

BELOW MARKET RATE HOUSING PURCHASE PROGRAM APPLICATION

Please clearly *PRINT* all information.

Applicant name _____

Address _____

Mailing address _____

E-mail address _____

Telephone Numbers (Home) _____ (Work) _____ (Cell) _____

HOUSEHOLD COMPOSITION

*List yourself as the first family member

#	Name	SS number	Date of Birth	Relationship	Age	Sex
1						
2						
3						
4						
5						
6						

Does at least one adult member of the household work on Sanibel? Yes _____ No _____

If you checked yes, please indicate the company names and the addresses:

Company Name: _____ Complete Address: _____

Company Name: _____ Complete Address: _____

Does any member of the household use a wheelchair? Yes _____ No _____

UNIT SIZE

Number of bedrooms desired for which household qualifies:

1-Bedroom _____ 2-Bedroom _____ 3-Bedroom _____

INCOME

This includes ALL household members, 18 and over.
Please fill out below based on gross annual income

Name	Position	Employer (Co. Name, Address, Tel. No.)	Gross Income

*If you are uncertain of your exact income, please estimate or use your most recent tax return.

OTHER SOURCES OF INCOME

This includes ALL household members, 18 and over
Please fill out below based on gross annual income

Do you receive child support?	Yes	No	Amount: \$
Do you receive alimony?	Yes	No	Amount: \$
Do you receive social security?	Yes	No	Amount: \$
Do you receive a pension?	Yes	No	Amount: \$
Do you receive unemployment or worker's compensation?	Yes	No	Amount: \$
Do you receive public assistance?	Yes	No	Amount: \$
Do you receive any other income?	Yes	No	Amount: \$

ASSETS

This includes ALL household members, 18 and over.

Do you have any checking accounts?	Yes	No	Where:
Do you have any savings accounts?	Yes	No	Where:
Do you have an IRA?	Yes	No	Where:
Do you have any CDs	Yes	No	Where:
Do you have any stocks/bonds?	Yes	No	Where:
Do you have equity in any properties?	Yes	No	Address:
Do you have any other assets?	Yes	No	What:

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 755.082 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 a matter of public record.

Applicant Signature: _____ Date: _____

Other Adult: _____ Date: _____

Approximate amount of household assets available for down payment and closing costs to purchase a BHMR unit: \$ _____

Additional gifts from relatives or others to help with the purchase of a BMRH unit: \$ _____

ALL CHANGES TO THIS APPLICATION MUST BE SUBMITTED IN WRITING

Applicant certification

By signing below, I certify that all information in this BMRH Application is true and complete to the best of my knowledge. Any deliberate falsification, material misrepresentation or failure to provide all relevant information regarding eligibility may result in suspension or removal from the BMRH Waiting List.

Applicant Signature: _____ Date: _____