ESCAMBIA COUNTY HOMEBUYER ASSISTANCE PROGRAM

Welcome to Escambia County Homebuyer Assistance Program

The Escambia County Homebuyer Assistance Program supports the Neighborhood & Human Services Department's mission to strengthen community vitality through investment in housing, neighborhood stability, economic opportunity, and effective community development services. The Program is designed to help qualified, mortgage ready households overcome one of the most significant barriers to homeownership, the upfront cost of purchasing a home. By providing down payment and closing cost assistance, Escambia County seeks to expand access to sustainable homeownership, promote neighborhood stability, and encourage long-term investment in communities throughout the County.

BASIC ELIGIBILITY REQUIREMENTS

To be considered for assistance, an applicant must:

- Be at least 18 years old.
- Be a U.S. citizen or legal permanent resident.
- Be a resident of Escambia County.
- Have total gross household income at or below the Area Median Income (AMI), based on household size.
- Meet the criteria for a first-time home buyer
- Provide a current prequalification or preapproval letter from a SHIP-approved lender.
- Be able to contribute at least $2,000 toward closing costs.
- Attend any required homeownership classes and complete a homebuyer education course with a HUD-certified housing counselor.

HOW THE PROCESS WORKS

This Program is specifically intended for applicants who are mortgage ready, have already obtained prequalification or preapproval from a SHIP-approved lender, and need financial assistance to complete an eligible home purchase.

1	**GET PREQUALIFIED** Contact a SHIP-approved lender and obtain a pre-qualification or pre-approval letter.
2	**FIND A HOME WITHIN YOUR BUDGET** Work with a real estate professional or search independently for a home that fits within the amount approved by your lender.
3	**APPLY WITH NED** Submit a complete Homebuyer Program application and all required supporting documents to the Neighborhood & Human Services Department.
4	**COMPLETE NED REVIEW** NED will review household eligibility, income, assets, financing, and the proposed property. Additional documentation may be requested.
5	**RECEIVE NED APPROVAL** If the applicant and property meet Program requirements, NED will issue the appropriate approval.
6	**WORK WITH THE LENDER AND COUNTY TO CLOSE** The applicant, lender, title company, and County will coordinate the remaining requirements and closing on the selected home.

FUNDING AVAILABILITY

Please note: Applications are processed on a first-come, first-served basis while funds are available. Submission of an application does not guarantee assistance. Funding is not reserved or committed until the applicant, property, and financing have been reviewed and formally approved by Escambia County.

DOCUMENT CHECKLIST

Bring copies of all applicable documents. An application is not considered complete until all required documentation has been received. NED may request additional information based on the applicant's household or financial circumstances.

MORTGAGE READINESS

☐ Current prequalification or preapproval letter from a SHIP-approved lender.

IDENTITY & HOUSEHOLD DOCUMENTS

☐ Government-issued photo identification for every adult household member.

☐ Social Security cards for all household members.

☐ Marriage certificate, divorce decree, separation agreement, or related legal documents, if applicable.

INCOME DOCUMENTS

☐ Most recent pay stubs for all employed household members.

☐ Most recent W-2 form(s).

☐ Current benefit or award letters for SSI, SSA, SSDI, VA benefits, pension, retirement, or other recurring benefits.

☐ Child support and/or alimony documentation, if applicable.

☐ Self-employment income documentation, including current profit-and-loss information and other records requested by NED, if applicable.

ASSET DOCUMENTS

☐ Most recent two months of complete bank statements for all checking, savings, and other financial accounts.

☐ Most recent statements or transaction histories for peer-to-peer payment or banking applications, including Cash App, Venmo, PayPal, or similar accounts.

☐ Statements for other assets or investment accounts, if applicable.

Escambia County Homebuyer Assistance Program

Please complete all applicable sections and attach the required supporting documentation. An incomplete application may delay eligibility review and processing. Submission of an application does not guarantee approval or funding.

For County Use Only

Date Received		**Application Number**	
Assigned Staff		**Status**	☐ Pending ☐ Complete ☐ Ineligible

1. Applicant Information

Applicant Full Legal Name	
Date of Birth	
Social Security Number / Alternate ID	
Primary Phone	
Alternate Phone	
Email Address	
Current Residential Address	
Mailing Address (if different)	
Marital Status	

2. Co-Applicant Information

Complete this section only when another adult is included as a co-applicant.

Co-Applicant Full Legal Name	
Date of Birth	
Social Security Number / Alternate ID	
Primary Phone	
Email Address	
Current Address (if different)	
Relationship to Applicant	

3. Household Composition

List every person who will live in the home, including the applicant and co-applicant.

Full Name	Relationship	Date of Birth	Age	Included in Household	Income Included
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No

4. Demographic and Household Information

This information is collected for program reporting and to identify possible priority or enhanced assistance.

Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check all that apply)	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other / Multiple Races
Veteran Household	☐ Yes ☐ No
Female Head of Household	☐ Yes ☐ No
Household Member Age 62 or Older	☐ Yes ☐ No
Number of Minor Children	
Survivor / Special Population	☐ Survivor of domestic violence ☐ Youth aging out of foster care ☐ None of the above

Disability or Special-Needs Information

Does anyone in the household have a disability or special need that may require accommodation or supportive service? ☐ Yes ☐ No

☐ Developmental disability
☐ Mobility impairment requiring a wheelchair, walker, crutches, or another assistive device
☐ Diagnosable substance-use disorder, serious mental illness, or chronic physical illness/disability
☐ Condition is expected to be long-term or indefinite
☐ Able to live independently with appropriate support
☐ Eligible for or currently receiving supportive services

Can documentation be provided, if required, to verify the disabling condition? ☐ Yes ☐ No

5. Employment and Essential – Service Factors

Check all categories that apply to at least one adult household member.

- ☐ Currently employed
- ☐ U.S. Military Active Service
- ☐ U.S, Veteran
- ☐ Federal, State, or Local Government Agency or service provider
- ☐ Service Industry: cleaning, maintenance, food service, transportation, personal care.
- ☐ Educator, Education support staff at college, trade school or learning center
- ☐ Hospitality or Tourism
- ☐ Organization engaged in Construction
- ☐ Retail Sales: cashier, stock, clerk, sales associate, customer service.
- ☐ Healthcare: administrative support staff, doctor, nurse, aide, technician, therapist.

6. Household Income Information

List all earned and unearned income received by household members. Attach supporting documentation for each source.

Household Member	Employer / Income Source	Income Type	Gross Amount	Frequency	County Use
			$		
			$		
			$		
			$		
			$		
			$		
			$		

Estimated Total Gross Monthly Household Income	$	**Estimated Total Gross Annual Household Income**	$
Household Size		**Income Limit Used (County Use)**	

7. Housing and Loan Information

First-Time Homebuyer	☐ Yes ☐ No
SHIP-Approved Lender Name	
Loan Officer / Contact Information	
Prequalified or Preapproved Loan Amount	$
Target Purchase Price	$
Target Area / Neighborhood	
Property Address (if under contract)	
Property Currently Under Contract	☐ Yes ☐ No
Will the Property Be Your Primary Residence?	☐ Yes ☐ No
Anticipated Closing Date (if known)	

8. Program Priority and Enhanced – Assistance Information

Check all that apply. Final eligibility for priority or enhanced assistance will be determined by the County.

☐ Interested in purchasing within an eligible Community Redevelopment Area (CRA)
☐ Veteran household
☐ Household includes a person age 62 or older
☐ Household includes a person with a disability
☐ Other County priority category (describe below)

Additional Notes or Explanation

9. Applicant Certifications and Authorizations

- ☐ I certify that the information provided in this application and in all supporting documents is true, complete, and accurate to the best of my knowledge.
- ☐ I understand that additional information or documentation may be required to determine program eligibility.
- ☐ I authorize Escambia County and its representatives to verify employment, income, assets, household composition, lender information, and other information necessary to process this application.
- ☐ I understand that submission of this application does not guarantee eligibility, approval, reservation of funds, or financial assistance.
- ☐ I agree to notify Escambia County promptly of any change in household composition, income, employment, property selection, financing, or other information provided in this application.
- ☐ I understand that knowingly providing false, misleading, or incomplete information may result in denial or termination of assistance and may subject me to other remedies available under law.

Applicant Signature	Date
Co-Applicant Signature	**Date**

10. Staff Review (County Use Only)

Application Complete	☐ Yes ☐ No	**Preapproval Verified**	☐ Yes ☐ No
Household Size		**Annual Household Income**	$
Income Category	☐ Very Low ☐ Low ☐ Moderate	**First-Time Homebuyer**	☐ Yes ☐ No
CRA Eligibility	☐ Yes ☐ No ☐ N/A	**Priority Category**	
Eligibility Determination	☐ Eligible ☐ Ineligible ☐ Pending	**Funding Availability**	☐ Available ☐ Waitlist
Reviewed By		**Review Date**	
Supervisor Approval		**Approval Date**	