

**FLORIDA HOUSING FINANCE CORPORATION**  
**Homeownership Pool Program (HOP)**  
**Application for Housing Assistance**

**APPLICANT INFORMATION**

Applicant Name				SSN	
Co-Applicant Name				SSN	
Street Address				Applicant Phone	
City		State		Zip	
Mailing Address				Co-Applicant Phone	
City		State		Zip	

**DEMOGRAPHIC INFORMATION**

Number of Each in Household	Disabled		American Indian or Alaska Native	
	Asian		Black or African American	
	Native Hawaiian or Pacific Islander		White	
	Other			

Hispanic (Y or N)	Yes		No	
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Household Type (Please check one)	Single, Non-Elderly		Elderly	
	Single Parent		Two Parents	
	Other			

Are you a First-Time Homebuyer?	Yes		No	
Have you resided in subsidized or income-restricted housing during the last 12 months?	Yes		No	
Do you currently own a home?	Yes		No	
Monthly Rent or Mortgage Payment				

**HOUSEHOLD INFORMATION**

Please complete for ALL members of the household			
Full Name	Date of Birth	Relationship	Social Security Number

ANNUAL INCOME INFORMATION

Source	Applicant	Co-Applicant	Other Household Member 18 or Older	Total
Gross Salary				
Interest/Dividends				
Business Net Income				
Social Security/Pensions				
Unemployment/Workers Comp.				
Alimony/Child Support				
Welfare Payments				
Other				
Totals				

APPLICANT EMPLOYER

Name				Phone	
Address				Years Employed	
Position				Supervisor	
Previous Employer		Years		Phone	
Position				Supervisor	

CO-APPLICANT EMPLOYER

Name				Phone	
Address				Years Employed	
Position				Supervisor	
Previous Employer		Years		Phone	
Position				Supervisor	

ASSET INFORMATION

Type	Cash Value	Annual Income from Assets	Financial Institution Name	Account Number
Checking Account				
Checking Account				
Savings Account				
Savings Account				
Stocks/Life Insurance				
401K/IRA/CD				
Other				

LIABILITY INFORMATION

Type	Creditor's Name	Monthly Payment	Balance
Mortgage/Rent			
Credit Card			
Other			
Other			

Do you have any outstanding unpaid collections or judgements?	If Yes, Amount		No	
Have you declared bankruptcy in the past 7 years?	Yes		No	
Are you party in a lawsuit?	Yes		No	
Have you disposed of any assets in the last 2 years?	Yes		No	

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to full disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misrepresentation or misstatement of material fact will be grounds for disqualification. I/We, the applicant(s), understand that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. Additionally, I/we also agree to provide other documentation needed to verify eligibility.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date