

Are You Ready to Purchase a Home?

Are you interested in credit counseling? If so, please follow these directions to prepare for your one-on-one credit counseling appointment.

First: Complete the TLC Questionnaire and Disclosure forms attached.

Second: Submit your \$48.55 per person processing fee (\$97.10 for joint applicants). This fee can be paid on the website <https://www.tallahasseelenders.org/housing-counseling-services/>. You may also pay in person during the hours of 8:00 AM - 5:00 P.M., Monday - Friday.

Third: Provide a copy of the required documents at least one week prior to your scheduled appointment. Use the Client Upload button located on the top menu of our website or bring them to the office. We do not schedule same-day appointments.

- Paystubs for the last 60 days: 8 Paystubs if paid Weekly, 4 Paystubs if paid Bi-Weekly, 4 Paystubs if paid Semi-Monthly, 2 Paystubs if paid Monthly
- If self-employed, please provide your tax returns for the last two years and a Profit & Loss Statement for the current calendar year.
- Proof of other income: Social Security & Veterans' Benefits, Cash Contributions, Alimony & Child Support Documentation
- Driver's License or ID and Social Security Card
- Banking statements for **ALL** accounts for the last 60 days: We will accept an E-statement. Transaction summary/statement will **NOT** be accepted.
- Personal Budget Form (Provided in the TLC Application Packet)
- Bankruptcy Documentation- Schedule F or H (if applicable)

For more information please contact:

Administrator

swest@tallahasseelenders.org

Tallahassee Lenders' Consortium- 224 Office Plaza Dr, Tallahassee, FL 32301-850-222-6609 Revised 1.06.2023

Orientation Class Date: _____

Paid/Amount: _____

Form of Payment: _____

Appointment Date: _____

Receipt# _____

Allocated To: _____

Tallahassee Lenders' Consortium

224 Office Plaza Drive

Tallahassee, FL. 32301

Tel. 850-222-6609

Fax. 850-222-6687

APPLICANT'S INFORMATION:

Name: _____
(Last) (First) (Middle Initial) (Suffix-Jr., Sr., etc.)

Present Address: _____
(Street) (City) (State) (Zip)

Phone Numbers: Home: _____ Work: _____

EMAIL: _____

<u>Date of Birth</u> _____	<u>Social Security Number</u> _____	<u>Sex*</u> Male <input type="checkbox"/> Female <input type="checkbox"/>	<u>Marital Status</u> Single <input type="checkbox"/> Married <input type="checkbox"/>	<u>Race/National Origin*</u> Hispanic/Latino <input type="checkbox"/> White not of Hispanic Origin <input type="checkbox"/> Black not of Hispanic Origin <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander
<u>Veteran?</u> YES NO (circle one)	<u>Education Level</u> _____	Do you currently rent? _____ Do you own a home? _____		

APPLICANT CURRENT EMPLOYMENT:

Employer's Name: _____ Your Position: _____ Date of Hire: _____

Address: _____
(Street) (City) (State) (Zip)

IF EMPLOYED LESS THAN TWO YEARS, PLEASE LIST YOUR FORMER EMPLOYER:

Employer's Name: _____ Your Position: _____ How Long: _____

Address: _____
(Street) (City) (State) (Zip)

PLEASE LIST GROSS MONTHLY INCOME FOR EACH CATEGORY:

Full-Time Job: \$ _____ Social Security: \$ _____ **Child Support: \$ _____ Other: \$ _____

Part-Time Job: \$ _____ Disability: \$ _____ **Alimony: \$ _____ TOTAL: \$ _____

CO-APPLICANT'S INFORMATION:

Name: _____
(Last) (First) (Middle Initial) (Suffix-Jr., Sr., etc.)

Present Address: _____
(Street) (City) (State) (Zip)

Home: _____ Work: _____

<u>Date of Birth</u> _____	<u>Social Security Number</u> _____	<u>Sex*</u> Male <input type="checkbox"/> Female <input type="checkbox"/>	<u>Marital Status</u> Single <input type="checkbox"/> Married <input type="checkbox"/>	<u>Race/National Origin*</u> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander
<u>VETERAN?</u> YES NO (Circle One)	<u>Education Level</u> _____	<u>Email</u> _____		

CO-APPLICANT CURRENT EMPLOYMENT:

Employer's Name: _____ Your Position: _____ Date of Hire: _____

Address: _____
(Street) (City) (State) (Zip)

IF EMPLOYED LESS THAN TWO YEARS, PLEASE LIST YOUR FORMER EMPLOYER:

Employer's Name: _____ Your Position: _____ How Long: _____

Address: _____
 (Street) (City) (State) (Zip)

PLEASE LIST GROSS MONTHLY INCOME FOR EACH CATEGORY FOR EACH ADULT HOUSEHOLD MEMBER:

Full-Time Job: \$ _____ Social Security: \$ _____ **Child Support: \$ _____ Other: \$ _____

Part-Time Job: \$ _____ Disability: \$ _____ **Alimony: \$ _____ TOTAL: _____

**This information is requested for statistical purposes only.*

****This information is necessary in qualifying you for the City of Tallahassee Down Payment Assistance Program (Regulation "B" - Equal Credit Opportunity - Section 202.8(d))**

Do you currently live in subsidized or public housing? YES NO

LIST ALL PEOPLE WHO WILL BE LIVING IN THE HOUSE TO BE PURCHASED

Name	Social Security Number	Date of Birth	Age	Relationship to Applicant	Annual Income (If Any)
					\$
					\$
					\$
					\$
					\$
					\$

ASSETS:

Do you have an account with a bank, credit union or savings bank? Yes No

If yes, please list the name of your financial institution(s): _____

Amount in checking account: _____ Amount in savings account: _____

List what source you will use for your portion of the down payment:

Must be completed for ALL persons, including minors, who will be living in the house to be purchased.)

Family Member	Asset Description	Current Value	Annual Income from Asset

DEBTS OWED AND PAYING ON:

Debt Owed	Monthly	Balance	Debt Owed	Monthly	Balance



Tallahassee Lenders' Consortium
 dba TLC
 224 Office Plaza
 Tallahassee, FL. 32301
 Tel. 850-222-6609
 Fax.850-222-6687

NeighborWorks®
 HomeOwnership Center

Tallahassee Lenders' Consortium Program Disclosure and Authorization

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

I/We hereby authorize the staff of the Tallahassee Lenders' Consortium to obtain a credit report containing detailed information about my credit history from Core Logic Credco for the purpose of Housing Counseling.

I also agree to pay a non-refundable processing fee of \$48.55 for individual applicants or \$97.10 for joint applicants to the Tallahassee Lenders' Consortium.

Applicant Signature	Printed Name	Date
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Co-Applicant Signature	Printed Name	Date
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Homeownership Education Classes. I/ We understand that as part of the housing counseling program, I/we will be required to attend homeownership education classes. This will include:

- Home Buyer Readiness
- Financial Fitness (if recommended by Counselor)
- Home Buyer Education
- Once a Person becomes a homeowner, we encourage them to attend the Post Homeownership class to celebrate their homeownership, and to gain additional information for homeowners.

City of Tallahassee & Leon County Down Payment Assistance Program. Tallahassee Lenders' Consortium is under contract with the City of Tallahassee and Leon County to administer and process the municipality's down payment assistance loan program, in which the City or County is the lender; while we offer the loan program to all qualified clients it is not mandatory to participate. This Program is only available if a home is purchased in the municipality's jurisdiction.





I/We understand, if we do participate in the Down Payment Assistance Program, I/We must submit the requested documents in order to determine my/our eligibility for the program.

Customer’s Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

The Tallahassee Lenders’ Consortium does not discriminate against any person because of race, color, religion, sex, national origin, handicap or familial status (presence of children under the age of 18 or pregnancy).

Applicant Signature	Printed Name	Date
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Co-Applicant Signature	Printed Name	Date
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The release and authorization is good for one year from the date of the signature.

Please Note: This general consent will not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return,” prepare, and sign separately from this document.

Tallahassee Lenders’ Consortium Program Fees

The Tallahassee Lenders’ Consortium values the services it provides to the City of Tallahassee, Leon County and Big Bend communities. Through the grant writing and contracting with the City of Tallahassee, Leon County, NeighborWorks America, Housing and Urban Development (HUD), local lenders, and Homeownership Center Partners, it helps to keep the cost of our services at a minimum. The only fees charged by Tallahassee Lenders’ Consortium include:

- The processing of a program application, which the client will obtain a credit report containing detailed information about the credit history from CoreLogic Credco, is **\$48.55 per person (\$97.10 joint applicants)**.
- A book entitled, “The American Dream,” can be purchased to accompany the Home Buyer Education class at the cost is **\$25.00 per household**.
- Any fees incurred as a part of being eligible and closing on the loan for the City of Tallahassee’s or Leon County’s Down Payment Assistance programs are presented to the prospective homeowner in the Closing Disclosure form three days prior to the closing on the home.

I/We have read the above information on the TLC’s program fees, and understand my/our responsibility.

Applicant Signature	Printed Name	Date
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Co-Applicant Signature	Printed Name	Date
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Tallahassee Lenders' Consortium
dba TLC
224 Office Plaza
Tallahassee, FL. 32301
Tel. 850-222-6609

NeighborWorks®
HomeOwnership Center

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, _____, the undersigned, hereby authorize the release, without liability, information regarding my employment, income, and/or assets, to the Tallahassee Lenders' Consortium for the purposes of verifying information provided as part of determining eligibility for assistance under the Down Payment Assistance Loan Program and HOUSING COUNSELING with the City of Tallahassee, NeighborWorks America, Housing & Urban Development (HUD) or Leon County. I understand that only the information necessary for determining eligibility can be requested.

Types of information to be verified:

I understand that previous or current information regarding all household members and me may be required. Verifications that may be requested include, but are not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, certificates of deposit, stocks, bonds, Individual Retirement Accounts, interest dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability, worker's alimony or child support payments. It is intended that this authorization be used to obtain any and all of my financial information.

Agreement to Conditions

I agree that a photocopy of this authorization may be used for the purposes stated herein. I understand that I have the right to review this file and correct any information found to be incorrect.

****This release is good for one year from the date signed.**

Applicant Signature Printed Name Date

Co-Applicant Signature Printed Name Date

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately from this document.



Current Monthly Household Income and Expenses

Name:		Date:		
INCOME	AMT	EXPENSES	AMT	COMMENTS
Monthly Gross Pay Before Taxes)	\$ -	HOUSING EXPENSES	\$ -	
Monthly Net (After Taxes)	\$ -	Rent / Mortgage	\$ -	
Monthly Gross Pay Before Taxes	\$ -	Rent/Mortgage	\$ -	
Monthly Net (After Taxes)	\$ -	Taxes	\$ -	
Disability (Social Security)	\$ -	Insurance (Home/Rental)	\$ -	
Monthly Net Avg. Self Employment Income	\$ -	Electricity	\$ -	
Pension/ Retirement	\$ -	Gas	\$ -	
Veteran Benefits	\$ -	Water/Sewer	\$ -	
Public Assistance	\$ -	Home Telephone	\$ -	
Alimony	\$ -	Cell Phone	\$ -	
Child Support	\$ -	Cable/Satellite	\$ -	
Alimony	\$ -	Internet	\$ -	
Other Income	\$ -	Waste Removal	\$ -	
Other Income	\$ -	TRANSPORTATION	\$ -	
NET MONTHLY INCOME	\$ -	Auto Payment 1	\$ -	
TOTAL MONTHLY INCOME	\$ -	Auto Payment 2	\$ -	
Credit Card 1	\$ -	Auto Insurance	\$ -	
Credit Card 2	\$ -	Auto Gas	\$ -	
Credit Card 3	\$ -	Public Transportation	\$ -	
Credit Card 4	\$ -	Licensing	\$ -	
Credit Card 5	\$ -	Maintenance	\$ -	
Credit Card 6	\$ -	INSURANCE	\$ -	
Credit Card 7	\$ -	Health	\$ -	
OTHER MONTHLY EXPENSES	\$ -	Life	\$ -	
ENTERTAINMENT	\$ -	Other	\$ -	
Monthly Childcare	\$ -	FOOD	\$ -	
Monthly CHILD EXPENSES (Ex:Sports, Bands)	\$ -	Groceries	\$ -	
Student Loan(s)	\$ -	Dining Out	\$ -	
Student Loan(s)	\$ -	PERSONAL CARE	\$ -	
Student Loan(s)	\$ -	Medical/Prescriptions	\$ -	
Monthly Personal loan payment 1	\$ -	Hair/Nails	\$ -	
Personal loans 2	\$ -	Clothing	\$ -	
Personal loans 3	\$ -	Dry Cleaning	\$ -	
Personal loan 4	\$ -	Gifts and Donations	\$ -	
Total Debt in Collection	\$ -	Charity	\$ -	
NET MONTHLY INCOME	\$ -	Church/Tithes	\$ -	
TOTAL MONTHLY EXPENSES	\$ -	VIDEOS	\$ -	
TOTAL DIFFERENCE	\$ -	SAVINGS	\$ -	
			\$ -	Gross \$ -
BEGIN TO SAVE \$		PETS	\$ -	Net \$ -
		Food		
	DATE	TOTAL EXPENSES	\$ -	