



Lomax Harrelle,  
City Manager

APPLICATIONS FOR HOME  
OWNERSHIP LOANS AT  
BG CITY HALL.

# CITY OF BELLE GLADE FIRST TIME BUYERS' HOME OWNERSHIP PROGRAM - REORGANIZED AS THE REVOLVING LOAN FUND

## COMMISSIONERS

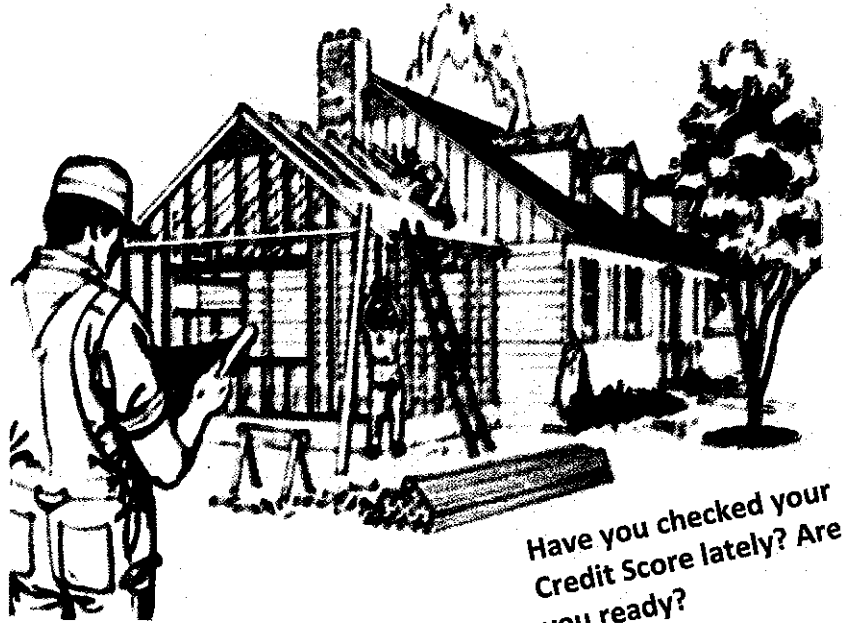
Honorable Steve B. Wilson, Mayor  
Mary Ross Wilkerson, Vice Mayor  
Michael C. Martin, Treasurer  
Johnny Burroughs Jr., Larry E. Underwood



The City of Belle Glade has reorganized the City's Housing Development Program, formerly known as the Community Revitalizing Initiative Program (CRIP) for first time homebuyers. Funds are available for immediate construction or purchase of an existing home for eligible credit worthy area applicants. **APPLICANTS PROCESSED ON A FIRST COME, FIRST SERVED BASIS OF COMPLETED APPLICATIONS, AND THE APPLICANT'S ABILITY TO QUALIFY.**

### ARE YOU READY FOR HOME OWNERSHIP? FIRST, Ask yourself -

- Do I have a steady source of income (usually a job)?
- Have I been employed on a regular basis for the last 2-3 years?
- Is my current income reliable?
- Do I have a good record of paying my bills?
- ☐ Do I have few or no outstanding long-term debts, like car payments?
- ☐ Do I have money saved for a down payment?
- Do I have the ability to pay a mortgage plus additional costs for maintenance and upkeep every month?



Have you checked your  
Credit Score lately? Are  
you ready?



## New Construction

Applications Available at:  
Belle Glade City Hall  
Human Resources Department  
110 Dr. Martin Luther King Jr. Blvd. West  
Belle Glade, FL 33430-3900  
Phone: (561) 996-0100 - Fax: (561) 993-1813  
Business Hours: 7:30 a.m. to 6:30 p.m.  
Monday - Thursday  
CLOSED FRIDAY & HOLIDAYS  
*Call for an appointment.*

## **CITY OF BELLE GLADE**

### **REVOLVING LOAN FUND PROGRAM POLICY**

**Overview:** The Revolving Loan Fund ("RLF") Program is a financing measure used to assist eligible first-time homebuyers in purchasing and/or constructing their first home. It is a self-replenishing pool of money, utilizing interest and principal payments on existing loans to issue new ones. The Program will provide eligible first-time home buyers access to a flexible source of capital that can be used alone or in combination with more conventional sources. The RLF Program will be leveraged with the funds existing in the City's Community Revitalization Initiative Fund, formerly known as the Pocket of Poverty-Farmworkers Housing Fund.

**Program goals include:**

- Provide decent, safe housing for households whose income levels are in accordance with the U. S. Department of Housing and Urban Development (HUD) low-to-moderate income guidelines; and
- Increase affordable homeownership by providing eligible first-time homebuyers with funding or gap funding for the purchase or construction of their first homes.

**Eligible uses for RLF loans include:**

- Purchase of an existing residence (*with or without garage*); or
- Construction of a detached single-family residence (*with or without garage*).

**Loan characteristics:**

- Amounts:     Minimum loan                     \$50,000.00  
                         Maximum loan                     \$125,000.00
- Interest rates:     The interest rate shall be fixed and shall be determined by the Committee. The interest rate shall be based on the current market mortgage rates as published in a recognized mortgage rate index which is acceptable to the committee. Depending on down payment, credit rating, income, ability to pay, credit score and other relevant factors the Committee shall set the fixed interest rate at up to 1% below the accepted index rate but the rate shall not exceed the accepted index rate.
- Duration:     Loan Amount - up to 30 years
- Lots/Parcels:
  - The City of Belle Glade has several lots in inventory; applicants will have the opportunity to choose a lot of their preference, and the cost of the lot selected shall be added to the loan amount at market price.

**Eligibility requirements for borrowers:**

- First-time home buyer:
  - An individual who is purchasing a principal residence for the first time. The purchase does not need to be a traditional home in order for the individual to qualify as a first-time homebuyer, but it must be the principal residence.
  - For couples, if one spouse is a homeowner but the other spouse has never owned before, then, according to the Federal Housing Administration (FHA), both spouses are considered first-time homebuyers.
- Completed application with appropriate documentation;
- Meets low-to-moderate income guidelines as defined by HUD;
- Credit worthiness, minimum credit score of 650; or, if a minimal credit history must provide a minimum of 1/3 of the funds needed to complete the purchase price (*not to exceed \$125,000 loan amount*); and
- Employment history of 3 years employment; or a minimum 3 years of regular source of income (i.e. Social Security, Pension/Retirement, etc.);
- Resources available to pay for closing costs;
- Borrower commitment to live in residence for a minimum of 10 years; and
- The home must remain the principal residence of the applicant for the life of the loan.

**Administration of RLF Program:**

- Applications will be processed on a first come, first served basis.
- A Loan Review Committee ("LRC"), made up of the City Manager, Finance Director or Assistant Finance Director, Human Resources Director, Director of Planning and Community Redevelopment Services and a resident (appointed by the City Manager), will take responsibility for reviewing loan applications and determining loan awards.
- A staff member will handle the processing of loan applications; scheduling of review meetings; assembly of approved loan packages; the monitoring of existing loans; and the reporting of the Program's status to the City Manager, Loan Review Committee, and the City Commission. Administrative costs necessary to facilitate this activity shall be provided through the RLF (formerly CRIP).

# CITY OF BELLE GLADE

## REVOLVING LOAN FUND APPLICATION CHECKLIST

*This checklist is provided to assist you in providing all the information required and thoroughly completing your Revolving Loan Fund Application. Please attach copies of the below applicable documents to your application. All documents must be submitted at the time of application. Failure to attach the required documents and thoroughly complete the application will render your application incomplete and ineligible for further processing and/or consideration.*

### INCOME VERIFICATION

- ☐ Pay stubs or Employer Earnings Report for the last 3 Months.
- ☐ Copies of most recent past years IRS Income Tax Statements with support documentation.
- ☐ Child support/alimony - court printout or 12 months cancelled checks.\*
- ☐ Awards letter for social security and 1099 for disability income.

### SOURCES OF FUNDS/DOWN PAYMENT

- ☐ Original bank statements for the last six months, including savings, checking, and investment accounts.
- ☐ Documentation to support verifiable down payment funds of not less than \$5,000.
- ☐ Stocks and securities account statements for the last six months.
- ☐ HUD settlement statement if using funds from the sale of property.
- ☐ Sale of asset – proof of ownership, proof of sale, and proof of funds transfer.
- ☐ For gift funds – a gift letter, evidence of transfer, and sometimes evidence of withdrawal.

### IF YOU ARE SELF-EMPLOYED

- ☐ Signed, completed tax returns for the past two years, including personal, partnership, and corporate, if applicable, and all schedules.
- ☐ Year-to-date business profit and loss statement for current year, if more than three months have passed since the end of the tax year.
- ☐ Current balance sheet.

### PAYMENT HISTORY

- ☐ Cancelled rent payment checks for the past 12 months.
- ☐ Copy of land contract, if possible.
- ☐ Child support/alimony.
- ☐ Bankruptcy/Consumer Credit, if received.

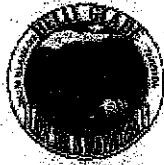
### ADDITIONAL INFORMATION, AS APPLICABLE

- ☐ Purchase agreement, including legal property descriptions and any addendum.
- ☐ Divorce decree.
- ☐ Explanation of discrepancies on credit.
- ☐ Copies of Loans, debts, and liability statements for the most recent six-months.
- ☐ Executed Authorization to run Credit History on all applicants
- ☐ Copies of Social Security Cards, Birth Certificates or US Past Port or Naturalization Certificate (Check expiration date), and Driver License of everyone listed on the application as a household member.

*\*Child support or alimony income can be used if you received it for the past 12 months and it will continue for at least three years into the loan period. However, alimony, child support, or separate maintenance income need not be included if it is not to be considered as income available to repay the loan.*

**CITY OF BELLE GLADE**  
**RESIDENTIAL LOAN APPLICATION**

Applicant(s) Name: \_\_\_\_\_



110 Dr. Martin Luther King Jr. Blvd. West  
Belle Glade, FL 33430-3900

This application is designed to be completed by the applicant(s). Applicants should complete this form as "Borrower" or "Co-Borrower," as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when the income or assets of a person other than the Borrower (including the Borrower's spouse) will be used as a basis for loan qualification or the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

Borrower Signature \_\_\_\_\_

Co-Borrower Signature \_\_\_\_\_

Borrower PRINT NAME CLEARLY \_\_\_\_\_

Co-Borrower PRINT NAME CLEARLY \_\_\_\_\_

If Loan Due to Purchase of Existing Dwelling:  
Subject Property Address (street, city, state & ZIP) \_\_\_\_\_

Legal Description of Subject Property (attach description if necessary) \_\_\_\_\_

Year Built \_\_\_\_\_

Purpose of Loan ☐ Purchase ☐ Construction ☐ Other (explain): \_\_\_\_\_

Property will be:

☐ Primary Residence ☐ Secondary Residence

Year Lot Acquired	Original Cost \$	Amount Existing Liens \$	(a) Present Value of Lot \$	(b) Cost of Improvements \$	Total (a + b) \$
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Describe Improvements ☐ made ☐ to be made

Title will be held in what Name(s) \_\_\_\_\_

Source of Down Payment, Settlement Charges, and/or Subordinate Financing (explain) \_\_\_\_\_

Borrower's Name (include Jr. or Sr. if applicable) \_\_\_\_\_

Co-Borrower's Name (include Jr. or Sr. if applicable) \_\_\_\_\_

Social Security Number	Home Phone (incl. Area code)	DOB (mm/dd/yyyy)	Yrs. School	Social Security Number	Home Phone (incl. Area code)	DOB (mm/dd/yyyy)	Yrs. School
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	Dependents (not listed by Co-Borrower)		<input type="checkbox"/> Married	<input type="checkbox"/> Separated	Dependents (not listed by Borrower)	
<input type="checkbox"/> Unmarried (Include single, divorced, widowed)		no.	ages	<input type="checkbox"/> Unmarried (Include single, divorced, widowed)		no.	ages

Applicant(s) Name: \_\_\_\_\_

Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. (street, city, state, ZIP)	Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. (street, city, state, ZIP)
Mailing Address, if different from Present Address	Mailing Address, if different from Present Address
<b><i>If residing at present address for less than two years, complete the following:</i></b>	
Former Address <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. (street, city, state, ZIP)	Former Address <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. (street, city, state, ZIP)

Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job  Yrs. employed in this line of work.	Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job  Yrs. employed in this line of work/profession
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)

***If employed in current position for less than two years or if currently employed in more than one position, complete the following:***

Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from - to)  Monthly Income \$	Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from - to)  Monthly Income \$
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)
Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from - to)  Monthly Income \$	Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from - to)  Monthly Income \$
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)

Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Employment Income*	\$	\$	\$	Rent	\$	
Overtime				First Mortgage (P&I)		\$
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance		
Dividends/Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		
Other (before completing, see the notice in "describe other income," below)				Homeowner Assn. Dues		
				Other:		
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>

\* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Describe Other Income

**Notice:** Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.

Applicant(s) Name: \_\_\_\_\_

B/C	Monthly Amount
	\$

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed about that spouse or other person also.

Completed ☐ Jointly ☐ Not Jointly

ASSETS		LIABILITIES		
Description	Cash or Market Value	List the creditor's name, address, and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities, which will be satisfied upon sale of real estate owned or upon refinancing of the subject property.		
Cash deposit toward purchase held by:	\$	Name and address of Company	Monthly Payment & Months Left to Pay	Unpaid Balance
<i>List checking and savings accounts below</i>			\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		Acct. no.		
Acct. no.	\$	Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		Acct. no.		
Acct. no.	\$	Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		Acct. no.		
Acct. no.	\$	Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		Acct. no.		
Acct. no.	\$	Name and address of Company	\$ Payment/Months	\$
Stocks & Bonds (Company name/number & description)		Acct. no.		
Life insurance net cash value	\$	Name and address of Company	\$ Payment/Months	\$
Face amount: \$		Acct. no.		
<b>Subtotal Liquid Assets</b>	\$			
Real estate owned (enter market value from schedule of real estate owned)	\$	Alimony/Child Support/Separate Maintenance Payments Owned to:	\$	\$
Vested interest in retirement fund	\$			

Applicant(s) Name: \_\_\_\_\_

Net worth of business(es) owned (attach financial statement)	\$	Job-Related Expense (child care, union dues, etc.)	\$		
Automobiles owned (make and year)	\$				
Other Assets (itemize)	\$				
		Total Monthly Payments	\$		
Total Assets a.	\$	Net Worth (a minus b)	\$	Total Liabilities b.	\$

**Schedule of Real Estate Owned** (If additional properties are owned, use continuation sheet.)

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc.	Net Rental Income
		\$	\$	\$	\$	\$	\$
	Totals	\$	\$	\$	\$	\$	\$

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

Alternate Name	Creditor Name	Account Number
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a. Purchase price	\$	<p>If you answer "Yes" to any questions a through i, please use continuation sheet for explanation.</p> <p>a. Are there any outstanding judgments against you?</p> <p>b. Have you been declared bankrupt within the past 7 years?</p> <p>c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?</p> <p>d. Are you a party to a lawsuit?</p> <p>e. Have you directly or indirectly been obligated on any loan of which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?</p> <p>(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.)</p>	Borrower		Co-Borrower	
b. Alterations, improvements, repairs			Yes	No	Yes	No
c. Land (if acquired separately)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Refinance (incl. debts to be paid off)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Estimated prepaid items			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Estimated closing costs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. PMI, MIP, Funding Fee			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Applicant(s) Name: \_\_\_\_\_

h. Discount (If Borrower will pay)		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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Total costs (add items a through h)		g. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Subordinate financing		h. Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Borrower's closing costs paid by Seller		i. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other Credits (explain)		j. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		k. Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Loan amount (exclude PMI, MIP, Funding Fee financed)		l. Do you intend to occupy the property as your primary residence? If "Yes," complete question m below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. PMI, MIP, Funding Fee financed		m. Have you had an ownership interest in a property in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Loan amount (add m & n)		(1) What type of property did you own—principal residence (PR), second home (SH), or investment property (IP)?	___	___	___	___
p. Cash from/to Borrower (subtract j, k, l & o from i)		(2) How did you hold title to the home— by yourself (S), jointly with your spouse or jointly with another person (O)?	___	___	___	___

Each of the undersigned specifically represents to the City of Belle Glade and to the City's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "Loan") will be secured by a mortgage or deed of trust on the property described in this application; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated in this application; (6) the Lender, its servicers, successors or assigns may retain the original and/or an electronic record of this application, whether or not the Loan is approved; (7) the Lender and its agents, brokers, insurers, servicers, successors, and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the Lender, its servicers, successors or assigns may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; (10) neither Lender nor its agents, brokers, insurers, servicers, successors or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

**Acknowledgement.** Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Borrower's Signature X	Date	Co-Borrower's Signature X	Date
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Applicant(s) Name: \_\_\_\_\_

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

<b>BORROWER</b>	<b>CO-BORROWER</b>
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>To be Completed by the City's designee</b>	
This information was provided:	
<input type="checkbox"/> In a face-to-face interview	
<input type="checkbox"/> In a telephone interview	
<input type="checkbox"/> By the applicant and submitted by fax or mail	
<input type="checkbox"/> By the applicant and submitted via e-mail or the Internet	
<b>CBG Representative Signature</b>	<b>Date</b>
<b>CBG Representative Name (print or type)</b>	561-996-0100 City of Belle Glade 110 Dr. Martin Luther King Jr. Blvd West Belle Glade, FL 33430-3900

COMMENTS/NOTES:

Applicant(s) Name: \_\_\_\_\_

Use this continuation sheet if you need more space to complete the Residential Loan Application. Mark <b>B</b> for Borrower or <b>C</b> for Co-Borrower.	Borrower:	Agency Case Number:
	Co-Borrower:	Lender Case Number:

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower's Signature <b>X</b>	Date	Co-Borrower's Signature <b>X</b>	Date
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**MORTGAGE CREDIT REPORT  
REQUEST FORM**

**APPLICANT REQUEST TYPE:**    ☐ Individual                      ☐ Joint

**APPLICANT NAME:** \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

If less than 2- years, prior address:

ADDRESS: \_\_\_\_\_

US Citizen: ☐ YES    ☐ NO                      Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (H / C)

**EMPLOYER INFORMATION:**

Company Name/Number: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Status: ☐ Full-Time ☐ Part-Time

Position Title: \_\_\_\_\_ Number Hours Worked Per Week: \_\_\_\_\_

Annual Base Salary: \_\_\_\_\_ Hourly Rate of Pay: \$ \_\_\_\_\_

Probability of Continued Employment: ☐ Excellent ☐ Good ☐ Fair ☐ Unlikely

I, HEREBY GRANT CITY OF BELLE GLADE AUTHORIZATION TO RUN MY CREDIT HISTORY IN CONSIDERATION OF MY LOAN APPLICATION:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*

**CO-APPLICANT NAME:** \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

If less than 2- years, prior address:

ADDRESS: \_\_\_\_\_

US Citizen: ☐ YES    ☐ NO                      Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (H / C)

**EMPLOYER INFORMATION:**

Company Name/Number: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Status: ☐ Full-Time ☐ Part-Time

Position Title: \_\_\_\_\_ Number Hours Worked Per Week: \_\_\_\_\_

Annual Base Salary: \_\_\_\_\_ Hourly Rate of Pay: \$ \_\_\_\_\_

Probability of Continued Employment: ☐ Excellent ☐ Good ☐ Fair ☐ Unlikely

I, HEREBY GRANT CITY OF BELLE GLADE AUTHORIZATION TO RUN MY CREDIT HISTORY IN CONSIDERATION OF MY LOAN APPLICATION:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. I/We have applied for a mortgage loan from the City of Belle Glade, Revolving Loan Fund Program for first time owners. As a part of the application process, Factual Data may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as a part of a quality control program.
2. I/We authorize you to provide to Factual Data and or the City of Belle Glade information including, but not limited to, employment history and income, bank, money market and similar account balances, CREDIT HISTORY and copies of income tax returns.
3. A copy of this authorization may be accepted as an original.
4. Your prompt reply to Factual Data and/or the City of Belle Glade is appreciated.

**\*\*The Department of Housing and Urban Development certifies, in compliance with the right to Financial Privacy Act of 1973 that in connection with this request for access to financial records, it is in compliance with the applicable provision of said act.\*\***

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number



CITY OF BELLE GLADE  
110 Dr. Martin Luther King, Jr., Blvd. West  
Belle Glade, FL 33430-3900

## REQUEST FOR VERIFICATION OF EMPLOYMENT

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et seq., or 7 USC, 1921 et seq. (if USDA/FmHA).

Instructions: Lender – Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.  
Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.  
The form is to be transmitted directly to the Lender/City of Belle Glade and is not to be transmitted through the applicant or any other party.

### Part I - Request

1. To (Name and address of employer)	2. From: City of Belle Glade ATTN: Human Resources Department 110 Dr. Martin Luther King Jr., Blvd. West Belle Glade, FL 33430-3900
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title Director of Human Resources	5. Date March 30, 2016	6. Lender's Number 561-996-0100
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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### Part II - Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
12. Current Gross Base Pay (Enter Amount and Check Period) \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify) <input type="checkbox"/> Weekly		13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____ Base Pay \$ _____ Rations \$ _____ Flight or Hazard \$ _____ Clothing \$ _____ Quarters \$ _____ Pro Pay \$ _____ Overseas or Combat \$ _____ Variable Housing Allowance \$ _____
14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No		15. If paid hourly – average hours per week: _____
16. Date of Applicant's next pay increase: _____		17. Projected amount of next pay increase: _____
18. Date of applicant's last pay increase: _____		19. Amount of last pay increase _____
20. Remarks (if employee was off work for any length of time, please indicate time period and reason)		

### Part III - Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____
22. Date Terminated	24. Reason for Leaving
25. Position Held	

Part IV - Authorized Signature – Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	



**CITY OF BELLE GLADE**  
**110 Dr. Martin Luther King, Jr., Blvd. West**  
**Belle Glade, FL 33430-3900**

## REQUEST FOR VERIFICATION OF EMPLOYMENT

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et seq., or 7 USC, 1921 et seq. (if USDA/FmHA).

**Instructions:** Lender – Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.  
 Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.  
 The form is to be transmitted directly to the Lender/City of Belle Glade and is not to be transmitted through the applicant or any other party.

### Part I – Request

1. To (Name and address of employer)	2. From: City of Belle Glade ATTN: Human Resources Department 110 Dr. Martin Luther King Jr., Blvd. West Belle Glade, FL 33430-3900
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title Director of Human Resources	5. Date March 30, 2016	6. Lender's Number 561-996-0100
------------------------	---	---------------------------	------------------------------------

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
---	---------------------------

### Part II – Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12. Current Gross Base Pay (Enter Amount and Check Period): <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify) <input type="checkbox"/> Weekly \$ _____	13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____ Base Pay \$ _____	14. If Overtime or Bonus is Applicable, is its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
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12B. Gross Earnings									
Type	Year To Date	Past Year	Past Year	Rations	\$				
Base Pay	Thru _____	\$	\$	Flight or Hazard	\$				
Overtime	\$	\$	\$	Clothing	\$				
Commissions	\$	\$	\$	Quarters	\$				
Bonus	\$	\$	\$	Pro Pay	\$				
Total	\$	\$	\$	Overseas or Combat	\$				
				Variable Housing Allowance	\$				

20. Remarks (if employee was off work for any length of time, please indicate time period and reason)

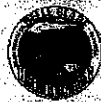
### Part III – Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (year) (Month) (Week)		
22. Date Terminated	Base _____	Overtime _____	Commissions _____ Bonus _____
24. Reason for Leaving	25. Position Held		

**Part IV – Authorized Signature** – Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	

# CITY OF BELLE GLADE VERIFICATION OF ASSETS ON DEPOSIT



Attn: Human Resources  
110 Dr. Martin Luther King Jr. Blvd. West  
Belle Glade, FL 33430-3900  
PHONE: 561-996-0100  
FAX: 561-993-1813

<b>TO: (NAME &amp; ADDRESS OF SERVICING AGENT)</b>  <hr/> <hr/> <hr/> <hr/>	Checking Account No. <hr/> <hr/>	Average Monthly Balance for Last 6 Months <hr/> <hr/>	Current Balance <hr/> <hr/>	Current Interest rate <hr/> <hr/>
	Savings Accounts <hr/> <hr/>	Current Balance <hr/> <hr/>	Current Interest Rate <hr/> <hr/>	Current Interest Rate <hr/> <hr/>
	Certificate of Deposit Account No. <hr/> <hr/>	Amount <hr/> <hr/>	Withdrawal Penalty <hr/> <hr/>	
	IRA, Keogh, Retirement Accounts			
<b>AUTHORIZATION:</b> The City of Belle Glade is required to verify Assets on Deposit of all members of the household applying for participation in the City of Belle Glade First Time Home Buyer Program, which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.  Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.	Account No. <hr/> <hr/>	Amount <hr/> <hr/>	Withdrawal Penalty <hr/> <hr/>	Current Interest Rate <hr/> <hr/>
	Money Market Funds <hr/> <hr/>	Amount (Average 6-mth Balance) <hr/> <hr/>	Interest Rate <hr/> <hr/>	
<b>RELEASE:</b> I hereby authorize the release of the requested information.  <hr/> (PRINT NAME OF APPLICANT)  <hr/> (SIGNATURE OF APPLICANT)  DATE: <hr/> <hr/> (PRINT NAME OF CO-APPLICANT)  <hr/> (SIGNATURE OF CO-APPLICANT)  DATE: <hr/>	(Signature of Authorized Representative) _____  TITLE: _____  DATE: _____  TELEPHONE: _____  <b>COMMENTS:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.				



# CITY OF BELLE GLADE LOAN INFORMATION AND VERIFICATION FORM



Attn: Human Resources  
110 Dr. Martin Luther King Jr. Blvd. West  
Belle Glade, FL 33430-3900  
PHONE: 561-996-0100  
FAX: 561-993-1813

## **PART A – TO BE COMPLETED BY APPLICANT:**

APPLICANT NAME: \_\_\_\_\_ LOAN NUMBER: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

NAME OF LENDING INSTITUTION AND/OR FEDERAL, STATE, OR OTHER GOVERNMENT PROGRAM: \_\_\_\_\_

Name of Institution Street City State Zip Code

### **CERTIFICATION**

I hereby certify to the accuracy of the above information and hereby authorize the financial institution or Government named in Item 1 above to release this information about the loan listed in Item 1 above to the administrators of the City of Belle Glade's Revolving Loan Fund Program.

**WARNING:** ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION IN THIS LOAN TRANSACTION, BRIBES OR ATTEMPTS TO BRIBE AN EMPLOYEE OR OFFICIAL, FRAUDULENTLY OBTAINS REPAYMENT FOR A LOAN UNDER THIS AGREEMENT OR COMMITS ANY OTHER ILLEGAL ACTION IN CONNECTION WITH THIS TRANSACTION WILL BE DISQUALIFIED FROM THE PROGRAM. I HAVE READ THIS STATEMENT AND UNDERSTAND IT'S CONTENTS.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Sign your full name in ink.*

## **PART B – TO BE COMPLETED BY LENDER:**

The individual identified on this form has applied to participate in the City of Belle Glade Revolving Loan Fund Program. The Revolving Loan Fund Program is a housing program designed to assist applicants in securing safe affordable housing within the municipal boundaries of the City of Belle Glade.

DATE OF LOAN: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ORIGINAL AMOUNT OF LOAN: \$ \_\_\_\_\_ CURRENT BALANCE: \$ \_\_\_\_\_

DATE OF BALANCE: \_\_\_\_\_ LOAN PAYMENT STATUS: ☐ CURRENT ☐ IN ARREARS

MONTHLY PAYMENT AMOUNT: \$ \_\_\_\_\_ NUMBER OF PAYMENTS MADE: \_\_\_\_\_

NUMBER OF PAYMENTS LEFT: \_\_\_\_\_ INTEREST RATE COMPOUNDED OR SIMPLE: \_\_\_\_\_

PURPOSE OF LOAN AS INDICATED ON LOAN APPLICATION: \_\_\_\_\_

HAVE THERE BEEN ANY CHANGES TO THE LOAN WITHIN THE LAST 6 MONTHS: ☐ YES ☐ NO  
IF SO, WHAT AND WHY? *(Attach separate sheet if necessary)*

I hereby certify to the accuracy of the loan information contained on the this form or as corrected by my notations or comments:  
SIGNATURE: \_\_\_\_\_  
Lending institution or Federal/State/Other Government Authorized Representative

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

# CITY OF BELLE GLADE LOAN INFORMATION AND VERIFICATION FORM



Attn: Human Resources  
110 Dr. Martin Luther King Jr. Blvd. West  
Belle Glade, FL 33430-3900  
PHONE: 561-996-0100  
FAX: 561-993-1813

## **PART A – TO BE COMPLETED BY APPLICANT:**

APPLICANT NAME: \_\_\_\_\_ LOAN NUMBER: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

NAME OF LENDING INSTITUTION AND/OR FEDERAL, STATE, OR OTHER GOVERNMENT PROGRAM: \_\_\_\_\_

Name of Institution Street City State Zip Code

### **CERTIFICATION**

I hereby certify to the accuracy of the above information and hereby authorize the financial institution or Government named in item 1 above to release this information about the loan listed in item 1 above to the administrators of the City of Belle Glade's Revolving Loan Fund Program.

**WARNING:** ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION IN THIS LOAN TRANSACTION, BRIBES OR ATTEMPTS TO BRIBE AN EMPLOYEE OR OFFICIAL, FRAUDULENTLY OBTAINS REPAYMENT FOR A LOAN UNDER THIS AGREEMENT OR COMMITS ANY OTHER ILLEGAL ACTION IN CONNECTION WITH THIS TRANSACTION WILL BE DISQUALIFIED FROM THE PROGRAM. I HAVE READ THIS STATEMENT AND UNDERSTAND IT'S CONTENTS.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Sign your full name in ink.*

## **PART B – TO BE COMPLETED BY LENDER:**

The individual identified on this form has applied to participate in the City of Belle Glade Revolving Loan Fund Program. The Revolving Loan Fund Program is a housing program designed to assist applicants in securing safe affordable housing within the municipal boundaries of the City of Belle Glade.

DATE OF LOAN: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ORIGINAL AMOUNT OF LOAN: \$ \_\_\_\_\_ CURRENT BALANCE: \$ \_\_\_\_\_

DATE OF BALANCE: \_\_\_\_\_ LOAN PAYMENT STATUS: ☐ CURRENT ☐ IN ARREARS

MONTHLY PAYMENT AMOUNT: \$ \_\_\_\_\_ NUMBER OF PAYMENTS MADE: \_\_\_\_\_

NUMBER OF PAYMENTS LEFT: \_\_\_\_\_ INTEREST RATE COMPOUNDED OR SIMPLE: \_\_\_\_\_

PURPOSE OF LOAN AS INDICATED ON LOAN APPLICATION: \_\_\_\_\_

HAVE THERE BEEN ANY CHANGES TO THE LOAN WITHIN THE LAST 6 MONTHS: ☐ YES ☐ NO  
IF SO, WHAT AND WHY? (Attach separate sheet if necessary)

I hereby certify to the accuracy of the loan information contained on the this form or as corrected by my notations or comments:  
SIGNATURE: \_\_\_\_\_

Lending Institution or Federal/State/Other Government Authorized Representative

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

# CITY OF BELLE GLADE

## VERIFICATION OF RENT



Attn: Human Resources  
110 Dr. Martin Luther King Jr. Blvd. West  
Belle Glade, FL 33430-3900  
PHONE: 561-996-0100 - FAX: 561-993-1813

The City of Belle Glade has received an application for a mortgage loan from the applicant listed below, to whom we understand you rent or have extended a loan. We are currently evaluating the applicant's eligibility and we need to evaluate the applicant(s) rental payment history and care of the rental property.

PART I - REQUEST	
<b>TO:</b>     	<b>APPLICANT(S) NAME &amp; ADDRESS:</b>     
I hereby authorize the release of the below requested information to the City of Belle Glade (LENDER), in their attempt to determine eligibility of my request for homeownership loan.	
Signature of Renter/Applicant  	Date  
Signature of Co-Renter/Applicant  	Date  
PART II - LANDLORD/CREDITOR - Please complete as applicable. Sign and return to the CITY OF BELLE GLADE.	
<b>DATE OF OCCUPANCY:</b> <b>FROM:</b> _____ <b>TO:</b> _____ <b>RENTAL DUE DATE:</b> _____ <b>CURRENT MONTHLY RENT AMOUNT:</b> \$ _____ <b>LEASE EXPIRATION:</b> _____ <b>DOES RENT INCLUDE UTILITIES OR ALLOWANCES:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, EXPLAIN:</b> _____ _____	<b>IS RENT SUBSIDIZED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF SUBSIDIZED, AMOUNT:</b> \$ _____ <b>WHO PAYS SUBSIDY:</b> _____ _____ _____ <b>AMOUNT OF UTILITIES OR ALLOWANCES INCLUDED IN RENT:</b> \$ _____
RENTAL HISTORY DURING THE LAST 24 MONTHS	CURRENT STATUS OF RENT
<input type="checkbox"/> ALWAYS PAYS BY THE DUE DATE. <input type="checkbox"/> PAYS OVER 30 DAYS LATE. NUMBER OF TIMES OVER 30-DAYS LATE WITHIN PAST 12 MONTHS: _____ <input type="checkbox"/> GENERALLY STAYS BEHIND SCHEDULE	<b>RENT IS CURRENT</b> <input type="checkbox"/> <b>RENT IS BEHIND</b> <input type="checkbox"/> <b>AMOUNT BEHIND:</b> \$ _____ <b>DATE LAST PAID:</b> _____ <b>NEXT DUE DATE:</b> _____
<b>*ADDITIONAL INFORMATION THAT MAY BE OF ASSISTANCE IN DETERMINING APPLICANT(S) CREDIT WORTHINESS:</b>          	
Signature of Landlord or Authorized Representative  	Date  

# CITY OF BELLE GLADE VERIFICATION OF PENSION AND ANNUITIES



ATTN: HUMAN RESOURCES  
110 DR. MARTIN LUTHER KING JR. BLVD. WEST  
BELLE GLADE, FL 33430-3900  
PHONE: 561-996-0100  
FAX: 561-993-1813

<p><b>TO: (NAME &amp; ADDRESS OF SERVICING AGENT)</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>AUTHORIZATION:</b> THE CITY OF BELLE GLADE is required to verify Pension and Annuities Income of all members of the household applying for participation in the City of Belle Glade First Time Home Buyer Program, which we operate, and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p><b>MEMBER NAME:</b> _____</p> <p><b>ACCOUNT NO:</b> _____</p> <p>Current monthly GROSS amount of pension or annuity \$ _____</p> <p>Current monthly NET amount of pension or annuity \$ _____</p> <p>Deductions from gross for medical insurance premiums \$ _____</p> <p><b>OTHER DEDUCTIONS FROM GROSS:</b></p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>Date of initial aware _____</p> <p>Effective date of current amount _____</p> <p>Contributions to company retirement/pension fund \$ _____</p> <p>Amount received in a lump sum \$ _____</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p><i>(SIGNATURE OF APPLICANT)</i></p> <p>DATE: _____</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>TITLE: _____</p> <p>DATE: _____</p> <p>TELEPHONE: _____</p>
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

# CITY OF BELLE GLADE VERIFICATION OF INCOME FROM MILITARY SERVICE



Attn: Human Resources  
110 Dr. Martin Luther King Jr. Blvd. West  
Belle Glade, FL 33430-3900  
PHONE: 561-996-0100  
FAX: 561-993-1813

<p><b>TO:</b> (NAME &amp; ADDRESS OF SERVICING AGENT)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>AUTHORIZATION:</b> The City of Belle Glade is required to verify Military Service Income of all members of the household applying for participation in the City of Belle Glade First Time Home Buyer Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>YEARS _____ AND MONTHS _____ OF SERVICE FOR PAY PURPOSES.</p> <p><b>INCOME:</b></p> <p>Base and Longevity Pay \$ _____</p> <p>Proficiency Pay \$ _____</p> <p>Sea and Foreign Duty Pay \$ _____</p> <p>Hazardous Duty Pay \$ _____</p> <p>Subsistence Allowance \$ _____</p> <p>Quarters Allowance (include only amount contributed by the Government) \$ _____</p> <p>Number of dependents claimed _____</p> <p>Imminent Danger Pay \$ _____</p> <p>Other (explain): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(SIGNATURE OF APPLICANT)</p> <p>DATE: _____</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>TITLE: _____</p> <p>DATE: _____</p> <p>TELEPHONE: _____</p>
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

# CITY OF BELLE GLADE

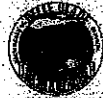
## VERIFICATION OF PUBLIC ASSISTANCE INCOME



ATTN: HUMAN RESOURCES  
 110 DR. MARTIN LUTHER KING JR. BLVD. WEST  
 BELLE GLADE, FL 33430-3900  
 PHONE: 561-996-0100  
 FAX: 561-993-1813

TO: (NAME & ADDRESS OF SERVICING AGENT)	PUBLIC ASSISTANCE DATA	RATE PER MONTH
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>AUTHORIZATION:</b> The City of Belle Glade is required to verify Public Assistance Income of all members of the household applying for participation in the First Time Home Buyer Program, which we operate, and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Number in family: _____</p> <p>Aid to families with Dependent Children \$ _____</p> <p>General Assistance \$ _____</p> <p>Does this amount include court-awarded support payments? Yes No</p> <p>Amount specifically designated for shelter and utilities \$ _____</p> <p>Other assistance—type: _____ \$ _____</p> <p>Total Monthly Grant \$ _____</p> <p>Other income—Sources: _____ \$ _____</p> <p>Maximum allowance for rent and utilities (as-paid States) \$ _____</p> <p>Amount of public assistance received during past 12 months \$ _____</p>	
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____          (SIGNATURE OF APPLICANT)</p> <p>DATE: _____</p> <p>_____          (SIGNATURE OF APPLICANT)</p> <p>DATE: _____</p>	<p>Signature of _____ or          Authorized Representative</p> <p>_____          TITLE: _____</p> <p>DATE: _____</p> <p>TELEPHONE: _____</p>	
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>		

# CITY OF BELLE GLADE VERIFICATION OF ALIMONY OR SEPARATION PAYMENTS



Attn: Human Resources  
110 Dr. Martin Luther King Jr. Blvd. West  
Belle Glade, FL 33430-3900  
PHONE: 561-996-0100  
FAX: 561-993-1813

TO:

NAME OF PERSON PAYING ALIMONY OR  
SEPARATION PAYMENTS:

Address of Person Paying Alimony or Separation  
Payments:

Name of person being supported:

Amount of support:  
\$ \_\_\_\_\_ Week Month Year

When is support likely to cease?

**AUTHORIZATION:** The City of Belle Glade is required to verify Alimony and Separation Payments made to all members of the household applying for participation in the City of Belle Glade First Time Home Buyer Program, which we operate, and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

**RELEASE:** I hereby authorize the release of the requested information.

(Signature of Applicant)

DATE: \_\_\_\_\_

Signature of \_\_\_\_\_ or  
Authorized Representative

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

# CITY OF BELLE GLADE VERIFICATION OF CHILD CARE EXPENSE



ATTN: HUMAN RESOURCES  
110 DR. MARTIN LUTHER KING JR. BLVD. WEST  
BELLE GLADE, FL 33430-3900  
PHONE: 561-996-0100  
FAX: 561-993-1813

TO: \_\_\_\_\_

CHILD CARE AGENT/AGENCY NAME

TELEPHONE NUMBER

FAX NUMBER

CHILD CARE AGENT/AGENCY ADDRESS

## CHILD(REN) INFORMATION:

NAME

AGE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**AUTHORIZATION:** The City of Belle Glade is required to verify expenses of all members of the household applying for participation in the First Time Home Buyer Program. We ask your cooperation in supplying this information. This information will be used only to determine applicant eligibility status.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

**RELEASE:** I hereby authorize the release of the requested information.

APPLICANT NAME: PRINT

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## COMPLETION BY SERVICING AGENT/PROVIDER

Enter the amounts you received from the applicant and any other agency on behalf of the applicant.

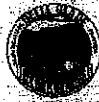
MONTH & YEAR REPORTING	AMOUNT PAID BY APPLICANT	AMOUNT SUBSIDIZED	ARE ALL PAYMENTS CURRENT > YES / NO	IF SUBSIDIZED; HOW LONG WILL SUBSIDY CONTINUE?	COMMENTS
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			

I declare that the foregoing information is true and correct. I understand that the City of Belle Glade will use the information I have provided for consideration of a mortgage loan.

Child Care Provider/Agency Representative Name & Date: \_\_\_\_\_



# CITY OF BELLE GLADE VERIFICATION OF SOCIAL SECURITY BENEFITS



ATTN: HUMAN RESOURCES  
110 DR. MARTIN LUTHER KING JR. BLVD. WEST  
BELLE GLADE, FL 33430-3900  
PHONE: 561-996-0100  
FAX: 561-993-1813

TO: (NAME & ADDRESS OF SERVICING AGENT)	SOCIAL SECURITY DATA
<p><u>SOCIAL SECURITY ADMINISTRATION</u></p> <p><u>925 SE 1<sup>ST</sup> STREET</u></p> <p><u>BELLE GLADE, FL 33403</u></p> <p>_____</p> <p><b>AUTHORIZATION:</b> THE CITY OF BELLE GLADE is required to verify Social Security Benefit Income of all members of the household applying for participation in the City of Belle Glade First Time Home Buyer Program, which we operate, and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Member Name: _____</p> <p>Social Security No.: _____</p> <p>Type of Benefit Receiving: _____</p> <p>_____</p> <p>_____ Date of birth</p> <p>_____ Gross monthly Social Security Benefit amount, type of benefit</p> <p>_____ Gross monthly Supplemental Security income payment amount (including State supplement), type of benefit</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(SIGNATURE OF APPLICANT)</p> <p>DATE: _____</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>TITLE: _____</p> <p>DATE: _____</p> <p>TELEPHONE: _____</p>
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	



*Information for Advocates, Social Service Agencies, and Other Third Parties*

## The Fastest Way to Verify Social Security and Supplemental Security Income Benefits

If your clients need proof of their Social Security or Supplemental Security Income benefits, let them know that they can get a benefit verification letter online instantly through a *my* Social Security account.

You can serve your clients faster because they no longer have to wait for a letter to be mailed to them. They can get the up-to-date information they need online, perhaps even from a computer in your office.

With *my* Social Security those who receive benefits can easily view, print, or save an official letter that includes proof of their:

- Benefit amount and type;
- Medicare start date and withholding amount; and
- Age.

Please encourage your clients to go online for a benefit verification letter. Let them know they can skip a trip to a field office by getting an instant letter online with a personal *my* Social Security account. They may also continue to call us toll-free to request a letter by mail. We are asking agencies and other organizations to assist our mutual customers by sending clients to ***www.socialsecurity.gov/myaccount***.

The fact sheet, *How to Create an Online Account* (Publication No. 05-10540), provides step-by-step instructions and explains how to get a benefit verification letter.

If your clients are unable to go online, they can call our toll-free number, **1-800-772-1213 (TTY 1-800-325-0778)**.

### *my* Social Security

OPEN YOUR ONLINE ACCOUNT. YOUR CONTROL.

[www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount)

# Sample Online Benefit Verification Letter



## Social Security Administration

Date: January 30, 2013  
Claim Number: X-0000-X-0000A

JANE DOE  
456 ANYWHERE AVENUE  
MAINTOWN, USA 11111-1111

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

### Information About Current Social Security Benefits

Beginning December 2012, the full monthly Social Security benefit before any deductions is \$223.90.  
We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$223.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

### Information About Past Social Security Benefits

From December 2011 to November 2012, the full monthly Social Security benefit before any deductions was \$220.70.

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$220.00.  
(We must round down to the whole dollar.)

### Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

### Date of Birth Information

The date of birth shown on our records is May 29, 1949.

### If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 800-000-0000. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
123 MAIN STREET  
MAINTOWN, USA 11112-1111

If you do call an office, please have this letter with you. It will help us answer your questions.

*Social Security Administration*

