

CO-HOMEOWNER				
Name of Employer:				Yrs. (from -- to present)
Address of Employer:		Street	City	State Zip
Business Phone:				
Gross Monthly Income	Overtime	Bonus	Child Support	
\$	\$	\$	\$	
Alimony	Social Security	Pension	Other Income	
\$	\$	\$	\$	

III. MORTGAGE INFORMATION

Name of Lender/Bank/Service:		Loan Account Number:	Lender/Bank/Service's Contact Number:	
Months behind:	Total past due amount	Pay-off amount	Any other mortgages/liens on the property? (check one)	
	\$	\$	[] YES [] NO	

Brief description of financial hardships/reasons why loan is in default (attach supporting documents if applicable):

IV. ACKNOWLEDGMENT AND AGREEMENT

I/We certify that the information provided is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this form may result in civil liability and/or criminal penalties including, but not limited to, a fine or imprisonment. I/We hereby authorize the Housing Finance Authority of Miami-Dade County (HFA) to release my information to all parties involved in the resolution of my current situation for verification purposes concerning any proof of facts deemed necessary in connection with consumer credit report. This information is for the confidential use of HFA in compiling data. A copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicated original.

I/We understand that further assistance will be received as soon as copies of documents indicated below have been submitted.

- Explanation letters, bankruptcy documents, collection letters, etc.
- Loan default documents
- Two most recent bank statements
- Proof of income (pay stubs, tax forms, benefit statement, court ordered child support statement, etc.)
- Picture I.D. (Florida I.D., driver's license, or passport)
- Other:

I/We hereby certify that I/we have completed this form to the best of my/our ability and that I/we have read and fully comprehend all of the above.

HOMEOWNER:	Date:
CO-HOMEOWNER:	Date:

V. INFORMATION FOR MONITORING PURPOSES

The following information is requested by the Federal Government in order to ensure 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.

HOMEOWNER: <input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	CO-HOMEOWNER: <input type="checkbox"/> I do not wish to furnish this information <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
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