

# Hillsborough County First Time Home Buyer Program Request for Loan Commitment Form

EXHIBIT "C"

**IDENTIFICATION INFORMATION**

**CASE NO.:**

<b>Applicant:</b>						
<b>Age:</b>		<b>Sex:</b>		<b>Social Security No.:</b>		
<u>Mailing Address</u>				<u>Property Address</u>		
<b>Street:</b>				<b>Street:</b>		
<b>City:</b>		<b>Zip:</b>		<b>City:</b>		<b>Zip:</b>
<b>Census Tract:</b>		<b>Folio Number:</b>			<b>Municipality:</b>	
<b>Phone Numbers</b>		<b>Home:</b>			<b>Work:</b>	
<b>Household Income:</b>				<b>Maximum Income:</b>		
<b>Number in Household:</b>						
<b>Total Number in Household</b>				<b>Head of Household Only</b>		
<b>Race/Ethnicity</b>				<b>Special Needs</b>		
White	Black	Hispanic	Asian	Am. Indian	Other	
Farm Worker		Disabled		Elderly		Other
Teacher		Nurse		Law Enforcement		

**UNIT INFORMATION**

Type of Dwelling		
SF	MF	MH

**No. of Units:** \_\_\_\_\_  
**No. of Bedrooms:** \_\_\_\_\_

Activity			
FTHB	FTHB w/Rehab	Rehabilitation	New Construction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

please use the comment section

**CLIENT FINANCIAL INFORMATION**

**%AMI:** \_\_\_\_\_

<p><b>Annual Gross Income:</b> \$ _____ -</p> <p><b>Monthly Gross Income:</b> \$ _____ -</p> <p><b>Annual Section 8 Subsidy:</b> \$ _____ -</p> <p><b>Monthly Section 8 Subsidy:</b> \$ _____ -</p>	<p><b>Current Housing Exp. Ratio:(Front End)</b> _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>Proj. Housing Exp. Ratio: (Front End)</b> _____</td> <td style="width: 20%;"><b>Other Debt</b></td> </tr> <tr> <td colspan="2"><b>Monthly Payments:</b> _____</td> </tr> </table> <p><b>Current Debt/Income Ratio: (Back End)</b> _____</p> <p><b>Proj. Debt/Income Ratio: (Back End)</b> _____</p> <p><b>Proj. Loan-to-Value Ratio:</b> _____</p>	<b>Proj. Housing Exp. Ratio: (Front End)</b> _____	<b>Other Debt</b>	<b>Monthly Payments:</b> _____	
<b>Proj. Housing Exp. Ratio: (Front End)</b> _____	<b>Other Debt</b>				
<b>Monthly Payments:</b> _____					

**DATE INFORMATION**

<p><b>Date Application Received:</b> _____</p> <p><b>Date Approved:</b> _____</p> <p><b>Date of Loan Closing:</b> _____</p> <p><b>Date Set-up IDIS:</b> _____</p>	<p><b>Date of Inspection:</b> _____</p> <p><b>Date of Closeout &amp; Final Report:</b> _____</p> <p><b>Date Completed IDIS:</b> _____</p>
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<b>Sales Price:</b> _____	<b>HOME:</b> _____	<b>LP Fee:</b> _____
<b>Monthly Rent:</b> _____	<b>SHIP:</b> _____	
<b>Appraised Value:</b> _____	<b>Total:</b> <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	

<p><b>Appraiser's Name:</b> _____</p> <p><b>Title Company</b> _____</p> <p><b>Title Company Address</b> _____</p> <p><b>Lender:</b> _____</p> <p><b>INT/Months:</b> _____</p> <p><b>Closing Costs:</b> _____</p>	<p><b>1st Mortgage</b> _____</p> <p><b>Buyers Funds</b> _____</p> <p><b>Owner's Funds</b> _____</p> <p><b>FTHB Assistance</b> _____</p> <p><b>TOTAL=</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; text-align: center;">\$ -</span></p>
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**Signature Blocks for Approval:**

**CASE CANCELLED** Date:

Lender/Non-Profit	Date	Housing Programs Manager	Date
AHD Counselor	Date	Affordable Housing Dept Director	Date