



Homeownership Division

3202 Demarara Plaza, Suite 200

St. Thomas, VI 00802-6447

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

Email: homeownership@vihfa.gov

100 Lagoon Complex, Suite 4

St. Croix, VI 00840-3912

Tel: (340) 772-4432 • Fax: (340) 772-4002

HOMEOWNERSHIP APPLICATION CHECKLIST

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 AND UPDATED APPLICATIONS: **\$120.00**
 - FOR ELIGIBLE VETERANS: **\$90.00**
- 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 U.S. 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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Eligible
Ineligible
Date Letter Sent
Processed by:
Priority#:

APPLICATION FOR HOMEOWNERSHIP

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:
MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

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:
MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

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



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APPLICATION FOR HOMEOWNERSHIP-PAGE 2

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 BEGIN 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



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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

Please provide us with the following information. Information collected on this form is used by **Virgin Islands Housing Finance Authority** only and is not shared with any other organization. Please answer all questions completely. If you have any questions about this form or how we will use this information, please ask us.

Print Full Name:			Phone:
Address and Apt/Unit Number:			Date of Birth:
City	State	Zip Code:	Email:

Demographic Information (collected for reporting purposes only)

Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose not to respond	Estimated Annual Income:	
Race	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Under \$20,000	<input type="checkbox"/> \$20,001 - \$40,000
	<input type="checkbox"/> Asian	<input type="checkbox"/> \$60,001 - \$80,000	<input type="checkbox"/> \$40,001 - \$60,000
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> \$80,001 - \$100,000	<input type="checkbox"/> \$100,001 or more
	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Choose not to respond	
	<input type="checkbox"/> White	Number of persons in household # _____	1st Time Homebuyer: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> More than one race	English Proficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond
	<input type="checkbox"/> Choose not to respond	Marital Status: _____	Current Housing Status: _____
Rural Area: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Non-Conforming	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	
	Education: <input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Vocational <input type="checkbox"/> Choose not to respond		

Would you like to receive information about Virgin Islands Housing Finance Authority events? Yes _____ No _____

Workshop Name: VIHFA HOMEBUYERS EDUCATION CLASS	Date:
Have you received other services from VIHFA? <input type="checkbox"/> Yes <input type="checkbox"/> No Who did you meet with? _____	Fee Charged/Paid

The following documents will be sent via email prior to the start of class. Confirmation is required:

For Your Protection: Get a Home Inspection (HUD 92564-CN / HUD 92564-CN-SP in Spanish)
Ten Important Questions to Ask your Home Inspector
Disclosure of Lead-Based Paint Hazards in Housing (EPA-747-F-96-002)

Disclosure

Virgin Islands Housing Finance Authority is a state housing finance agency, HUD-approved, comprehensive housing counseling agency. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws. As a housing counseling program participant, you are not obligated to use the products and services of Virgin Islands Housing Finance Authority or our industry partners.

SIGNATURE: _____ **DATE:** _____

Office Use Only	VIHFA Priority # _____
Workshop Name <u>VIHFA HomeBuyers Education Class</u> CMS Class ID# _____	





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DISCLOSURE TO CLIENT FOR HUD HOUSING COUNSELING SERVICES

The Virgin Islands Housing Finance Authority offers Pre Purchase, Post Purchase, Foreclosure Prevention, Financial Management Counseling and Financial Management Education.

Services Offered

Pre-purchase Counseling: Clients receive comprehensive one-on-one counseling, which covers the entire homebuying process from beginning to end. Counselors assist their clients with creating a sustainable budget and/or spending plan for their current household situation, and a clear action plan is developed to achieve the overall goal of homeownership. Clients also receive important material on home inspection, pre-foreclosure, and any other homeownership topic relevant to successfully maintaining a home.

Non-delinquency Post-purchase Counseling: Clients receive important material on how to properly maintain a home, refinance a home, and select a realtor. Clients are assessed for individual needs and are assisted with the tools and services to successfully maintain a home.

Mortgage Delinquency and Default Resolution Counseling: Clients receive assistance to avoid foreclosure. The counselors work with the clients to develop the most suitable loss mitigation option available that will address their needs. Counselors disseminate information that leads to home retention or if the client is unable to support the mortgage debt, other loss mitigation options before legal action is initiated.

It is understood that the Virgin Islands Housing Finance Authority will close my case file after six months of no contact. Attempts to communicate with the client will be made via email, telephone, and/or US postal mail. It is also understood that the client have the option to request a copy of their file.

The Virgin Islands Housing Finance Authority is hereby authorized to share the contents of their file with third parties as it pertains to file review with HUD for compliance purposes.

Pre-purchase Homebuyer Education Workshops: Attendees will receive information on topics that will prepare the prospective homebuyer to make informed home purchase decisions. Topics include homebuyer readiness, money management, understanding credit, getting a mortgage loan, shopping for a home, keeping your home/managing finances, and maintaining a home.

No Client Obligation

Participation in our HUD housing counseling services does not oblige you to receive, purchase, or use any other services offered by this agency or by parties mentioned above or any other party.

Alternatives

As a condition of our services, in alignment with your goals, and in compliance with HUD’s Housing Counseling Program requirements, we must provide information on alternative services, programs, and loan products, if applicable and known. Counselors may answer questions and provide information but will not give legal advice. If the client needs legal advice, it is recommended that they 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 have read, understand and have received a copy of this disclosure.

Applicant printed name:	Applicant signature:	Date:
Co-applicant printed name:	Co-applicant signature:	Date:

Counselor Signature: _____ Date: _____



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PRIVACY POLICY

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

VI Housing Finance Authority (VIHFA) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does VIHFA collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others, such as your account balance, monthly payment, payment history, and method of payment.
- We receive information from a consumer credit reporting agency, such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your non-public personal information to VIHFA employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct VIHFA to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit VIHFA's ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that VIHFA make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that VIHFA will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting VIHFA.

_____ Name 1 (Printed)	_____ Signature	_____ Date	_____ Name 2 (Printed)	_____ Signature	_____ Date
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RELEASE: I hereby authorize VIHFA to release nonpublic personal information about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

_____ Name 1 (Printed)	_____ Signature	_____ Date	_____ Name 2 (Printed)	_____ Signature	_____ Date
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