



**Town of Davie**  
**Housing and Community Development Department**  
**NEIGHBORHOOD STABILIZATION PROGRAM**  
**HOMEBUYERS ASSISTANCE PROGRAM**

**DAVIE RESIDENT APPLICATION**

**A. Applicant Information:**

**Applicant Name:** \_\_\_\_\_ **Social Security:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Permanent Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**How long at this address?** \_\_\_\_\_

**Marital Status:**  Married  Single  Living together  Divorced  Separated  Widowed

**Race:**  White  Black  Hispanic  Asian  Indian  Other \_\_\_\_\_ **Sex:**  Male  Female

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Years Employed** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Co Applicant Information:**

**Co-Applicant Name:** \_\_\_\_\_ **Social Security:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Permanent Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**How long at this address?** \_\_\_\_\_

**Marital Status:**  Married  Single  Living together  Divorced  Separated  Widowed

**Race:**  White  Black  Hispanic  Asian  Indian  Other \_\_\_\_\_ **Sex:**  Male  Female

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Years Employed** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Household Member over 18 Information:**

Attach additional sheet, if needed for all household members over 18.

**Name of Household Member over 18:** \_\_\_\_\_ Social Security: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Contact Number: \_\_\_\_\_

Race:  White  Black  Hispanic  Asian  Indian  Other \_\_\_\_\_ Sex:  Male  Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**B. Anticipated Annual Income: Includes unearned income and support paid on behalf of minors.**

ANNUAL GROSS INCOME-ATTACH ADDITIONAL SHEET IF NEEDED

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBER 18 OR OVER	TOTAL
Gross Salary				
Overtime, Tips, Bonuses, etc				
Interest/Dividends				
Business net Income				
Rental net Income				
Social Security, Pensions, etc.				
Unemployment, Workers Comp.				
Alimony, Child Support				
Welfare Payments, Public Assistance				
Other (List)				

Enter total of items

This amount is the **Annual Anticipated Household Income**

\$

Please complete the following for ALL members of the household-Attach additional sheet, if needed.

**C. Household Information:**

Full Name	Date of Birth/Age	Relationship	Social Security #

**D. Assets: (If applicant and any household members over the age of 18 hold separate or additional accounts from that of the applicant, please list.)**

TYPE	Name of Account Holder	Cash Value	Annual Income From Assets	Bank Name	Account No.
Checking Account(s)					
Savings Account(s)					
Credit Union Account(s)					
Pension(s)					
Stocks, Life Insurance					

**E. Request for Assistance:**

**Assistance Type:**  Single Family Purchase Assistance  Single Family Rehabilitation

**Purchase Assistance Grant Amount:** \$ \_\_\_\_\_ (to be completed by H & CD staff)

**Rehabilitation Assistance Grant Amount:** \$ \_\_\_\_\_ (to be completed by H & CD staff)

Do you or any member of your immediate family have any disabilities or special needs?  Yes  No

If "Yes", please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recipient Statement:** The information on this form is to be used to determine eligibility based on income. I/we have provided, for each person set forth in Item D, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

I also give the Town of Davie the authorization to share any of the information contained herein with appropriate federal, state, and local organizations that may be called upon for assistance. I recognize that my Social Security number and the other information herein will not be shared publicly.

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

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Co-Applicant

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

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



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NEIGHBORHOOD STABILIZATION PROGRAM  
HOMEBUYERS ASSISTANCE PROGRAM**

<b>REQUIRED DOCUMENTATION LIST</b>
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**The documents listed below must be submitted when applying for the Town of Davie Neighborhood Stabilization Program Homebuyers Assistance Program.**

**\*\* STAFF WILL NOT MAKE COPIES OF REQUIRED DOCUMENTS \*\***

**BE SURE TO HAVE YOUR COPIES ALREADY MADE UPON SUBMISSION OF APPLICATION**

Attached is the application package. Due to Federal requirements, all the information in the package must be completed. If any form does not apply to you, please initial the bottom and submit along with the entire application package.

- Proof of Identification (for both Applicant and Co-Applicant and any household member aged 18 and older)
  - State issued picture ID
  - Marriage Certificate if you are married and have different last names.
- Social Security Cards for All Household Members
- A **notarized** copy of the original tax return for the previous year for **all** members of the household 18 years or older (A free transcript may be obtained by calling 1-800-829-1040, option 2, then option 2 again, follow prompts).
- Proof of Income (household members 18 and older)
  - Three most recent and consecutive pay stubs
  - Child Support – court order, divorce decree, or a printout from the agency ordering the child support.
  - Alimony/Palimony – divorce decree or court order.
  - Social security benefit award letter.
  - Pension/Retirement statement – we need three most recent statements.
  - Self-employment - Profit & Loss Statement for last 2 years and a statement from your accountant projecting your anticipated net business income for the next twelve months.
- Assets (for all household members)
  - Six (6) months of most recent and consecutive bank statements for all bank accounts.
  - Most recent statements for your IRA, 401 (K), Retirement/Pension, stocks, bonds, annuities and life insurance.
  - Proof of the value of additional property that you own (land, homes, & boats).
- Proof of Number of Dependents (dependants must be listed on your tax return). Submit one of the below.
  - Birth Certificate on which the parent/applicant's name is listed.
  - School Record, which provide the parent/applicants name and address.
  - Court ordered letter of guardianship.
  - Divorce decree
  - Letter of Adoption

- Signed Third Party Verification Forms, if a form does not apply to you, please initial the bottom and submit along with the entire application package. The Town of Davie will mail all verification forms to the appropriate third party (bank, employer, social and government agencies, etc). These forms must be completed by the third party and returned to the Town directly.
- Pre-Qualification Letter from Lender. Must include maximum amount of loan and terms.

Once your completed application and all required documents are received, staff will review and make a determination of eligibility. A formal reply (Approval or Denial) will be sent to you along with any further instructions necessary.

If approved, you may begin searching for your new home. Once you locate the home you would like to purchase the documents listed in approval letter will be required to complete your application.

At time of closing you will be required to submit contract on home, appraisal, inspection, and HUD-1 statement from lender/title company.

Should you have any questions regarding the application process, please feel free to contact the Housing and Community Development Department at (954) 797-1173.

**\*\*\*\*\* IMPORTANT INFORMATION \*\*\*\*\***

**SHOULD YOU BE APPROVED FOR THIS PROGRAM,  
DO NOT SIGN A CONTRACT ON A PROPERTY WITHOUT  
VERBAL APPROVAL BY HOUSING STAFF TO PROCEED.  
WE MUST DETERMINE THAT THE PROPERTY IS LOCATED WITHIN THE DESIGNATED  
“AREAS OF GREATEST NEED” AND FUNDS ARE STILL AVAILABLE.  
WE WILL DOCUMENT ALL VERIFICATION CALLS!**

**\*\*\*\*\* REMEMBER TO DOWNLOAD OR PICK UP A COPY OF THE \*\*\*\*\*  
“AREAS OF GREATEST NEED” MAP.**

NOTE: If you are uncertain whether something is important or not, bring it! It's better to have too much information than not enough.

**Providing the above does not ensure approval for this program.**



**Town of Davie  
Housing and Community Development Department  
NEIGHBORHOOD STABILIZATION PROGRAM  
HOMEBUYERS ASSISTANCE PROGRAM  
LENDER FINANCING GUIDELINES**

**The Town of Davie is providing assistance for the purchase of foreclosed properties within designated "areas of greatest need" ONLY.**

The Town has determined the "areas of greatest need" by census tract as follows: 70101, 70203, 70207, 70305, 70502, 70102, 70204, 70304, 70600, 70205, 70306, and 70316. The home cannot exceed a maximum sales price of \$329,268.00.

Applicants must obtain a commitment/pre-approval letter from a lending institution.

The following are program requirements associated with the implementation of the Town of Davie's Community Development Block Grant, Neighborhood Stabilization Program (NSP).

1. The down payment/closing cost and purchase assistance amount is based upon the purchase price of the desired property, however; the down payment/closing cost and purchase assistance provided by the Town of Davie will not exceed forty thousand dollars (\$40,000).
2. The down payment/closing cost and purchase assistance will be in the form of a zero percent interest second position deferred payment loan. The full amount of the second mortgage will be forgiven if the homeowner meets all of the NSP requirements including occupying the dwelling being purchased for fifteen (15) years as their primary residence.
3. The first mortgage lender financing must be a thirty or forty year fixed interest rate loan with an interest rate which does not exceed prime + two (2) points at the time of closing.
4. The first mortgage lender may not charge more than 2 points origination fees.
5. The applicant is responsible for contributing 1 % of the purchase contract price.
6. Private Mortgage Insurance is not allowed to be charged by the primary lender if the down payment and second mortgage assistance being provided by the borrower and the Town's NSP are equals to more than 20% of the appraised value of the property.

**You should retain a copy of this to provide to your lender.**

For questions related to the Town of Davie's Neighborhood Stabilization Program Homebuyers Assistance Program for the purchase of foreclosed upon properties, please contact us at (954) 797-1173.

**Acknowledgment of Receipt:**

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



**Town of Davie  
Housing and Community Development Department  
NEIGHBORHOOD STABILIZATION PROGRAM  
HOMEBUYERS ASSISTANCE PROGRAM**

**DECLARATION OF CURRENT HOMEOWNERSHIP STATUS  
(To be completed by persons requesting Closing Cost/Second Mortgage Assistance)**

I/We, the undersigned person(s), do certify that I/We do not currently own title to a home.

**Witnesses for Applicant:**

1. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

2. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
**Applicant's Printed Name**

**APPLICANT'S NOTARY:**

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by  
\_\_\_\_\_ who is personally know to me OR who has  
**(Applicant's Printed Name)**  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name  
Commission No.:  
Commission Expiration:

**Witnesses for Co-Applicant:**

1. \_\_\_\_\_  
Signature

2. \_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
**Co-Applicant's Printed Name**

**CO-APPLICANT'S NOTARY:**

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by  
\_\_\_\_\_ who is personally know to me OR who has  
**(Co-Applicant's Printed Name)**  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Name  
Commission No.:  
Commission Expiration:



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**HOMEBUYERS ASSISTANCE PROGRAM**

**I. DECLARATIONS:**

**Please complete the following section.**

If you answer "yes" to any questions (a) through (f), please provide explanation on a separate sheet. (Circle appropriate answer)

	Applicant:		Co-Applicant:	
	Yes	No	Yes	No
a. Are there any outstanding judgments against you?				
b. Have you declared bankruptcy within the past 2 calendar years?				
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last calendar year?				
d. Are you a party to a lawsuit, as either plaintiff or defendant?				
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee? If "Yes" provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action)				
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes" give details as described in the preceding question.				

**II. LENDER DATA**

Identify all lenders, mortgage companies or similar private parties who will hold, a mortgage or similar financing agreement for the identified housing unit (enter N/A if not applicable).

\_\_\_\_\_  
Mortgage/Lien 1

\_\_\_\_\_  
Mortgage/Lien 2

\_\_\_\_\_  
Add a separate sheet(s) if more than two mortgage/lien holders.

### III. ACKNOWLEDGMENT AND AGREEMENT

The undersigned specifically acknowledge(s) and agree(s) that: (1) the award requested by this application will be secured by a mortgage, deed restriction or deed of trust on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the assistance indicated herein; (4) occupation of the property will be as indicated above; (5) verification or re-verification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Lender, even if the application is not approved; (6) the lender, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) ownership of the loan may be transferred to successor or assign of the Lender without notice to me and/or the administration of the loan account may be transferred to an agent, successor or assign of the Lender without prior notice to me; (8) the Lender, its agents, successors and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property; (9) the Lender, its agents, successors and assigns may request and obtain a credit report(s) providing a credit history for me/us in completing the Lender's review of this application.

Applicant initials \_\_\_\_\_

### NOTICE - BE AWARE THAT:

**FLORIDA STATUTE SECTION 837.06 - FALSE OFFICIAL STATEMENTS LAW STATES THAT: "WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE," PUNISHABLE AS PROVIDED BY A FINE TO A MAXIMUM OF \$500.00 AND/OR MAXIMUM OF A SIXTY DAY JAIL TERM.**

Applicant initials \_\_\_\_\_

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

I also give the Town of Davie the authorization to share any of the information contained herein with appropriate federal, state, and local organizations that may be called upon for assistance. I recognize that my Social Security number and the other information herein will not be shared publicly.

**Certification:** I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

X \_\_\_\_\_

Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

X \_\_\_\_\_

Co-Applicant's Signature (if any)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date



**Town of Davie**  
**Housing and Community Development Department**  
**NEIGHBORHOOD STABILIZATION PROGRAM**  
**HOMEBUYERS ASSISTANCE PROGRAM**

The following is some of the information homebuyers should be aware of before participating in the Town of Davie's NSP Homebuyers Assistance Program:

1. The purpose of the Town of Davie Homebuyers Assistance Program is to assist low to moderate income families with the purchase of a FORECLOSED residence in "areas of greatest needs" within the Town of Davie.

**Properties Eligible for Purchase must be located within one of the following census tracts within the Town of Davie:**

70101, 70203, 70207, 70305, 70502, 70102, 70204, 70304, 70600, 70205, 70306, and 70316.

2. Homebuyers must not currently own a home (house, condo, townhouse, etc.) and must not have owned a home within the past three years. Exceptions are made for single parents or individuals that were displaced because of a recent divorce (proof is required).
3. If married, homebuyers must apply with his or her spouse.
4. Any property which contains illegal conversions or structures will not be eligible for the NSP Homebuyers Assistance Program.
5. Homebuyer is responsible for contributing at least 1% of the contract price towards closing.
6. The loan will be a fifteen (15) year, zero percent (0%) interest, deferred payment loan secured by a second position lien against the property being purchased.
7. The home must remain the principal residence of the owner during the entire fifteen (15) year loan term.
8. Re-payment of the loan is due in full upon the sale of the property, transfer of title, or if cash equity is taken out of the property within the fifteen (15) year loan period.
9. Assistance provided to those defined by the Town as "Confidential Personnel" that require their documents and personal information be protected pursuant to Florida Statutes 119.07 and 382.025, will have their applications prepared and processed as exempt from public record.
10. The Town of Davie is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Applications and documents submitted to the Town are public records and, unless exempt pursuant to Florida Statutes, are subject to public records disclosure. All documents submitted to the Town of Davie by or on behalf of the applicant will become property of the Town and will not be returned.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date