

Homeownership Pool (HOP) Program Membership Application Instructions

Please provide only ONE Application, bound in a 3-ring binder, with the Attachments placed behind appropriately labeled index tabs.

Each application submitted must include the Application Fee of \$500. Check should be made payable to Florida Housing Finance Corporation. Mail the Application and check to:

**Florida Housing Finance Corporation
Attn: HOP Program
227 North Bronough Street, Suite 5000
Tallahassee, FL 32301**

Pursuant to Rule Chapter 67-57.010(1), the Corporation shall collect a HOP Membership Application fee of \$500 from all entities when applying to become a Member of the pool for the HOP program.

All items are considered threshold. Failure to submit a response to any item will constitute a threshold failure and the Application will not be considered.

SECTION A. APPLICANT OVERVIEW: Fill in the requested basic information about your organization (name, address, contact persons, etc.).

SECTION B. APPLICANT QUALIFICATIONS AND EXPERIENCE:

Section B, line 1: Indicate the experience of your organization in developing new housing over the past 4 years.

Section B, line 2: List the specific addresses, prices, sizes and dates sold (month and year only) of the last 5 units for which assistance was provided (either your organization or by the key staff member).

Note: HOP guidelines require that each new Applicant (or key members of the team) have developed at least 5 new homes for sale and closed at least 5 homebuyer assistance loans before applying for HOP funding.

Section B, line 3: *If the Applicant lacks the required experience as an organization*, name the one key individual with the requisite experience.

Section B, line 4: Identify by name the key members of your proposed housing team (and provide documentation as listed under in **Section C**).

SECTION C. CHECKLIST OF ATTACHMENTS

Note: Label attachments (in the upper right corner) as indicated in the column to the right (i.e. "Attachment 1").

- 1. Organization Structure:** Identify all participants in the organization, including all Principals and Financial Beneficiaries. **(Label as Attachment 1)**
- 2. Narrative of Organizational Experience:** Provide a detailed narrative description of the Applicant's experience with other homebuyer assistance projects, including the role the Applicant played in each project. Provide relevant past experience with developing land, building housing units and marketing new units to homebuyers. If the organization lacks experience, describe the experience of the key staff member listed at **Section B, line 3. (Label as Attachment 2)**

Team Member Education, Qualifications and Experience:

- 3. Building / Construction Coordinator (Primary Contact Person):** Provide a detailed resume which includes the education, qualifications and experience of who will bear overall responsibility for coordinating the **HOP Program. (Label as Attachment 3)**
- 4. Homeownership Coordinator(s):** Identify and provide a detailed resume which includes the education, qualifications and experience for the person(s) responsible for coordinating the information and qualification of the Eligible Homebuyers under the **HOP Program. (Label as Attachment 4)**
- 5. Homebuyer Education Agency:** Provide a detailed narrative including the curriculum and the process by which the counseling will be administered and documented. Provide evidence of HUD or similar approval as well as a detailed agenda or table of contents of the homebuyer education courses offered **(Label as Attachment 5)**
- 6. Homebuyer Education Coordinator / Lead Instructor:** Identify the person(s) and/or organization that will provide classroom instruction to potential homebuyers who might be submitted for **HOP** assistance. Provide a copy of the "Train the Trainer" or similar certificate, as well as a detailed resume which includes the education, qualifications and experience. **This is waived for online courses that meet the requirements of 67-57.060(1)(f) (Label as Attachment 6)**
- 7. Monitoring Compliance Letter (if applicable):** Does the Applicant have any outstanding monitoring findings under the HOME Program, or any current Florida Housing development? If yes, provide a copy of the monitoring letter and discuss any steps that have been taken to resolve these findings. **(Label as Attachment 7)**

Note: Staff will check the Applicant's status on the Corporation's Non-Compliance Report. Non-compliance issues are grounds for rejection of the Application. Applicants may reapply once the non-compliance issues have been resolved.

8. Narrative Explanation of Other Adverse Actions (*if applicable*): If the answer to any of the following questions is "yes", please attach a detailed narrative explanation and status report:

1. Has a petition for bankruptcy ever been filed by or against the Applicant?
2. Has an assignment for the benefit of creditors ever been made against the Applicant?
3. Are there any unsatisfied judgments outstanding against the Applicant?
4. Has the Applicant been a party to any litigation within the last five years?

(Label as Attachment 8)

SECTION D. CERTIFICATION

The Application must be certified and signed by the Authorized Official of your organization.

Note: The Application will not be accepted unless it is signed by the official authorized to execute contracts on behalf of your organization (Executive Director, President, etc.).