



ST. JOHNS COUNTY HOUSING AND FINANCIAL COUNSELING PROGRAM APPLICATION

Want to own a home of your own? Need help finding down payment assistance? Just want to figure out the best way to improve your credit?

The St Johns County Housing and Financial Counseling Program is designed to provide education and guidance regarding the complexities of credit and homeownership.

To schedule an appointment with a Counselor that will begin your journey to homeownership or improved credit:

1. Complete the application and authorization forms. These forms are available on our website at <http://www.sjcfl.us/housing>.
2. Include Money Order or Cashier's Check made payable to **St Johns County Housing and Community Development** in the amount of **\$21.00**, per adult applicant. This fee will be charged each time your credit report is requested. All fees must be paid prior to the report being pulled. **Personal checks or Cash will not be accepted; your application will be returned.**
3. Mail the application, the authorization form, and the money order or cashier's check to:

**St Johns County Housing and Financial Counseling Program
200 San Sebastian View, Suite 2300
St Augustine, FL 32084**

You will be contacted by a counselor to schedule your first counseling session.

Please note: You will be asked to provide your driver's license and social security card as proof of identification at the initial counseling session.

Per Title VI of the Civil Rights Act of 1964, The Fair Housing Act, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, St Johns County Housing and Financial Counseling prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability and where applicable, sex, marital status, religion, or sexual orientation. Persons with disabilities who require alternative means for communications of program information, or an accommodation for access to facilities, should contact Ginny Campbell at 200 San Sebastian View, Ste 2300, St Augustine, FL 32084 or (904) 209-6146 or vcampbell@sjcfl.us.

Application expires one year from the date of receipt if you are not actively working with St Johns County Housing and Financial Counseling. You will need to complete another application packet should you decide to enter the program again. If any of your contact information (address, phone number, etc.) changes during the next 12 months please call the St Johns County Housing and Financial Counseling department at (904) 209-6146 to update your information.



St. Johns County Board of County Commissioners

Housing & Community Development

Date: _____

Referral Print Advertisement Flyer Staff Agency Referral Family/Friend
Resource Government Walk-in Internet TV Bank
 Radio Realtor Other

Personal Information (APPLICANT)

First Name		MI		Last Name	
SS#		Age		Birthdate	
Address			City/State/Zip		
Length at present address					
Cell Phone	()		Home Phone	()	
Email			Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Alien Resident # _____	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated	
Race	<input type="checkbox"/> White, Not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, Not Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native		Household Type	<input type="checkbox"/> Single Adult <input type="checkbox"/> Married w/children <input type="checkbox"/> Female Headed single parent <input type="checkbox"/> Male Headed single parent <input type="checkbox"/> Married w/o children <input type="checkbox"/> Two or more unrelated adults	
Education	<input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> None <input type="checkbox"/> Vocational/Trade School <input type="checkbox"/> Other		Disabled	Military	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



St. Johns County Board of County Commissioners

Housing & Community Development

EMPLOYMENT (PRIMARY)						
Employer Name			Title of Position			
Start Date			Pay Period	___ Weekly ___ Bi-Weekly ___ Monthly		
Employment Type	___ Temporary ___ Full Time ___ Part Time ___ Seasonal					
EMPLOYMENT (SECONDARY)						
Employer Name			Title of Position			
Start Date			Pay Period	___ Weekly ___ Bi-Weekly ___ Monthly		
Employment Type	___ Temporary ___ Full Time ___ Part Time ___ Seasonal					
1 ST Time Homebuyer (Have not owned home in past 3 years)	___ Yes ___ No		Current Housing Arrangement	___ Rent ___ Homeless ___ Family/Friends ___ Other		
Personal Information (CO-APPLICANT)						
First Name			MI		Last Name	
SS#			Age		Birthdate	
Address			City/State/Zip			
Cell Phone	()		Home Phone	()		
Email			Citizenship	___ US Citizen ___ Alien Resident		
Gender	___ Male ___ Female		Marital Status	___ Single ___ Married ___ Divorced ___ Widow ___ Separated		



St. Johns County Board of County Commissioners

Housing & Community Development

Race	<input type="checkbox"/> White, Not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, Not Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native	Household Type	<input type="checkbox"/> Single Adult <input type="checkbox"/> Married w/children <input type="checkbox"/> Female Headed single parent <input type="checkbox"/> Male Headed single parent <input type="checkbox"/> Married w/o children <input type="checkbox"/> Two or more unrelated adults
Education	<input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> None <input type="checkbox"/> Vocational/Trade School <input type="checkbox"/> Other	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Military <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT (PRIMARY)			
Employer Name		Title of Position	
Start Date		Pay Period	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Employment Type	<input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		
EMPLOYMENT (SECONDARY)			
Employer Name		Title of Position	
Start Date		Pay Period	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Employment Type	<input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		
1ST Time Homebuyer (Have not owned home in past 3 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Housing Arrangement	<input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Family/Friends <input type="checkbox"/> Other

Total number of persons expected to live in the home: _____



St. Johns County Board of County Commissioners

Housing & Community Development

List of Household Members *(Proof of income will be required for all adults as part of this application)*

Full Name	Age	Date of Birth	Relationship to Client

Realtor Information: If Applicable

Realtor Name _____

Real Estate Company _____

Phone Number _____

Email/Fax _____



St. Johns County Board of County Commissioners

Housing & Community Development

AUTHORIZATION TO OBTAIN CREDIT INFORMATION/CLOSING DISCLOSURE

I/We hereby authorize St Johns County Housing and Financial Counseling Program (SJCHFCP) to:
 Obtain a copy of my/our credit profile, provide counseling and provide referral services on my/our behalf. This authorization shall become effective immediately and shall continue in effect until revoked by me/us.
 Obtain a copy of the Closing Disclosure when I/We purchase a home from the lender that granted the loan, the real estate agent who sold me the property and/or the title company that closed on the loan.
 Obtain/Provide information from/to lenders and government agencies in connection with our application for mortgage financing. Information includes; without limitation, credit history, employment history, tax returns, account information, and information regarding the property being purchased.
 I/We hereby authorize SJCHFCP to obtain my/our credit report for the purpose of assessing my/our credit status and providing direct counseling services. I/We acknowledge that SJCHFCP has informed me/us in advance of the fee related to me/us obtaining this disclosure for which I/we are responsible for paying. The fee related to me/us obtaining this disclosure will be required each time I/we request a credit report. I/we further understand that an inquiry made by SJCHFCP could appear on my/our credit file as a result of pulling my/our file. It is further understood that SJCHFCP is not responsible for the credit information found on my/our file.
 I/We understand that SJCHFCP is a counseling agency which aids individuals who are considering the possibility of obtaining homeownership.

I/We _____ authorize SJCHFCP to:

- Pull my/our credit report, review the credit file and make recommendations, and counseling in connection with my/our current request;
- Release my/our financial information to various agencies that fund St Johns County.

To establish “proper identification” as required by the Fair Credit Reporting Act, please complete the following identifying information and supply the counselor with two (2) pieces of proper identification. It is understood that a photocopy of this form will also serve as authorization.

I agree that I am the person named above, and I understand that the Federal law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned for not more than one year, or both.

Applicant Full Name (Print)		Last 4 of SSN		Date of Birth	
Co-Applicant Full Name (Print)		Last 4 of SSN		Date of Birth	

Current Address		City/State/Zip	
Previous Address, if less than two years at current address		City/State/Zip	

Applicant Signature Date

Co Applicant Signature Date

Counselor Signature Date