



**Margate Community Redevelopment Agency
First-Time Purchase Program**

APPLICATION

Please Print Clearly

Date: _____

Applicant / Co-Applicant General Information

	Applicant	Co-Applicant
Full Name		
Social Security #		

Address: _____

Home Phone: (____) _____ **Work Phone:** (____) _____

Household Information:

List all (including applicant and co-applicant) persons currently living in the household

	Name	Age	Sex	Relationship	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Employment Information

Applicant: _____
 Print Name

Employer Name:			
Address:			
Supervisor:		Telephone:	
Position:		Regular Pay Rate:	
If Overtime, approx. Overtime Hrs. Per week:		Overtime Pay Rate:	
Time Employed:		Pay Frequency:	
Annual Income (<i>gross salary, overtime, tips, bonuses, etc.</i>) \$			

Co-Applicant: _____
 Print Name

Employer Name:			
Address:			
Supervisor:		Telephone:	
Position:		Pay Rate:	
If Overtime, approx. Overtime Hrs. Per week:		Overtime Pay Rate:	
Time Employed:		Pay Frequency:	
Annual Income (<i>gross salary, overtime, tips, bonuses, etc.</i>) \$			

Household Members (18 years and over):: _____
 Print Name

Employer Name:			
Address:			
Supervisor:		Telephone:	
Position:		Pay Rate:	
If Overtime, approx. Overtime Hrs. Per week:		Overtime Pay Rate:	
Time Employed:		Pay Frequency:	
Annual Income (<i>gross salary, overtime, tips, bonuses, etc.</i>) \$			

Household Members (18 years and over): _____
 Print Name

Employer Name:			
Address:			
Supervisor:		Telephone:	
Position:		Pay Rate:	
If Overtime, approx. Overtime Hrs. Per week:		Overtime Pay Rate:	
Time Employed:		Pay Frequency:	
Annual Income (<i>gross salary, overtime, tips, bonuses, etc.</i>) \$			

Note: Attached additional sheets as necessary for all household members 18 years and over

Other Sources of Income

(For ALL household members 18 and over, list Social Security, Pensions, Child Support, Unemployment or Workers Compensation, Alimony, Welfare Payments business or rental Net Income, etc.)

Type of Income	Name	Gross Annual Amount
Social Security		
Social Security		
Pension		
Pension		
Child Support		
Unemployment / Workers Comp.		
Alimony		
Other:		

Assets and Asset Income

(For ALL household Members, including minors, list checking and savings accounts, IRA, CD, Bonds, Stocks, etc.)

Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
Checking Account			
Savings Account			
Mutual Funds			
CD/Bonds/Stocks			
IRA			
Other			

Liabilities

(For ALL household members 18 and over, rent, auto, real estate loans and credit card, etc.)

Type of Credit/Loan	Creditor's Name	Balance Owed	Monthly Payment
Rent			
Auto Loan			
Credit Card			
Credit Card			
Other			

APPLICANT CERTIFICATION

I/we understand that 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 775.83. 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 matter of public record.

*******DO NOT SIGN BELOW UNTIL YOUR INTERVIEW*******

Applicant Signature

Print Name

Date

Co-Applicant Signature

Print Name

Date

Co-Applicant Signature

Print Name

Date