FLORIDA HOUSING FINANCE CORPORATION
QUARTERLY REVIEW HHF CHECKLIST/ELIGIBILITY DETERMINATION

NAMING CONVENTION FOR FILES: Last Name, First Initial QT MMDDYYYY

Client's Last Name:_____ **File Number:**_____

_____ **Payment for:**_____

DOCUMENTS	Borrower ✓ / NA	Advisor ✓ / NA	COMMENTS
Supporting Documentation:			
Hardship Letter/Hardship Affidavit(new letter each month. Self certifying meets requirements)			
Recent Mortgage Statement and any correspondence from servicer/attorney			
Pay Stubs (Last 30 days)			
Self-employed: Copies of business checking accounts			
Unemployed: Copy of unemployment eligibility(or proof of deposit on bank statement)			
Other Income Sources: SSI, Child Support, Pension			
Last month of bank statement			
Proof of Current Partial Payment			
Misc:			
EligibilityDetermination:		Y/N	
1.) Provide the updated Eligibility Determination Spreadsheet			
2.) Is the total household income below 140% AMI adjusted for household size?			
3.) Is the total monthly housing debt greater than 31% of gross monthly income?			
4.) Is the total amount of assets lower than $5,000 or 3 times the PITIA(whichever is greater)?			
5.) Has the partial payment been made for the current month?			

I certify that all information provided is true and accurate.

HHF Advisor Signature:_____ **Date:** _____

Homeowner Signature:_____ **Date:** _____

Co-Homeowner Signature:_____ **Date:** _____

Please scan this document along with all other supporting documents into one file.