>ST</sup> 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	
			Age		Birthdate	
Address				City/State/Zip		
Length at present address						
Cell Phone	( )		Home Phone	( )		
Email			Citizenship	___ US Citizen ___ Alien Resident #		
Gender	___ Male ___ Female		Marital Status	___ Single ___ Married ___ Divorced ___ Widow ___ Separated		
Race	___ White, Not Hispanic ___ Hispanic ___ Black, Not Hispanic ___ Asian/Pacific Islander ___ Native Hawaiian/Pacific Islander ___ American Indian/Alaskan Native		Household Type	___ Single Adult ___ Married w/children ___ Female Headed single parent ___ Male Headed single parent ___ Married w/o children ___ Two or more unrelated adults		



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<b>Education</b>	<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	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Military</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EMPLOYMENT (PRIMARY)</b>			
<b>Employer Name</b>		<b>Title of Position</b>	
<b>Start Date</b>		<b>Pay Period</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
<b>Employment Type</b>	<input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		
<b>EMPLOYMENT (SECONDARY )</b>			
<b>Employer Name</b>		<b>Title of Position</b>	
<b>Start Date</b>		<b>Pay Period</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
<b>Employment Type</b>	<input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		
<b>1<sup>ST</sup> Time Homebuyer</b> (Have not owned home in past 3 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Current Housing Arrangement</b>	<input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Family/Friends <input type="checkbox"/> Other

**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**

**Realtor Name** \_\_\_\_\_

**Real Estate Company** \_\_\_\_\_

**Phone Number** \_\_\_\_\_      **Email/Fax** \_\_\_\_\_