

Central Florida Community Development Corporation

Customer Income Data Sheet

Date: _____

Apartment Address: _____

Annual Contract Rent: _____

The intent of this form is to pre-qualify the applicant(s). It does not guarantee acceptance or approval. Therefore no commitment is made on the part of either party.

I. GENERAL DATA: (Applicant information)

Name _____		Head of Household? Yes _____ No _____	
SSN: _____	Date of Birth: _____	Race _____	
Home Address: _____		State _____	
Zip _____			
Mailing			
Address: _____		State _____	Zip _____
Telephone No. (Home) _____		(Work) _____	

II. HOUSEHOLD FAMILY COMPOSITION: (List all persons who will reside in your house.)

ADULTS <small>(Legal name includes all persons 18 years or older)</small>	DATE OF BIRTH	RELATIONSHIP TO HOH	SOCIAL SECURITY NUMBER	RACE	MARRIED (M) WIDOWED (W) SINGLE (S) DIVORCED (D)

CHILDREN <small>(Name as it appears on Social Security Card)</small>	DATE OF BIRTH	RELATIONSHIP TO HOH	SOCIAL SECURITY NUMBER	RACE	ABSENT PARENTS NAME

III. EMPLOYMENT INFORMATION: If NOT employed, please indicate below.:

Head of Household:	Spouse/Cohabitant:
Employer's Name _____	Employer's Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____
Occupation _____	Occupation _____
Length of Employment _____	Length of Employment _____

IV. MONTHLY INCOME:

	HEAD OF HOUSEHOLD	SPOUSE	OTHER
Employment	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
V.A.	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Gross Income Real Estate	\$ _____	\$ _____	\$ _____
Welfare	\$ _____	\$ _____	\$ _____
Income from Other household members	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Other Source _____	\$ _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____	\$ _____
Total Annual Income: \$ _____			
Applicant's Income is _____ % of Median Family Income [Very Low Income _____ Low _____]			
(Please attach a copy of three of your most recent pay stubs)			

V. Monthly Housing Expenses:

Mortgage Payment/ Rent Payment	\$ _____
Insurance	\$ _____
Hazard Insurance	\$ _____
Taxes	\$ _____
Utilities:	\$ _____
Maintenance	\$ _____
Medical & Unusual Expenses	\$ _____
Child Care Expenses	\$ _____
Other (explain): _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

VI. ASSETS:

Name of Bank: _____ Account No.: _____
Savings: \$ _____
Bank Address _____
Name of Bank: _____ Account No.: _____
Savings: \$ _____
Bank Address _____
U.S. Savings Bond: _____ Yes _____ No _____ Total Bonds \$ _____
Marketable Securities: \$ _____
Other Property – Market Value \$ _____
Address: _____

Total Assets: \$ _____
Have you ever been obligated on a loan or a home improvement loan, which resulted in foreclosure, or a deed in lieu of foreclosure judgment? Yes _____ No _____ (If yes, give address)
Street Address: _____ City: _____ State: _____ Zip: _____
Name of Lender: _____

VII. Emergency Contact:

Name _____
_____ Address: _____ State _____
Zip _____
Telephone No. (Home) _____ (Work) _____

IMPORTANT: READ BEFORE SIGNING

I/We hereby certify that all information furnished in this application is true and correct and is given for the purpose of obtaining an affordable apartment. Further, I/We authorize any employee of Central Florida Community Development Corporation to verify any statement that I/We have made on this application obtained from any source named herein.

APPLICANT'S SIGNATURE: _____ **DATE** _____

APPLICANT'S SIGNATURE: _____ **DATE** _____

For CFCDC Use only

REVIEWER'S SIGNATURE: _____

DATE: _____

CERTIFIERS SIGNATURE: _____

DATE: _____