**HCV**

**HOMEOWNERSHIP APPLICATION**

**Please note the following HABD program requirements:**

* You must be a First-Time Homebuyer (Cannot have owned a home in previous three years).
* You must be able to obtain your own first mortgage from an independent lending institution of your choice
* You must attend at least one (1) homeownership workshop and receive certificate
* Your income cannot be greater that the Federal Income Limits based on the number of members in your family

**In addition to the HABD’s requirements, lenders will likely require the following prior to mortgage approval:**

* A minimum credit score of 620
* Satisfactory credit history
* Satisfactory rental history

**SECTION I (Personal Information)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time at this address: Years \_\_\_\_\_\_\_\_\_ Months: \_\_\_\_\_\_\_\_\_\_

Previous address if less than two years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Voter? Yes\_\_\_\_\_ No\_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Spouse’s Social Security Number: \_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_

**SECTION II** (**Rental and Financial History)**

Currently Landlord: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have You Ever Owned a Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Long Did You Own a Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason You No Longer Own a Home:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have You Ever Filed Bankruptcy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Yes, What Year? \_\_\_\_\_\_\_\_

Was the Bankruptcy Chapter 7 or Chapter 13? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Bankruptcy Discharged: \_\_\_\_\_ Dismissed \_\_\_\_\_ or In Progress \_\_\_\_\_

Do You Currently Have Judgements Filed Against You? \_\_\_\_\_\_\_\_\_\_\_\_

If Yes, Please Explain. Include Date, Amounts, and Status.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Have Accounts in Collection? \_\_\_\_\_\_\_\_\_ Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION III (Family Composition)**

Number of People In Your Immediate Family: \_\_\_\_\_ Adults \_\_\_\_\_ Males \_\_\_\_\_ Females

 \_\_\_\_\_ Children \_\_\_\_\_ Males \_\_\_\_\_ Females

**List Persons Who Will Live in the Household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **AGE** | **DATE OF BIRTH** | **SOCIAL SECURITY NO.** | **RELATION TO YOU** |
|  |  |  |  | Self |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Do any members of the household have a disability that requires accommodation, such as wheelchair ramps, modified kitchen or bath, or other assistive device or enhancement? If **YES**, please explain below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION IV** **(References)**

Please list three references. Please **do not** list relatives or employers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Telephone** | **Relationship** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION V (Education)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Name** | **Degree Earned** | **Years Completed** | **Special Skill/Training** |
| High School |  |  |  |  |
| GED |  |  |  |  |
| Trade School |  |  |  |  |
| College |  |  |  |  |
| College |  |  |  |  |

**SECTION VI (Income and Employment)**

Currently Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wages per month before cut for taxes, etc.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have additional employment such as a part-time job or home-based business? If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse**

Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wages per month before cut for taxes, etc.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you or your family members currently receiving any of the following?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Family Member** | **Amount** | **How Often** | **Beginning Date** |
| Social Security |  |  |  |  |
| S.S.I |  |  |  |  |
| TANF |  |  |  |  |
| Child Support |  |  |  |  |
| Retirement |  |  |  |  |
| VA Benefits |  |  |  |  |
| Unemployment |  |  |  |  |
| Worker’s Comp. |  |  |  |  |
| Other: |  |  |  |  |

Total Monthly Household Income from All Sources $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION VII (Asset Information)**

Do you currently have a checking or savings account? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Assets with Cash Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION VIII (Expenses)**

|  |  |  |
| --- | --- | --- |
|  | **Amount/Average** | **Per Month** |
| Rent |  |  |
| Electricity |  |  |
| Gas |  |  |
| Telephone |  |  |
| Water |  |  |
| Life Insurance |  |  |
|  Car Insurance |  |  |
| Car Payment |  |  |
| Food |  |  |
| Childcare |  |  |
| Gasoline |  |  |
| Clothing |  |  |
| Medical/Dental/Medicine |  |  |
| Recreation |  |  |
| Other (Hair, Lunch, Church) |  |  |

**Please List Payments on Loans, Charge Accounts, and Personal Loans**

**(Include car loans, payday loans, furniture accounts, student loans, etc)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** | **Balance** | **Monthly Payment** | **Purpose of Loan** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION IX (Other)**

Do you currently have a student loan? Yes \_\_\_\_\_ No \_\_\_\_\_

Does a family member currently have a student loan? Yes \_\_\_\_\_ No \_\_\_\_\_

 If so, are your payments current? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have rental insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a fire in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you agree to become a member of the Homeowner’s Assoc.? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you agree to use your home as principal place of resident? Yes \_\_\_\_\_ No \_\_\_\_\_

If selected for this program, do you agree to participate in

counseling and training? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Information you would like us to be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly state your reasons for wanting to own a home:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand if any of the above information has been intentionally misrepresented, this application may be invalidated making me ineligible for the Homeownership Program. I hereby authorize the Housing Authority of the Birmingham District Homeownership Program to make all necessary inquiries for the purpose of verifying the facts herein stated.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Authority of the Birmingham District**

**Homeownership Program**

**Authorization for Release of Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (legal name) do hereby authorize any agencies, offices, groups, organizations, or business firms to release to the Housing Authority of the Birmingham District any information or materials which are deemed necessary to complete and verify my application for participation in and/or to maintain my continued assistance under the Housing Choice Voucher Housing Assistance Program, Housing Choice Voucher program, Low-Income Housing Programs, and/or the Homeownership Program. The information needed may include verification of inquiries regarding my identity, household members, employment and income, assets, health, residency, and allowances, or preferences I have claimed. These organizations are to include, but not limited to: financial institutions, Employment Security Commission, past or present employers, Social Security Administration, Department of Human Resources, Veterans Administration, court clerks, utility companies, Worker’s Compensation payers, physicians and health institutions, public and private retirement systems, law enforcement agencies, and credit providers.

I understand that the Department of Housing and Urban Development (HUD) may conduct computer matching program in order to verify the information supplied on my application or recertification. It is understood and agreed that this authorization, or the information obtained with its use, may be given to and used by HUD in the administration and enforcement of program rules and regulations and that HUD may, in the course of its duties, obtain such information from federal, state, or local agencies, including state Employment Security Agencies, Department of Defense, Office of Personnel Management, the Social Security Administration, and state welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

**FIRST TIME HOMEBUYER CERTIFICATION**

I hereby certify that I am a first-time homebuyer:

*(Check one of the following)*

* I have not had ownership in a principal resident during the past three (3) years ending on the date of the purchase of the property
* I am divorced and previously owned a home with an ex-spouse and did not get the house as part of the divorce settlement

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeb uyer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeb uyer Printed Name

STATE OF ALABAMA

COUNT OF JEFFERSON

 Subscribed and sworn before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

 My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Statement**

All questions that were answered YES on this application will be verified. It will be your responsibility to provide the Housing Authority of the Birmingham District with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household’s eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have the Housing Authority of the Birmingham District (HABD) verify the information contained in this application for purposes of proving my eligibility into the Living Legacy Homeownership Program. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting the Housing Authority’s eligibility criteria.

I certify that the information given to the Housing Authority of the Birmingham District (HABD) on household composition, income, net family asset, allowances, and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are grounds for termination from the housing assistance program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes, but is not limited to, making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtain credit information from other credit institutions.

I hereby great the Housing Authority of the Birmingham District (HABD) the right to process this application for the purpose of receiving assistance into the Living Legacy Homeownership Program. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

**FOR OFFICE USE ONLY**

 **Application Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Application Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Status: Eligible Not Eligible**