



VIRGIN ISLANDS HOUSING FINANCE AUTHORITY

3202 Demarara Plaza • Suite 200 • St. Thomas, USVI 00802-6447

Telephone: (340) 777-4432 • Fax: (340) 775-7913

Email: homeownership@vihfa.gov

THE FOLLOWING DOCUMENTATION IS NEEDED TO COMPLETE AND SUBMIT AN APPLICATION FOR THE PREQUALIFICATION INTERVIEW:

REGARDING INCOME AND/OR EMPLOYMENT

FOR EACH APPLICANT:

- FOUR (4) RECENT PAY STUBS FOR EACH PLACE OF EMPLOYMENT
- LAST THREE (3) YEARS STAMPED BY I.R.B. INCOME TAX RETURNS (FORM 1040 & W2S ATTACHED)
- CURRENT JOB LETTER FROM EACH EMPLOYER STATING PAY RATE, POSITION, & HIRE DATE
- IF SELF-EMPLOYED, YEAR-TO-DATE PROFIT & LOSS STATEMENT FOR CURRENT YEAR
- AWARD LETTER: ___ RETIREMENT/PENSION ___ SOCIAL SECURITY ___ DISABILITY ___ OTHER

REGARDING CREDIT/ASSETS

FOR EACH APPLICANT:

- 3 MONTHS OF COMPLETE CURRENT BANK STATEMENTS FOR ALL TYPES OF ACCOUNTS HELD AT ALL FINANCIAL INSTITUTION (I.E. CHECKING, SAVINGS, CD'S, MONEY MARKET)

OTHER INFORMATION

- CHECK/MONEY ORDER/CREDIT CARD PAYABLE TO VIRGIN ISLANDS HOUSING FINANCE AUTHORITY
NO CASH ACCEPTED
 - FOR NEW APPLICATIONS: **\$100.00**
 - FOR UPDATED APPLICATIONS: **\$40.00** INDIVIDUAL AND **\$70.00** JOINT
 - FOR ELIGIBLE VETERANS: **\$75.00*****ALL FEES ARE NON-REFUNDABLE**
- COMPLETE RECORDED DIVORCE DECREE OR LEGAL SEPARATION AGREEMENT FILED WITH THE COURT
- EVIDENCE OF CHILD SUPPORT PAYMENTS (I.E. RECEIPTS, DEPARTMENT OF JUSTICE, 12 MONTHS OF BANK STATEMENTS)
- BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS FOR **EACH** MINOR HOUSEHOLD MEMBER
- VALID PICTURE ID AND SOCIAL SECURITY CARDS FOR **EACH** ADULT HOUSEHOLD MEMBER
- CERTIFICATE OF ELIGIBILITY: ___ DEPARTMENT OF VETERAN'S AFFAIRS ___ USDA/RURAL DEVELOPMENT



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CREDIT AUTHORIZATION

I/WE _____, AND _____
(APPLICANT - PRINT NAME) (CO-APPLICANT - PRINT NAME)

HAVE AUTHORIZED THE VIRGIN ISLANDS HOUSING FINANCE AUTHORITY TO OBTAIN MY/OUR CREDIT REPORT FOR THE PURPOSE OF DETERMINING MY/OUR ELIGIBILITY FOR HOME OWNERSHIP.

APPLICANT:

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____

DOB: _____

MAILING ADDRESS: _____

CO-APPLICANT:

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____

DOB: _____

MAILING ADDRESS: _____



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HOMEBUYERS EDUCATION REGISTRATION FORM

DATE: _____

LAST NAME: _____ FIRST NAME: _____

SOC. SEC. NO.: _____ DATE OF BIRTH: _____

RESIDENTIAL ADDRESS: _____

CITY: _____ ISLAND: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ ISLAND: _____ ZIP CODE: _____

TELEPHONE: (WK) _____ (HM) _____ (OTHER) _____

EMAIL ADDRESS: _____ VIHFA PRIORITY # _____ CLASSES ONLY: _____

Please check the box that indicate your current housing status:

- CONDO
- CONDO OWNER
- RENTER
- SINGLE FAMILY HOME
- SINGLE FAMILY HOME OWNER
- OTHER
- TOWNHOME
- TOWNHOME OWNER

Please indicate your class selection:

- ST. THOMAS-WEDNESDAYS 6:00PM-8:00PM
- ST. CROIX-THURSDAYS 6:00PM-8:00PM

The following information is requested by the Federal Government in order to monitor Virgin Islands Housing Finance Authority's (VIHFA) compliance with Federal laws prohibiting discrimination against applicants on the basis of race, national origin, sex, and family status. You are not required to furnish this information, but you are encouraged to do so. This information will help us to measure the success of our program delivery to minorities as well as non-minorities. However, should you choose not to furnish it, VIHFA is required to note the race, origin and sex of the applicant on the basis of visual observation.

Male Female **Ethnicity:** (select only one) Hispanic or Latino Not Hispanic or Latino

Race/National Origin: (select one or more) White Black or African American Asian/Pacific Islander
 American Indian or Alaska Native Other

Marital Status: Single Married Divorced Widowed

Education: High School/ GED College Vocational

Active Duty: Yes No

Veteran: Yes No

Household Size: _____ **Household Annual Income:** _____ **Monthly Income:** _____

SIGNATURE: _____
Applicant Date

SIGNATURE: _____
Co-Applicant Date

SIGNATURE: _____
Facilitator Date





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DISCLOSURE STATEMENT

I understand the Virgin Islands Housing Finance Authority provides Pre- Purchase, Post Purchase, Foreclosure Prevention and Financial Management Counseling/ Education. I will receive a written action plan consisting of recommendations for handling my finances if I am receiving one-on-one counseling.

I understand the Virgin Islands Housing Finance Authority will close my case file after six months of no contact. Attempts to communicate with me will be made via e-mail, telephone, and/or U. S. postal mail. I also understand that I have the option to request a copy of my file.

I understand the Virgin Islands Housing Finance Authority provides information and education on numerous loan products. I further understand that the housing counseling I receive from the Virgin Islands Housing Finance Authority does not obligate me to choose any of these particular loan products.

I understand I am not obligated to utilize any of the services offered me and may be referred to other services offered by the agency or to an outside agency to assist with concerns that may have been identified.

I understand that the Virgin Islands Housing Finance Authority will not make referrals to specific agencies, but will provide me a list of agencies and I will make my own decision.

I understand that within the Virgin Islands Housing Finance Authority, access to nonpublic personal information is restricted to those employees who need to know that information to provide services. The VIHFA maintains physical, electronic and procedural safeguards that comply with federal regulations to guard nonpublic personal information.

I further authorize the Virgin Islands Housing Finance Authority to share the contents of my file with third parties as it pertains to file review with HUD for compliance purposes.

Counselors may answer questions and provide information, but will not give legal advice. If I want legal advice, recommendation will be that I seek legal assistance from the appropriate entities.

Hold Harmless Agreement

I give the Virgin Islands Housing Finance Authority permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that the Virgin Islands Housing Finance Authority is a state housing finance authority, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against the Virgin Islands Housing Finance Authority and its employees.

CLIENT ACKNOWLEDGEMENT OF COUNSELING SERVICES

I/We _____ was/ were given, understand, and acknowledge the VIHFA Disclosure Statement and have received a copy.

Applicant (s) printed name(s)

Applicant Signature

Date

Co- Applicant Signature

Date

Counselor Signature

Date

The Virgin Islands Housing Finance Authority and its employees are not attorneys. The information provided in this document is to be used as a resource and is based solely on the experiences of the agency's counselors and training. This is to be completed only for the purpose of providing Counseling Services.



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APPLICATION FOR HOMEOWNERSHIP

<input type="checkbox"/> Eligible
<input type="checkbox"/> Ineligible
Date Letter Sent _____
Processed by: _____
Priority#: _____

APPLICANT

LAST NAME: _____ FIRST NAME: _____ MI: _____

SOC. SEC. NO.: _____ DATE OF BIRTH: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE: (WK) _____ (HM): _____ (OTHER) _____

EMPLOYMENT: _____ NO. OF YEARS: _____

OCCUPATION: _____ ANNUAL INCOME: _____

OTHER INCOME: (I.E.: SOC. SEC.; CHILD SUPPORT; PENSION): _____

YEARS IN V.I.: _____ VETERAN STATUS: YES _____ NO _____

U.S. CITIZEN: _____ PERMANENT RESIDENT: _____ OTHER: _____

DO YOU PRESENTLY OWN A HOME? YES _____ NO _____ IF YES, ADDRESS: _____

DO YOU PRESENTLY OWN LAND? YES _____ NO _____ IF YES, ADDRESS: _____

DO YOU LIVE IN PUBLIC/SUBSIDIZED HOUSING? YES _____ NO _____

CURRENT MONTHLY RENT: \$ _____ DO YOU RESIDE WITH RELATIVES? YES _____ NO _____

ARE YOU A SECTION 8 RESIDENT? YES _____ NO _____

HAVE YOU PREVIOUSLY COMPLETED THE HOMEBUYER EDUCATION PROGRAM? YES _____ NO _____

CO-APPLICANT

LAST NAME: _____ FIRST NAME: _____ MI: _____

SOC. SEC. NO.: _____ DATE OF BIRTH: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE: (WK) _____ (HM): _____ (OTHER) _____

EMPLOYMENT: _____ NO. OF YEARS: _____

OCCUPATION: _____ ANNUAL INCOME: _____

OTHER INCOME: (I.E.: SOC. SEC.; CHILD SUPPORT; PENSION): _____

YEARS IN V.I.: _____ VETERAN STATUS: YES _____ NO _____

U.S. CITIZEN: _____ PERMANENT RESIDENT: _____ OTHER: _____

DO YOU PRESENTLY OWN A HOME? YES _____ NO _____ IF YES, ADDRESS: _____

DO YOU PRESENTLY OWN LAND? YES _____ NO _____ IF YES, ADDRESS: _____

DO YOU LIVE IN PUBLIC/SUBSIDIZED HOUSING? YES _____ NO _____

CURRENT MONTHLY RENT: \$ _____ DO YOU RESIDE WITH RELATIVES? YES _____ NO _____

ARE YOU A SECTION 8 RESIDENT? YES _____ NO _____

HAVE YOU PREVIOUSLY COMPLETED THE HOMEBUYER EDUCATION PROGRAM? YES _____ NO _____



St. Croix Office: 100 Lagoon Complex • Suite 4 • Frederiksted, VI 00840-3912 • Telephone: (340) 772-4432



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PLEASE CHECK THE BOX THAT INDICATE YOUR PREFERENCE:

TOWNHOME SINGLE FAMILY HOME VETERAN LOAN LAND

HOUSEHOLD SIZE: _____

MEMBER NAME	SEX	DATE OF BIRTH	SOC. SEC. NO.	RELATION TO APPLICANT

WILL ANY MEMBER OF THE HOUSEHOLD REQUIRE ANY SPECIAL ACCOMODATIONS OR ADAPTIONS IN ORDER TO BE ABLE TO LIVE IN THE HOME?

YES _____ NO _____

THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT IN ORDER TO MONITOR VIRGIN ISLANDS HOUSING FINANCE AUTHORITY'S (VIHFA) COMPLIANCE WITH FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS ON THE BASIS OF RACE, NATIONAL ORIGIN, SEX, AND FAMILY STATUS. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT YOU ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL HELP US TO MEASURE THE SUCCESS OF OUR PROGRAM DELIVERY TO MINORITIES AS WELL AS NON-MINORITIES. HOWEVER, SHOULD YOU CHOOSE NOT TO FURNISH IT, VIHFA IS REQUIRED TO NOTE THE RACE, ORIGIN AND SEX OF THE APPLICANT ON THE BASIS OF VISUAL OBSERVATION.

APPLICANT:

MALE FEMALE

ETHNICITY: (SELECT ONLY ONE)

HISPANIC OR LATINO
 NOT HISPANIC OR LATINO

RACE: (SELECT ONE OR MORE)

BLACK OR AFRICAN AMERICAN
 ASIAN/PACIFIC ISLANDER
 AMERICAN INDIAN OR ALASKA NATIVE
 WHITE
 OTHER

CO-APPLICANT:

MALE FEMALE

ETHNICITY: (SELECT ONLY ONE)

HISPANIC OR LATINO
 NOT HISPANIC OR LATINO

RACE: (SELECT ONE OR MORE)

BLACK OR AFRICAN AMERICAN
 ASIAN/PACIFIC ISLANDER
 AMERICAN INDIAN OR ALASKA NATIVE
 WHITE
 OTHER

I/WE CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND BY MY/OUR SIGNATURE(S) ON THIS APPLICATION ACKNOWLEDGE MY/OUR UNDERSTANDING THAT ANY INTENTIONAL OR NEGLIGENT MISREPRESENTATION OF THE INFORMATION IN THIS APPLICATION MAY RESULT IN THIS APPLICATION BEING CANCELED. FURTHERMORE, VERIFICATION OR REVERIFICATION OF ANY INFORMATION CONTAINED IN THIS APPLICATION MAY BE MADE BY THE VIHFA, ITS AGENTS, SUCCESSORS, AND ASSIGNS EITHER DIRECTLY OR THROUGH A CREDIT REPORTING AGENCY.

SIGNATURE(S):

APPLICANT

DATE

CO-APPLICANT

DATE