



**FIRST TIME HOME BUYER
DOWN PAYMENT ASSISTANCE PROGRAM**
Hillsborough County

Dear Applicant:

Thank you for your interest in Realtors[®] Care Foundation of GTAR, Inc. (RCF) - Down Payment Assistance Program. The purpose of this Program is to assist first time homebuyers who reside in Hillsborough County, and meet certain financial criteria; with a designated down payment amount that would assist first time homebuyers with their efforts to purchase their first home (i.e. the applicant(s) have not owned a home within the last three (3) years).

RCF is a local non-profit organization that provides down payment assistance to qualified Hillsborough County prospective first time homeowners. RCF offers several programs and services to many of Hillsborough County's neediest residents.

Eligibility Requirements

To begin the eligibility process, the applicant **must submit a letter** with their completed application indicating why the applicant should be considered eligible for receiving first time home buyer down payment assistance.

In addition, to be eligible the applicant must meet all of the following:

1. Property to be purchased must be an owner-occupied single-family house, condominium or townhome in Hillsborough County.
2. Applicant must be a family or individual who meet the household income limits established by HUD.

Number of Persons in Household	Maximum Household Annual Income
1	\$33,250
2	\$38,000
3	\$42,750
4	\$47,500
5	\$51,300
6	\$55,100
7	\$58,900
8	\$62,700



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Application Process

Once RCF has reviewed your application and determined your eligibility for this program, RCF will contact you to let you know if you qualify. If you do qualify:

1. You will be notified of the amount of down payment assistance that the Foundation has agreed to make available to you.
2. The down payment assistance amount will be made payable to the applicant/Title Co.
3. The qualified applicant/co-applicant is required to provide RCF with a copy of the signed closing certification.

Additional Information

In order for your application to be processed, you will need to submit copies of the following documents for Applicant and any Co-Applicant along with this application:

1. **Proof of Income** – You must submit the following with your completed application.
 - **Paycheck stubs:** If you are employed, please submit paycheck stubs or income receipts for the most recent thirty (30) day period for all income earners in household. If self-employed, provide most recent Profit and Loss Statement, Schedule C, and 1099 Form(s).
 - **Income Tax Returns:** The most recent income tax return for each income earning member of your household.
 - **Other Income:** Proof of any other or additional income, such as an award letter from Social Security, SSI, disability benefits, provider or a statement that confirms income from a retirement fund, and/or child support, alimony, rental income, etc.
2. **Copy of good faith statement** – A copy of the good faith statement is needed to ascertain how much down payment is required of the future first time homebuyer.
3. **Copy of completed loan application.**
4. **Copy of the pre-approved letter from lender.**
5. **Copy of the certificate of completions confirmation attendance at a minimum eight (8) hour home buying course from a HUD certified course.** RCF reserves the right to determine which agencies and courses are approved.

Do not send originals

RCF cannot make copies and will not be responsible for your originals. If you have any questions, please contact Carol Austin or Laura Izzo at (813) 879-7010.



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Are you a first time home buyer?

Yes No When: _____

HOUSEHOLD					
Information About Family Members (Including Applicant)					
SIZE OF HOUSEHOLD:		Number of Adults _____	Number of Children (under 18) _____		
Female head of household: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name (Begin with Applicant)	Age	Date of Birth	Social Security Number	Male or Female	Relationship to Applicant

PERSONS WITH DISABILITIES & SPECIAL NEEDS	
Is Applicant or anyone in your home disabled or handicapped?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Check all that apply	<input type="checkbox"/> Sight Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Other _____
Name of person with disability	_____
Relationship to Applicant:	_____

VETERAN'S STATUS	
Are you or any member of your household a Veteran of the military armed forces?	Name of Veteran _____ Relationship to Applicant: _____

ETHNICITY	
Please check ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____



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VERIFICATION OF INCOME

MONTHLY HOUSEHOLD INCOME INFORMATION			
Please provide all gross (before taxes) income received on a monthly basis.			
Source	Applicant	Co-Applicant	Other Person
Wages/Salary	\$	\$	\$
Overtime	\$	\$	\$
Commission	\$	\$	\$
Bonus	\$	\$	\$
Interest Income	\$	\$	\$
Rental Income	\$	\$	\$
Social Security Benefits	\$	\$	\$
SSI or Disability Benefits	\$	\$	\$
Retirement Pension/Annuities	\$	\$	\$
Other Income*	\$	\$	\$
TOTAL GROSS INCOME	\$	\$	\$

* Alimony, Child Support, Dividends, etc.

UNEMPLOYED HOUSEHOLD MEMBERS		
Please list the name(s) of any members of your house who are currently unemployed. (Do not include individuals in grades K-12, retired individuals, or those receiving Social Security)		
Name	How long unemployed?	Age
	_____ Years _____ Months	
	_____ Years _____ Months	
	_____ Years _____ Months	



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RELEASE OF PERSONAL INCOME INFORMATION:

In order to determine my eligibility for the First Time Home Buyer Down Payment Assistance Program, I certify that the income information given by me is true and correct. Further, I hereby grant permission to Realtors[®] Care Foundation of GTAR, Inc., or its designee, to have access to my financial records in my possession or in the possession of any other entity, prior to, during, and after the qualification process. I WAIVE MY RIGHT TO PRIVACY OR CONFIDENTIALITY.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Witness

Date

FOR OFFICE USE ONLY INCOME VERIFICATION				
Income Source	Comments	Signature	Verified	Date



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FIRST TIME HOME BUYER AGREEMENT

I/We understand and acknowledge that we may not qualify for this program. The Realtors Care Foundation reserves the right to determine within its sole discretion, who qualifies for each program subject to all applicable laws both federal and state.

I/We hereby acknowledge and permit the use of information contained in this Application to be used to determine eligibility for participation in the **First Time Home Buyer Down Payment Assistance Program**.

I/We hereby authorize Realtors® Care Foundation of GTAR, Inc., its successors and assigns, to verify present income and related employment records, and property ownership documents to determine eligibility for the **First Time Home Buyer Down Payment Assistance Program**.

I/We hereby 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.

I/We hereby certify that I/we will be the owner(s) of the property described in this Application of which assistance is needed.

I/We certify that the residence being purchased will be my/our principal place of residence.

I/We certify that all information in this Application and all information furnished in support of this Application is given for the purpose of obtaining a grant under the **First Time Home Buyer Down Payment Assistance Program** and is true, correct, complete, and nothing has been omitted, to be best of the Applicant(s) knowledge and belief.

Applicant (s) Signature

Date

Co-Applicant (s) Signature

Date

Note: If you are not the applicant, but are assisting the applicant(s) in completing this application, please provide the following information in addition to your signature:



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Preparer Name: _____ Signature _____

Relationship to the applicant: _____ Phone: (____) _____

HOLD HARMLESS CLAUSE:

I shall indemnify and save harmless Realtors[®] Care Foundation of GTAR, Inc., its officers, agents, servants, employees and designees from all liability resulting from the Down Payment Assistance Program.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Witness

Date

NOTE: You are hereby informed that you have the right of appeal the decision made on this application, and you have the right to an expeditious review of your appeal. Should you want to appeal, please contact the Executive Director of Realtors[®] Care Foundation of GTAR, Inc., who will furnish you with a copy of the Appeals Procedure established by Florida Statutes.

Realtors[®] Care Foundation of GTAR, Inc., will not discriminate against any applicant on the basis of race, color, religion, sex, national origin, handicap, age, familial status, or any other non-merit factor, as required by the Fair Housing Act, Civil Rights Act and any other regulatory acts or executive orders.

**FIRST TIME HOME BUYER DOWN PAYMENT ASSISTANCE PROGRAM
GENERAL RELEASE FORM**

I/We, hereby authorize RCF or its designated agents to obtain and receive all records and information pertaining to eligibility for the First Time Home Buyer Down Payment Assistance Program, including employment, income (including signed IRS returns), residency, and ownership information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives RCF the right to request all information that we can or could obtain from any persons, company or firms on any matter referred to above. I/we agree to waive any and all claims for defamation, violation of privacy, or otherwise against RCF or any person or firm or corporation by reason of any statement or information released by them to the RCF for the purposes of the program.

Signature (Applicant)

(Date)

Signature (Co-Applicant)

(Date)



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Before me, the undersigned, A Notary Public, in and for said County and State, on _____ personally appeared _____ known to be the identical person(s) who enacted the within and foregoing instrument and acknowledged to me that executed the same as free and voluntary act and deed for the uses and purposes therein set forth. Given under my hand and seal the day and year last above written.

Notary Public
My Commission Expires:

_____ (Seal)
Date