

PINELLAS COUNTY HOUSING AUTHORITY

PRELIMINARY APPLICATION for HCV HOMEOWNERSHIP

Borrower: _____ Social Security Number _____

Co-borrower _____ Social Security Number _____

Current address (include city, state, zip, county) _____

Current phone _____ Fax _____ E-mail _____

Relationship between borrower and co-borrower: Spouse _____ Other _____
(if other please explain) _____

Are all family members a first time homebuyer? Yes _____ No _____
(if no, please explain) _____

Is the Head, Co-Head, Spouse or Sole Member of the Household disabled?
Yes _____ No _____
(if yes, please explain) _____

Does family have any additional financial assistance? Yes _____ No _____
If yes, specify _____

How long have you been receiving Housing Choice Voucher (Section 8) Rental Assistance?

Do you have money for a down payment? _____

INCOME, ASSETS AND OBLIGATIONS

Complete a separate sheet for each adult family member who will be borrowing.

Family Member Name _____

Is an adult in the household employed? _____

Employer _____

Address _____

Phone, Fax, email _____

Your position _____ Annual Income from employment _____

Hourly Rate: _____ Hours worked per week _____ Years on the job _____

Family Member Name _____

Is an adult in the household employed? _____

Employer _____

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Address _____

Phone, Fax, email _____

Your position _____ Annual Income from employment _____

Hourly Rate: _____ Hours worked per week _____ Years on the job _____

ASSETS

Does family member have a checking account? Yes _____ No _____ Bal. _____

Does family member have a savings account? Yes _____ No _____ Bal. _____

Does family member have whole life insurance? Yes _____ No _____ Cash Value _____

Does family member own any real estate? Yes _____ No _____ Cash Value _____

Does family member own other assets? Yes _____ No _____ Cash Value _____

OTHER INFORMATION

Is any family member presently delinquent or in default on any debt or loan, mortgage, financial obligation, bond or loan guarantee? Yes _____ No _____

Has any family member previously participated in the Housing Choice Voucher (Section 8) Homeownership program? Yes _____ No _____

Has any family member previously defaulted on a mortgage under the Housing Choice Voucher (Section 8) Homeownership program? Yes _____ No _____

I certify that all the information contained herein is true and correct to the best of my knowledge.

Applicant Signature / Date

Co-Applicant Signature / Date
