



CITY OF MARATHON, FLORIDA

9805 Overseas Highway, Marathon, Florida 33050

Phone: (305) 289-4111 Fax: (305) 743-3667

1. Is your current residence located between Big Pine Key and Conch Key?
2. Are you a US Citizen or resident alien?
3. Are you at least 18 years of age?
4. Do you now or have you ever owned a home?
 - a. If so, when and where?
5. Is this your first loan under this program, if awarded?
6. Are you actively searching for a home? If you have a realtor we need their contact info.
 - Name
 - Company
 - Phone number
7. Have you been pre-qualified? We will need your banker's contact info.
 - Name
 - Name of bank
 - Phone number
8. Is there going to be a construction loan?
9. Do you have \$3.5% of the cost of the home for the closing?
10. Be advised that **all occupants** of the prospective property must be indicated on the application and all information contained on the application must be true and accurate or there is a risk of fraud which is punishable by law.

Other Items Needed:

1. Property Address
2. Closing agent name and phone number
3. Closing date

*****YOU MUST ADVISE YOUR CLOSING AGENT AND LENDER THAT YOU HAVE APPLIED FOR THIS LOAN*****



City Of Marathon First Time Homebuyer Assistance Application

Dear applicant: We need a complete application to determine eligibility for assistance from the City of Marathon First Time Homebuyer's Assistance Program. Please fill out this application as accurately and thoroughly as possible. All information will be strictly confidential. Should you have any questions, please feel free to contact our office.

Applicant Information

<p>Date: _____</p> <p>Applicant Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Dependents (All persons living with you except the Co-Applicant)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">M/F</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> <tr> <td>_____</td> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> <tr> <td>_____</td> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> <tr> <td>_____</td> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> <tr> <td>_____</td> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> </tbody> </table> <p>Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried</p> <p>Present Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent</p> <p>_____</p> <p>_____</p> <p>Payment Amount: \$ _____ Years: _____</p>	Name	Age	M/F	_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____		<input type="checkbox"/> M <input type="checkbox"/> F	<p>Date: _____</p> <p>Co-Applicant Name: _____</p> <p>_____</p> <p>Dependents (All persons living with you except the Co-Applicant)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">M/F</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> <tr> <td>_____</td> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> <tr> <td>_____</td> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> <tr> <td>_____</td> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> <tr> <td>_____</td> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> </tr> </tbody> </table> <p>Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried</p> <p>Present Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent</p> <p>_____</p> <p>_____</p> <p>Payment Amount: \$ _____ Years: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	Name	Age	M/F	_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____		<input type="checkbox"/> M <input type="checkbox"/> F
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If Living At The Present Address For Less Than Two Years, Please Complete The Following:

<p>Former Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent</p> <p>_____</p> <p>_____</p>	<p>Former Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent</p> <p>_____</p> <p>_____</p>
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Name	Date Received	Initials

We are pledged to the letter and spirit of U.S policy for the achievement of equal opportunity throughout the nation. We encourage and support an affirmative advertisement and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Employment Information

<p>Applicant Name and Address of <u>Primary</u> Employer:</p> <p>_____</p> <p>_____</p> <p>Gross Salary/Wages \$ _____ Per _____</p> <p>Position: _____</p> <p>Business: _____</p> <p>Years on the Job: _____</p>	<p>Co-Applicant Name and Address of <u>Primary</u> Employer:</p> <p>_____</p> <p>_____</p> <p>Gross Salary/Wages \$ _____ Per _____</p> <p>Position: _____</p> <p>Business: _____</p> <p>Years on the Job: _____</p>
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If Working At More Than One Employer, Please Complete the Following Information

<p>Applicant Name and Address of <u>Additional</u> Employer:</p> <p>_____</p> <p>_____</p> <p>Gross Salary/Wages \$ _____ Per _____</p> <p>Position: _____</p> <p>Business: _____</p> <p>Years on the Job: _____</p>	<p>Co-Applicant Name and Address of <u>Additional</u> Employer:</p> <p>_____</p> <p>_____</p> <p>Gross Salary/Wages \$ _____ Per _____</p> <p>Position: _____</p> <p>Business: _____</p> <p>Years on the Job: _____</p>
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If Working At Present Employer Less Than Two (2) Years, Please Complete the Following Information

<p>Applicant Name and Address of <u>Former</u> Employer:</p> <p>_____</p> <p>_____</p> <p>Gross Salary/Wages \$ _____ Per _____</p> <p>Position: _____</p> <p>Business: _____</p> <p>Years on the Job: _____</p>	<p>Co-Applicant Name and Address of <u>Former</u> Employer:</p> <p>_____</p> <p>_____</p> <p>Gross Salary/Wages \$ _____ Per _____</p> <p>Position: _____</p> <p>Business: _____</p> <p>Years on the Job: _____</p>
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City of Marathon Planning Department

Assets & Liabilities

<i>Assets</i>	<i>Liabilities</i>												
<p>Savings</p> <p>Bank: _____</p> <p>Account: _____</p> <p>Balance: \$ _____</p>	<p>Auto Loan 1</p> <p>Bank: _____</p> <p>Payment: \$ _____</p> <p>Balance: \$ _____</p>												
<p>Checking</p> <p>Bank: _____</p> <p>Account: _____</p> <p>Balance: \$ _____</p>	<p>Auto Loan 2</p> <p>Bank: _____</p> <p>Payment: \$ _____</p> <p>Balance: \$ _____</p>												
<p>Other</p> <p>Bank: _____</p> <p>Account: _____</p> <p>Balance: \$ _____</p>	<p>Credit Card</p> <p>Card: _____</p> <p>Payment \$ _____</p> <p>Balance: \$ _____</p>												
<p>Other</p> <p>Bank: _____</p> <p>Account: _____</p> <p>Balance: \$ _____</p>	<p>Credit Card</p> <p>Card: _____</p> <p>Payment: \$ _____</p> <p>Balance: \$ _____</p>												
<p>Other</p> <p>Bank: _____</p> <p>Account: _____</p> <p>Balance: \$ _____</p>	<p>Credit Card</p> <p>Card: _____</p> <p>Payment: \$ _____</p> <p>Balance: \$ _____</p>												
<p>Down Payment</p> <p>Source: _____</p> <p>Amount: \$ _____</p> <p>Your lender will typically require a minimum down payment, please indicate the amount and source of the proposed down payment.</p>	<p>Other Bank</p> <p>Bank: _____</p> <p>Payment: \$ _____</p> <p>Balance: \$ _____</p>												
<p style="text-align: center;">Other</p> <p>Do you presently own Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Declared bankruptcy in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;">Other</p> <p>Current Rent Payment: \$ _____</p> <p>Child Care Expense: \$ _____</p> <p>Are you required to pay Child Support/Alimony?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how much? \$ _____</p>												
<p style="text-align: center;">Auto/Boat</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Year</td> <td style="width: 40%;">Make</td> <td style="width: 45%;">Model</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Year	Make	Model	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Year	Make	Model											
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_____	_____	_____											

Miscellaneous

<i>Applicant</i>	<i>Co-Applicant</i>
How long have you lived in Monroe County? _____ Please describe in what ways you are active in the community (Organizations, memberships, volunteer, other)	How long have you lived in Monroe County? _____ Please describe in what ways you are active in the community (Organizations, memberships, volunteer, other)

All applications received will be reviewed to ensure that they meet the criteria of the City of Marathon First Time Homebuyers Program.

Important Notice to Applicants

Initial here: _____ and _____ The applicant agrees to cooperate in providing the information & documentation necessary to satisfy the requirements of the City of Marathon First Time Homebuyers Program.

Initial here: _____ and _____ **If approved, the grant money is transferred to the closing agent prior to the closing date. If you have not heard from your lender in a timely fashion, please contact the City.**

Initial here: _____ and _____ The day this application is submitted to the City, call Josh Mothner immediately at 305-942-9519.

Authorization

The undersigned applicant(s) hereby authorizes the City of Marathon First Time Homebuyers Program or its agents to secure, conduct, or investigate my (our) credit history, criminal background, general reputation and character, financial responsibility and statements made within this application.

<i>Applicant</i>	<i>Co-Applicant</i>
Signature	Signature
Printed Name	Printed Name
Date	Date

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City of Marathon Planning Department

Release of Information

I, _____ and _____ (Print Name) hereby authorize The City of Marathon to obtain, without liability, information regarding my income, employment, assets and other information necessary to determine my eligibility for the First Time Homebuyer Assistance Program. I understand that only information necessary for determining eligibility may be requested.

I, _____ and _____ (Print Name) hereby authorize the City of Marathon and/or its agent to obtain written verification of information and documentation necessary to qualify me for financial assistance.

I, _____ and _____ (Print Name) hereby authorize the City of Marathon and/or its agent to use any and all photographs, video tape and other media of myself and my home for the purposes of promoting the interests of the City of Marathon.

Agreement to Conditions

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

<i>Applicant</i>	<i>Co-Applicant</i>
_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name
_____ Date	_____ Date

Disclosures

1. Please be aware that some homes in Marathon are at or below Base Flood Elevation and may affect your Flood Insurance Premiums.
2. The City of Marathon will not subordinate on a 'cash out' refinance.

<i>Applicant</i>	<i>Co-Applicant</i>
_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name
_____ Date	_____ Date

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