FLORIDA HOUSING FINANCE CORPORATION
HHF DOCUMENT CHECKLIST

NAMING CONVENTION FOR FILES LISTED IN ( ) FOR EACH SECTION

PLACE LAST NAME AND FIRST INITIAL IN FRONT OF NAMING CONVENTION

Client's Name_____ Date of Application:_____

DOCUMENTS	√ / NA	COMMENTS
Intake Application: (INTAKE APPLICATION MMDDYYYY)		
Intake Application: HHF Intake Form and Financial Worksheet		
Hardship Letter/Dodd Frank		
4506T (Submitted for self employed applicants)		
Homeowner/Advisement Contract		
Hardship Affidavit		
Authorization to Release Information (ATRI MMDDYYYY)		
Supporting Documentation: (ELIGIBILITY DOCS MMDDYYYY)		
Eligibility Checklist (both pages)		
Eligibility Computation Form (w/ calculation tape)		
Property: (PROPERTY DOCS MMDDYYYY)		
Deed		
Recorded Mortgage (for all liens disclosed)		
Proof of Homestead		
Mortgage: (MORTGAGE DOCS MMDDYYYY)		
Recent Mortgage Statement and any correspondence from servicer/attorney (for all liens disclosed)		
Homeowners Insurance Statement (including flood, wind, hurricane etc), if not escrowed		
Property Tax Statement, if not escrowed		
Homeowners Association dues statement, if applicable		
Condo Association (Most recent two years of Condo Financial Statements) [CONDO DOC MMDDYYYY]		
Income: With annual income calculation provided (INCOME MMDDYYY)		
Pay Stubs (Last 60 days)		
Self-Employed/Decreased Income:		
*Last two years tax returns (W-2 or 1099)		
*Year to Date Profit and Loss (prepared by third party)		
Unemployed: Copy of unemployment determination		
Underemployed: Verification of 10% reduction in income		
Other Income Sources: SSI, Child Support, Pension		
Asset: (ASSET MMDDYYYY)		
Last two months Bank Statements (personal and business if applicable		
Letter of Explanation (LOX) for all deposits over $100.00 that do not tie to an income source		
Misc:		
Proof of Bankruptcy discharge/dismissal (BANKRUPTCY MMDDYYY)		
Ineligible Letter (INELIGIBLE MMDDYYY)		
Divorce Decree w/ Settlement Agreement (DIVORCE DECREE MMDDYYY)		

FLORIDA HOUISNG FINANCE CORPORATION
ELIGIBILITY DETERMINATION CHECKLIST

Client's Name_____ **Date of Application:**_____

ELIGIBILTY DETERMINATION	Yes	No	NA	COMMENTS
HOMEOWNER				
1.) Is the client a Legal US Resident/Legal Alien?				
2.) Is the client a Florida Resident?				
3.) Does the client occupy the property as their primary residence?(Proof of Homestead required)				
4.) Is the total household income below 140% AMI(at time of hardship) adjusted for household size?				
5.) Is the total monthly housing debt greater than 31% of gross monthly income?				
6.) Is the total amount of assets lower than $5,000 or 3 times the PITIA (whichever is greater)				
7.) Has the client experienced a qualifying hardship [unemployment or underemployment (min 10%)]?				
8.) Does the homeowner have a bankruptcy that has not been discharged or dismissed?				
9.) Has the client been convicted of a mortgage related felony in last 10 years?(self certified)				
PROPERTY				
1.) Is the property located in Florida?				
2.) Does the property qualify?				
(single family, townhome, condo (as approved), quad or below				
with client occupying one unit, mobile or manufactured on a permanent foundation)				
3.) In addition to the primary residence, does the homeowner own more than one other property?				
4.) Is the property abandoned, vacant or condemned?				
MORTGAGE				
1.) Is the client's mortgage with a regulated financial institution/Habitat/USDA?				
2.) Is the current outstanding balance of the first mortgage $400,000 or less?				
3.) Is their current pending litigation on the property/mortgage?				

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