

**FLORIDA HOUSING FINANCE CORPORATION
2008 Homeownership Pool (HOP) Program
Borrower Analysis Worksheet**

Please submit this form and ALL required enclosures to the Servicer at least 4 weeks prior to the HOP Loan Closing

FHFC's Servicer: _____

HOP Member Name:		HOP Member #:
Name of person completing form:		Title:
Phone Number:	Fax Number:	Email Address:

Borrower name:			
Co-Borrower name:			
Unit Street Address:			
City, State, Zip		County:	
Name of Closing Agent:		Phone Number:	Fax Number:
Mailing Address:	City:	State:	ZIP Code:
Street Address:	City:	State:	ZIP Code:
Email Address of Closing Agent:			

Checklist of Required Enclosures

IMPORTANT NOTE *The underwriting process will not be initiated until ALL required documentation is submitted. Please submit the following documentation and enter an "X" in each box below:*

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Homebuyer Application for Housing Assistance |
| <input type="checkbox"/> | Homebuyer Education Certification Form |
| <input type="checkbox"/> | HOP Homebuyer Education Certificate or Completion Letter |
| <input type="checkbox"/> | Asset & income From Assets Verification |
| <input type="checkbox"/> | Third-party Documentation of Household Income |
| <input type="checkbox"/> | Employment Certification |
| <input type="checkbox"/> | Privacy Statement and Notification / Acknowledgement of Receipt Form |
| <input type="checkbox"/> | Home Cost Analysis Form |
| <input type="checkbox"/> | Purchase Contract |
| <input type="checkbox"/> | Addendum to Purchase Contract (if any) |
| <input type="checkbox"/> | Copy of "As-built Appraisal" (pre-construction) |
| <input type="checkbox"/> | Copy of First Mortgage Lender's Approval Letter |
| <input type="checkbox"/> | Compliance Analysis Worksheet Form |
| <input type="checkbox"/> | Uniform Loan Application (Form 1003) |
| <input type="checkbox"/> | Good Faith Estimate |
| <input type="checkbox"/> | Contractor Certification |
| <input type="checkbox"/> | Notice to Seller |

Certification: I hereby certify that to the best of my knowledge the information contained in and attached to this form is accurate and complete.	Signature:	Date:
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