

HOUSEHOLD CERTIFICATION & CONSENT FORM

You are applying for a mortgage loan through _____ (Name of Company)
 _____ (Address of Company)

and you hereby provide consent for this Company to release any and all information regarding income, employment, rental history, assets, and household composition to Keystone Challenge Fund in order to determine your eligibility to receive down payment and/or closing cost assistance funds administered by Keystone Challenge Fund. Keystone Challenge Fund administers funds loaned by the Polk County Housing & Neighborhood Development Division, The City of Lakeland, and the City of Winter Haven to low and moderate-income home buyers. The actual funds are provided through State or Federal sources and you understand that certain eligibility requirements must be met in order to receive these funds. You are further advised that all documents regarding this assistance will constitute public records and are subject to Florida's open records laws.

One requirement to receive these funds is that you must be certified by Keystone to be a low or moderate-income family. You are required to disclose the gross amount of income of all adults who will be living in the home whether or not they are related to you or listed as a borrower on your mortgage loan. This includes income from all sources. You are also required to disclose all income received for the benefit of minors living with you including child support, social security, AFDC, or other. You do not have to disclose income from employment that is earned by a minor unless they are your spouse or a co-head of household. Disclose all income that is anticipated to be received during the coming 12-month period. You are also required to disclose all assets for all household members including assets held by minors. Furthermore, it is important that you understand that you must be eligible on the day that assistance is awarded to you, not the application date, and any changes to your income, family size, etc. should be reported to Keystone or your mortgage lender during the mortgage application process.

Your mortgage lender may not have required you to disclose all income and assets for purposes of your loan approval with them. This form is being provided to you as an application for assistance and full disclosure of income and assets.

Your application will be reviewed for other eligibility requirements relating to the price, condition, location, affordability of the property, and others as established by Polk County Housing & Neighborhood Development Division, the City of Lakeland, and the City of Winter Haven, as applicable.

PART I - HOUSEHOLD CERTIFICATION

The head of household and any co-head of household or spouse do hereby certify to the following:

- a. I/We plan to reside in the home.
- b. All household members who will reside in the home are listed below.
- c. I/We are disclosing all income earned by or for the benefit of any household member who is a head of household, co-head of household, or spouse regardless of age, the income earned by other household members over the age of 17, and any and all income received for the benefit of any household member under the age of 18.
- d. No other persons are expected to reside in the property other than those disclosed.

Head of Household Name:	Social Security #: - -	Age:
Sources of Income: (check as applicable) <input type="checkbox"/> Employment <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security <input type="checkbox"/> Pension <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other _____		
Has this income been disclosed on the application to your lender? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, Amount \$ _____ per _____		
If No - provide proof of income with this form such as a copy of a check, award letter, or court order.		
Co-Head of Household Name:	Social Security #: - -	Age:
Sources of Income: (check as applicable) <input type="checkbox"/> Employment <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security <input type="checkbox"/> Pension <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other _____		
Has this income been disclosed on the application to your lender? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, Amount \$ _____ per _____		
If No - provide proof of income with this form such as a copy of a check, award letter, or court order.		

List Other Members of Household Here

Household Member Name:		Age:	DOB: / /
Social Security #: - -		Relationship to you:	
If 18 or over - Income earned per month: \$		Employer Name & Address:	
Student: (yes/no) Disabled: (yes/no)			
Household Member Name:		Age:	DOB: / /
Social Security #: - -		Relationship to you:	
If 18 or over - Income earned per month: \$		Employer Name & Address:	
Student: (yes/no) Disabled: (yes/no)			
Household Member Name:		Age:	DOB: / /
Social Security #: - -		Relationship to you:	
If 18 or over - Income earned per month: \$		Employer Name & Address:	
Student: (yes/no) Disabled: (yes/no)			
Household Member Name:		Age:	DOB: / /
Social Security #: - -		Relationship to you:	
If 18 or over - Income earned per month: \$		Employer Name & Address:	
Student: (yes/no) Disabled: (yes/no)			
Household Member Name:		Age:	DOB: / /
Social Security #: - -		Relationship to you:	
If 18 or over - Income earned per month: \$		Employer Name & Address:	
Student: (yes/no) Disabled: (yes/no)			
Household Member Name:		Age:	DOB: / /
Social Security #: - -		Relationship to you:	
If 18 or over - Income earned per month: \$		Employer Name & Address:	
Student: (yes/no) Disabled: (yes/no)			

I/We certify that I/We have read and understood the above and the information I/We am/are providing is true and correct as of this date. I/We understand that all income for each household member must be disclosed and that I/We will be asked to provide proof of income and dependent relationships.

Signature of Head of Household

Signature of Co-Head of Household or Spouse

Date

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S775.082 or 775.83.

ATTACH TO THIS CERTIFICATION (for each dependent named above): Copy of Birth Certificate, or copy of a school record showing **your** name and address, or letter of adoption, or social security card, or copy of court-ordered guardianship letter, or copy of divorce decree.

PART II - ASSET CERTIFICATION

I/We understand that we must disclose all assets, cash or non-cash items that can be converted to cash, for all household members **including minors**. Typical assets include savings, checking accounts, certificates of deposit, stocks, bonds, IRA accounts, retirement and pension funds, lump sum receipts such as lottery winnings, insurance settlements, and personal property held as an investment such as gems, jewelry, and coin collections.

Check one:

_____ All assets have been disclosed on our application.

_____ The following assets have not been disclosed on our application.

Type of Asset	Held By* (If a Financial Institution, Company, etc.)	Name of Household Member Owning Asset	Value of Asset

*NOTE: Attach statements providing value of asset if held by a third party such as a checking, savings, certificate, pension fund, stocks, etc.

In addition, I/We certify that during the preceding 24 months, I/We (check one) _____ HAVE _____ HAVE NOT disposed of more that \$1,000 in asset(s) for less than fair market value.

If HAVE is checked above, complete the following for each disposition:

1. The asset was _____. The date of disposition was _____.
The fair market value of the asset was \$ _____. We disposed of it for \$ _____.
2. The asset was _____. The date of disposition was _____.
The fair market value of the asset was \$ _____. We disposed of it for \$ _____.
3. The asset was _____. The date of disposition was _____.
The fair market value of the asset was \$ _____. We disposed of it for \$ _____.

Signature of Head of Household

Signature of Co-Head of Household or Spouse

Date

Date

PART III - AUTHORIZATION TO RELEASE INFORMATION

By signing the following you agree to allow The Keystone Challenge Fund to verify any and all income, credit, savings, and rental references in regard to your application as needed to determine eligibility. You also agree to furnish information requested by Keystone directly from you to facilitate your request for assistance or document your eligibility.

KEYSTONE CHALLENGE FUND, INC.
2005 S. Florida Ave.
Lakeland, FL 33803
863-682-1025
863-687-2863 Fax

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I have made an application to Keystone Challenge Fund, Inc. to obtain a loan to purchase or refinance a home.

I hereby authorize the Keystone Challenge Fund, Inc. and/or its assigns to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my mortgage loan application. I further authorize Keystone Challenge Fund, Inc. to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references.

Photocopies of this letter may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this letter, it should be treated as an original and the requested information be released.

The information obtained by Keystone is only to be used in the processing of my application for a mortgage loan.

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq. of 7 USC, 1921 et. seq. (if USDA/FMHA).

Signature - Head of Household

Social Security Number

Date

**Signature - Co-Head of Household
(or Spouse)**

Social Security Number

Date