

# HOMES IN PARTNERSHIP, INC.

## HOUSING OFFICE

1175 LUCERNE DRIVE  
MT. DORA, FL. 32757  
352.383.7300

## CORPORATE OFFICE

235 EAST 5<sup>TH</sup> STREET  
APOPKA, FL 32703  
407.886.2451

### "GETTING STARTED TO HOMEOWNERSHIP"

Application Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Location Requested: \_\_\_\_\_ Webster-Live Oak \_\_\_\_\_ Wildwood  
\_\_\_\_\_ Groveland-Osprey Cove \_\_\_\_\_ Coleman – Single Lots  
\_\_\_\_\_ Lake County \_\_\_\_\_ Orange County

Applicant's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

(H): \_\_\_\_\_ (C) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicants Employer: \_\_\_\_\_

How Long: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Other Income \_\_\_\_\_ Total Annual Income \_\_\_\_\_

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

Any known Credit Problems? Yes/No # of Children living in the Home with you: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(H): \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Employer: \_\_\_\_\_

How Long: \_\_\_\_\_ Other Income \_\_\_\_\_ Total Annual Income \_\_\_\_\_

Any Known Credit Problems? Yes/No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BY SIGNING THIS YOU AGREE TO AUTHORIZE HOMES IN PARTNERSHIP, INC. TO USE THE ABOVE INFORMATION FOR THE PURPOSE OF EVALUATING YOUR QUALIFICATIONS TO PARTICIPATE IN THIS PROGRAM.

PLEASE INCLUDE YOUR **\$18.00** MONEY ORDER MADE PAYABLE TO: **HOMES IN PARTNERSHIP, INC.** THE APPLICATION CAN NOT BE PROCESSED WITHOUT THE MONEY ORDER; THANK YOU.

How or from whom did you hear about us? \_\_\_\_\_