

FLORISSANT HOMEOWNERSHIP ASSISTANCE PROGRAM APPLICATION

Homeownership Assistance Program applications will not be accepted nor eligible for the program if the initial sales contract is dated prior to the acceptance into the program

Applicant Name(s) _____

Current Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Work/Cell) _____

E-Mail _____

List **all** members who will be residing at your new Florissant address, including yourself:

<u>Name (First, Middle, Last)</u>	<u>Age</u>	<u>Relationship to Applicant</u>	<u>Gender</u>	<u>Race/Ethnic Group</u> African-American Asian/Pacific Islander Hispanic Native American Alaskan Native White
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please check each category below that applies to a member of your household:

U.S. Citizen _____ Legalized Alien _____ Illegal Alien _____

Disabled _____ Vietnam Era Veteran _____ Disabled Veteran _____

Are you a first time homebuyer? : _____

Are you moving back to The City of Florissant, if yes when did you live within the city limits?

Reason for moving into the City of Florissant:

- | | | | |
|--|--|----------------------------------|--|
| <input type="checkbox"/> Quality of Neighborhood | <input type="checkbox"/> Job Location | <input type="checkbox"/> Taxes | <input type="checkbox"/> Affordability |
| <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Retirement | <input type="checkbox"/> Schools | |
| <input type="checkbox"/> Community Facilities | <input type="checkbox"/> Other (Please Indicate) _____ | | |

Requesting Estimated Amount: \$ _____ (up to 6,000.00)

****MATCH WILL ONLY BE GIVEN TOWARDS PARTICIPANTS OWN MONIES****

****ABSOLUTELY NO GIFTED MONIES WILL BE MATCHED****

CERTIFICATION

My (our) signature(s) below certifies the following:

1. That the subject property will be a single-family dwelling, and that I (we) will occupy the subject property as my (our) principal place of residence.
2. That I (we) have received information regarding rights, duties and obligations of the member and the Florissant Homeownership Assistance Program under the program.
3. That I (we) agree to adhere to all ordinances and guidelines of the Florissant Homeownership Assistance Program.

Signature of Applicant(s) _____

Signature of Applicant(s) _____

Date _____



For Office Use Only

Date Received _____ Application Taken by _____

Registration fee (\$50.00) paid by:

Cash _____ Check # _____ Money Order _____ Receipt # _____

Comments _____

Approved By: _____ Membership # _____

M. Carol O'Mara
Director Housing & Community Development