



Westshore Community Development Corporation
“Redeveloping Communities Is Our Business”

Westshore Community Development Corporation
Application Packet

Please complete the Home Buyer application and return along with all other documents requested on the checklist:

Upon completion please return to:

Westshore Community Development Corp.
3109 W. Dr. MLK Jr. Boulevard
Suite 140
Tampa, FL 33607
Attn: Lisa Reeves
813-289-5488 Phone 813-289-6727 Fax
or
Email: LisaRReeves@Gmail.com



Westshore Community Development Corporation
“Redeveloping Communities Is Our Business”

Westshore Community Development Corporation
Home Buyer Checklist

Applicant Name: _____

Address: _____

Required Applications	Received Docs		Date Received
Home Buyer Intake Application	Yes	No	
Application Fee: Single \$20 Joint \$25 (Money Orders Only)	Yes	No	

Required Identification	Received Docs		Date Received
Copy of Drivers License for all adults	Yes	No	
Copy of Social Security Card of all Family members	Yes	No	
Birth certificate for all household members	Yes	No	

Required Financial Documents	Received Docs		Date Received
One month of Pay Check Stubs	Yes	No	
Checking Account Statements (3 months)	Yes	No	
Savings Account Statements (3 months)	Yes	No	
Investment Account Statements (3 months) (if applicable)	Yes	No	
Alimony/Child Support Documentation (if applicable)	Yes	No	
Social Security Documentation (if applicable)	Yes	No	
Prior two years Tax Returns & W-2's	Yes	No	

Required Forms	Received Docs		Date Received
Verification of Employment for all working adults	Yes	No	
Third-party Verification of Asset Income form	Yes	No	
Social Security Admin for Westshore CDC form if applicable	Yes	No	
Verification of Retirement Benefit (if applicable)	Yes	No	
Westshore CDC Disclosure form	Yes	No	
Credit Authorization and Privacy Form	Yes	No	



Westshore Community Development Corporation “Redeveloping Communities Is Our Business”

Westshore Community Development Corporation Land Trust Housing Program Disclosure

Purpose of Housing Program:

I/We understand that the purpose of the housing program is to provide one-on-one contact to help customers rectify those problems that prevent affordable mortgage financing. The coordinator will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing and assist in developing a plan to remove those barriers. The coordinator will also provide assistance in debt load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the coordinator to correct the problems for me/us but rather to provide guidance and to empower me/us in correcting those issues preventing affordable mortgage financing.

Mortgage Financing Assistance:

Upon completion of the housing program, I/we understand that the coordinator will help to identify those loan programs that are best suited for my/our needs and choose a lender that is right for me/us. Upon completion of the program and with my/our permission, my/our customer information will be transferred to my/our selected lender. I/We understand that the coordinator will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the Westshore CDC does not guarantee that I/we will receive mortgage financing from the lender.

Eligible Criteria:

I/We understand the Westshore CDC provides housing assistance to customers whose problems can be resolved in 12 months or less. I/We understand that if it is determined my/our issues will take longer than 12 months to rectify, I will be referred to a long-term housing counseling program.

Homeownership Education Classes:

I/We understand that as part of the housing program, I/we will be required to attend group homeownership education classes.

Applicant's Responsibility:

I/We understand that it is our responsibility to work conjunction with the homebuyer process.

Applicants Signature: _____ Date: _____

Co-Applicants Signature: _____ Date: _____

ASSETS AND ASSET INCOME:

(For ALL Household Members, Including Minors)

List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Property Equity, Cash Value of Pensions and Insurance Policies, etc.

Type of Asset:	Asset Value	Bank/Ins. Co. Name	Account #	Annual Asset
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$
5.	\$			\$
6.	\$			\$
				Total \$

LIABILITIES:

(For ALL Household Members 18 and Over)

List Credit Card Debt, and Automobile, Real Estate and Mortgage Loans, etc.

Type: (Credit/Loan, etc.)	Creditor's Name	Balance Owed	Monthly Payment
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
		Total Monthly Payments: \$	

ETHNICITY/SPECIAL NEEDS:

(For reporting purposes only, please check all that apply for Head of Household only):

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native American	<input type="checkbox"/> Farm worker	<input type="checkbox"/> Disabled or Disabled Minor	
<input type="checkbox"/> Elderly	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other:	

I/We understand that the City of Tampa, Housing & Community Development Division, collects Social Security numbers for all household members for the following purposes: Identification & Verification; Credit Worthiness; and Tax Reporting. Further, that this information is provided to me pursuant to compliance with Section 119.071(5), Florida Statutes.

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asst or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

**THIRD-PARTY VERIFICATION OF ASSET INCOME
(To Be Completed For All Household Members, Including Minors)**

State and/or Federal Regulations require us to verify asset income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self-addressed return envelope is enclosed. Please return information to the following:

**Westshore Community Development Corp.
Attn: Lisa Reeves
3109 W. Dr. MLK Jr. Boulevard, Suite 140
Tampa, FL 33607**

Authorization:

I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant

Date

Signature of Co-applicant

Date

Complete the (applicable) Sections below:

Institution Name:	
Checking Account #": Average Monthly Balance (Last 6 months):\$	Interest Rat: %
Savings Account #": Average Monthly Balance (Last 6 months):\$	Interest Rat: %
Certificates of Deposit #": Average Monthly Balance (Last 6 months):\$	Interest Rat: % Withdrawal Penalty:
IRA, Keogh Retirement Account#": Average Monthly Balance (Last 6 months):\$	Interest Rat: % Withdrawal Penalty:
Other Account#": Average Monthly Balance (Last 6 months):\$	Interest Rat: %

Signature of authorized representative/Title

Printed Name

Phone Number

Date

Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asst or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083.

Note: For ALL Household members, including minors, obtained a signed copy of this form for each verification to be completed. Send form directly to depository institution: do not send form through applicant. If significant differences exist between application and verification – get written explanation from applicant and attach to file.

VERIFICATION OF EMPLOYMENT

Applicant:

Employer:

The applicant identified above has applied for housing assistance provided through the City of Tampa's Down Payment Assistance Program. In order for a family to be determined eligible under program guidelines, we are required to verify a family's income, expenses and other information related to household income. We ask your cooperation in supplying the information below. Please return information to the following:

Westshore Community Development Corp.
Attn: Lisa Reeves
3109 W. Dr. MLK Jr. Boulevard, Suite 140
Tampa, FL 33607
PHONE 813-289-5488 ♦ FAX 813-289-6727

Authorization:

I hereby authorize the release of requested information to be used for the sole purpose of determining eligibility for program assistance.

Signature of Applicant/ Household Member

Print Name

Date

Signature of Co-Applicant/Household Member

Print Name

Date

EMPLOYMENT INFORMATION (To be completed by employer):

Position: _____

Length of Time Employed: _____

Pay Rate \$ _____ per _____ (Hour, Week, Year)

Average Number of Hours worked per Week _____

Overtime Pay Rate \$ _____ per _____ (Hour/Week, Year)

Average Number of Hours worked per Week _____

Signature of authorized representative:

Printed Name:

Title:

Date:

Phone:

Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083.

Note: For ALL Household members, including minors, obtained a signed copy of this form for each verification to be completed. Send form directly to depository institution: do not send form through applicant. If significant differences exist between application and verification – get written explanation from applicant and attach to file.

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct Westshore Community Development Corporation (hereinafter "WCDC") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by WCDC. I understand and agree that WCDC intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to WCDC in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I Authorize _____ do not Authorize

WCDC to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying WCDC in writing

Clients Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date

Date