

**FLORISSANT HOMEOWNERSHIP ASSISTANCE
PROGRAM APPLICATION**

Applicant Name(s) _____

Current Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Work/Cell) _____

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</u>
<u>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?

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 _____ Membership # _____

Registration fee (\$50.00) paid by:

Cash _____ Check # _____ Money Order _____ Receipt # _____

Comments _____