

Purchase Assistance Program is Open!!!



THE CITY OF NORTH LAUDERDALE PURCHASE ASSISTANCE PROGRAM APPLICATION IS NOW AVAILABLE AT THE CITY'S WEBSITE OR BY CALLING (954) 724-7069, OPTION 3

Funding available for candidates that have not owned a home in the last three years and household income is below 80% Area Median Income (see chart below)

- **Maximum award \$30,000, for down payment and closing costs**
- **Must occupy residence for the next 15 years to be forgiven**
- **Must be lender pre-qualified at time of application**
- **Must attend Homebuyer Education Workshop at HUD Approved Agency**
- **NO purchase contract before application**
- **First ready-first qualified– first served**



1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$49,950	\$57,050	\$64,200	\$71,300	\$77,050	\$82,750	\$88,450	\$94,150



City of North Lauderdale
 Community Development Department
 701 S.W. 71st Avenue
 North Lauderdale, Florida 33068
 Telephone: (954) 722-0900

PURCHASE ASSISTANCE PROGRAM

If you have not owned a home in the past three years and are interested in becoming a homeowner, the City of North Lauderdale may have funds available for down payment and/or closing costs to income eligible homebuyers.

Program: Income eligible applicants will be awarded a maximum of \$30,000 each in grant funds for lender required down payment and/or closing cost assistance. This assistance will help you purchase an eligible property (i.e., single family residence, townhome, condominium) focusing on vacant, abandoned, and/or foreclosed properties located anywhere within the City of North Lauderdale. Assistance will be in the form of an interest free loan requiring no repayment if program requirements are met. The property must be owner-occupied as the “primary residence” for fifteen (15) years after closing. If a default occurs, as defined by the grant guidelines, including but not limited to the rental of the home, you will be subject to repayment of the full loan amount as this constitutes a default. While no minimum household income is required, the applicant must have sufficient income to repay debt and maintain the housing unit. Property must meet Housing Quality Standards as per 24 CFR 982.401. Property must be in immediately habitable condition (i.e. no significant or major repairs can be needed AND must have appliances or proof thereof). The City of North Lauderdale is not responsible for code violations, liens, open permits, or illegal structures. The City of North Lauderdale will not award subsidy financing if any code violations, liens, and/or open permits exist.

Security: This interest free loan will be secured by a second mortgage (lien) on the property.

Eligibility: Eligible households are those who HUD annual incomes are at or below eighty percent (80%) of Area Median Income for the current fiscal year as adjusted for household size. See income eligibility limits below. Applicant is **responsible** for contributing 1% of purchase price of home or \$1,000, whichever is greater, towards the down payment amount required by the lender, and must **already** be qualified by a lender for a first mortgage with an escrow account. Applicants must not have filed bankruptcy within the past 24 months.

Household-Size Income Eligibility

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$49,950	\$57,050	\$64,200	\$71,300	\$77,050	\$82,750	\$88,450	\$94,150

Effective April 2020 – Established by Federal Guidelines – Subject to Change.

First Mortgage Restrictions: The City will provide assistance in combination with private sector mortgage of your choosing which meet the following conditions:

- Fixed Rate
- 30 Year Term
- Mortgage not to exceed prime + two (2) points
- Adjustable Rate Mortgages are not eligible
- No balloon payments
- No prepayment penalties

Closing Costs and Lender’s Fees: The intent of the Purchase Assistance Program is providing income eligible households with an opportunity for home ownership. The City of North Lauderdale believes this is best facilitated by working with lenders who will offer clients affordable, prime-market loan products with fees commensurate with industry standards. Generally, lenders may charge up to one point for origination of the loan and up to one point on discount. All other lending fees must be reasonable and cannot exceed \$500 or 0.5% of the loan amount, whichever is greater.

Application process: Applicants must fully complete the application and provide copies of the required documentation as described in this application in order to be considered for any assistance. Applicants must also complete an eight-hour HUD approved first-time homebuyer certification class (if you have not taken the class, please call and sign-up with one of the agencies listed below or any agency of your choosing that is HUD certified). As soon as your completed application is returned with all copies of the required documentation, it will be reviewed for eligibility. Please call (954) 724-7069 and select option 3 if you need assistance or information about the application and to schedule an appointment to submit your application. **NO WALK-INS**. The applicant is the person who will own the house and is responsible for the mortgage payment. If you intend to own the house with someone else, and they will also be occupying the property as their primary residence, co-applicant information must be provided. If you're married, your spouse must be listed as the co-applicant in the application. Only U.S. Citizens and permanent residents can apply for the program. Please note that funds for pre-qualified applicants are distributed on a **'first ready, first qualified, first served'** basis. The City of North Lauderdale reserves the right to cancel any and all applications based on lack of funding availability. Eligibility is not determined until all items listed above have been submitted. If documents/information is not submitted with completed application at the time of scheduled appointment, your application will not be accepted and you will have to reschedule. Important: If you have owned residential property or commercial property within the last three (3) years. You are not eligible for this program.

Homebuyer Education Programs
HUD Approved Counseling Agencies

Participating Housing Counseling Agencies

Organization	Address	Contact	Phone/ E-Mail	Counseling/ HBE Languages
Broward County Housing Authority	4780 N State Road 7, Lauderdale Lakes, FL 33319	Phyllis Brown	954-739-1114 housingcounselor@bchafll.org www.bchafll.org	English, Spanish
Consolidated Credit Solutions	5701 W Sunrise Blvd. Plantation, FL 33313	Emmanuel Hetzler	954-377-9219 emishaikoff@consolidatedcredit.org www.eventbrite.com/o/consolidated-credit-16673678418	English, Spanish
Debt Management Credit counseling Corp.	1100 S Powerline Road, Suite #101, Deerfield Beach, FL 33442	Alexa Severino	+1 (866) 724-3328 , ext. 5970; alexa@dmconline.org	English; Spanish and Creole (one-on-one)
Hispanic Unity of Florida	5840 Johnson Street, Hollywood, FL 33021	Sandra Tobón	(954) 342-0423 stobon@hispanicunity.org	Spanish, English
Housing Foundation of America	2400 N University Drive, Suite #200, Pembroke Pines, FL 33024	Marilyn K Gallington	(954) 923-5001, www.homeapproved.org	English
Neighborhood Housing Services of South Florida	2880 W Oakland Park, Suite #115, Fort Lauderdale, FL 33311	Yanick Landess	(305) 751-5511, ext. 3121 Yanickl@nhssf.org	English, Spanish, Creole
Oasis of Hope Community Development Corporation	600 SW 3 Street, Suite #2290, Pompano Beach, FL 33060	Martha Toomer Edgar Palencia	(954) 586-1283, ext. 2293 mtoomer@oasiscdc.org (954) 586-1283, ext. 2295 epalencia@oasis.cdc	English, Spanish
Urban League of Broward County	560 NW 27 Avenue, Fort Lauderdale, FL 33311	Deborah Estrada	www.ulbc.org	English, Spanish
REACH (Real Estate, Education and Community Housing)	1451 W Cypress Creek Road, Suite #391, Fort Lauderdale, FL 33309	Jackie Villanueva	954-546-0844 housing@reach4housing.org www.reach4housing.org	English, Spanish, Creole (by request)

Participating Lenders

Lender	Mortgage Loan Officer	Contact number	email Address	Language Spoken
BB&T/ TRUIST	Catherine Albamonte	954-753-7714 954-661-9080	calbamonte@bbandt.com	English
CitiBank Mortgage	Rennatta Delgado	305-992-7721	joaquin.garuz@citi.com	English, Spanish
City National Bank	Mar Pena	305-476-6434 305-342-9106	Marluis.Pena@citynational.com	English, Spanish
Champions Mortgage	Denise Luaces-Suarez	786-229-1256	dluaccessuarez@championsmortgage.com	English, Spanish
First Bank	Alex Enriquez	305-577-6000, ext. 587	Alex.enriquez@firstbankfla.com	English, Spanish
Primary Residential Mortgage	Sandra Bradley	305-652-9393		
Third Federal Savings and Loan	Jamila Elliott	954-340-4032	Jamila.elliott@thirdfederal.com	English
	Patti Augustin-Rigaud	954-340-4032	Patricia.augustin-rigaud@thirdfederal.com	English
	Gloria Perez	954-472-6039	Gloria.perez@thirdfederal.com	Spanish, English
	Florangela Romero	954-457-2488	Florangela.romero@thirdfederal.com	Spanish, English
TIAA Bank	Amadeo Marino	954-334-6034 574-534-5976	amadeo.marino@TIAABank.com	English, Spanish

Participating Realtors

Agent / Realtor	Address	Contact phone	email Address	Languages Spoken
Carl K Apollon/ REMAX		954-548-1770	AgentCKA@gmail.com	English
Tamara Aristy/ The K Company	1500 E Atlantic Blvd., suite B, Pompano Beach, FL 33060	954-213-5310 / 954-545-5583	tamaraaristy@gmail.com	English
Elaine Daniels/ Splendor Realty, Inc.	1773 N State Road 7 Suite 200 Lauderhill, FL 33313	(954) 445-5127	edaniels@splendorrealty.com	English
Stacy Ann Drummond/United Realty Group	3351 N University Drive, Coral Springs, FL 33065	754-422-9672	Stacyannjm1@hotmail.com	English
Liz MacCall Arise Real Estate Advisors		(561) 797-1188 (561) 300-4073	LMacCall@AreaProperties4You.com	English, Spanish
Royanne Mitchell/ London Foster	407 Lincoln Road, Suite #10G, Miami Beach, FL 33139	954-540-7588	royannesellshomes@gmail.com	English
Margo Morgan/ Morgan Realty and Management Services, Inc.	1806 N Flamingo Road, Suite #360 Pembroke Pines, FL 33028	(954) 687-2018	margo_morgan@ymail.com	English, Spanish, Creole
Carl Parrish The Real Estate Experts	610 NW 183 Street, Suite #207, Miami Gardens, FL 33169	(305) 652-9343 (954) 274-2365	cdparrish@aol.com	English
Sandra Robinson/ Diamond Property Realty		(954) 682-8622 (954) 707-6580	diamondpropertyrealty@gmail.com	English, Spanish
Bobbie Sera Diamond Property Realty		(954) 588-1224	prospectiveconsultantcorp@gmail.com	English
Elvin Villalobos REMAX	7801 W Commercial Blvd. Tamarac, FL 33351	(954) 746-4500 (954) 294-9831		English
Jackie Villanueva Jackie's Realty, LLC	13701 SW 88 Street, Suite #205, Miami, FL 33186	(305) 321-2517	jackiesells5@yahoo.com	English, Spanish
Carol A Weller		(954) 610-1592	carol_weller@hotmail.com	English
Dawn Williams- Bobo- PRAG Realty	PRAG Realtors	754-366-1791	prag@bellsouth.net	English, Spanish, Creole

APPLICATION SUPPORTING DOCUMENTATION LIST

Dear Applicant(s),

Thank you for showing interest in the Purchase Assistance Program. Attached is the application package. Due to Federal funding requirements, all the information in the package must be completed. In addition to filling out the Borrower Application, **COPIES** of the following documents are required to be submitted with your application. **Staff will NOT make copies of required documents.** (These documents will not be returned to you.)

1. Proof of **one** of the below identifications for all persons over 18 years of age that will reside at the property.
 - State issued picture ID
 - Resident's Card
 - Passport
 - Naturalization Paper
2. Marriage Certificate or Divorce Decree (if applicable).
 - If your spouse has passed away, please provide a copy of the death certificate.
 - The State of Florida does not recognize separation.
3. Proof of Number of Dependents (*dependents must be listed on your tax return*). Submit **one** of the following:
 - Birth Certificate with applicant's name listed
 - Divorce decree
 - Court ordered letter of guardianship
 - Letter of Adoption

Note: If a dependent is at least 18 and is a full time student please submit a copy of their class schedule in addition to the above documents.

4. Social Security Cards for **all** household members.
5. Pre-approval/pre-qualification Letter from the Lender of your choice
 - Must include company's name, loan officer contact information (phone, e-mail, etc.)
 - Maximum amount of first mortgage and terms
6. First-time Homebuyer Class Certificate (8 hours) *From a HUD certified agency (within 12 months)
7. "Gift letter" if a relative is GIVING you funds toward the purchase
 - Specific dollar amount of the gift and the date the funds were deposited/transferred to borrower's account
 - Donor's name, address, contact number and relationship to applicant
 - Statement from the donor saying no repayment is expected
8. Assets (for all household members) including but not limited to:
 - Most recent statements for all IRA's, 401Ks, 457K, Retirement/Pension, stocks, bonds, annuities.
 - Certificate of deposit (CD) statement
 - Six (6) months of recent and consecutive bank statements for all bank accounts. **ALL PAGES**
 - Proof of the value of additional property that you own (land, homes, & boats)
9. Employer Verification Form (page 7 of the application which has to be filled out by HR or Supervisor)
10. Proof of Income (household members 18 years old and older). **SUBMIT ALL THAT APPLY**
 - Three (3) recent and consecutive pay stubs.
 - Child Support – court order, divorce decree, or a printout from the agency ordering the child support.
 - Alimony/Palimony – divorce decree or court order.
 - Social security/SSI Benefit Statement.
 - VA Benefits, Worker's Compensation, Unemployment benefits
 - Pension or insurance payments

Note: If unemployed, an unemployment affidavit will need to be completed at our office by each non-working individual 18 years and older and Certification of Zero Income (if no income at all)

11. Two (2) Most recent Federal Income Tax Return(Signed) **OR** Transcript from the IRS
**(For Transcript call 1-800-829-1040)*
 - Self-employment - Three (3) most recent Federal Income Tax Return or Transcript from the IRS
 - Year to Date Profit and Loss Statement
12. Two (2) Associated W2s or 1099s or Schedules
13. If receiving food assistance (Food Stamps, WIC, etc.) please provide statement

Once your completed application and all required documents are received, staff will review and make a determination of eligibility.

Sincerely,

Armando Loo

Community Improvement Coordinator



City of North Lauderdale
 701 S.W. 71st Avenue
 North Lauderdale, Florida 33068
 Telephone (954) 724-7069

Purchase Assistance Program Application

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility in the Purchase Assistance Program. All information supplied will be verified. PLEASE PRINT CLEARLY.

APPLICANT

First Name:	Last Name:	Middle Initial
Address:		
City:	State:	Zip Code:
Contact Number:	Work Phone:	E-mail:

SPOUSE / CO-APPLICANT

First Name:	Last Name:	Middle Initial
Contact Number:	Work Phone:	E-mail:

EMPLOYMENT INFORMATION: APPLICANT

Employer Name:	Supervisor:
Position:	Address:
Phone:	Length of Employment:
Annual Income (gross salary, overtime, tips, bonuses, etc.) \$	Pay Rate: \$

EMPLOYMENT INFORMATION: SPOUSE / CO-APPLICANT

Employer Name:	Supervisor:
Position:	Address:
Phone:	Length of Employment:
Annual Income (gross salary, overtime, tips, bonuses, etc.) \$	Pay Rate: \$

OTHER INFORMATION

1. Are you a City of North Lauderdale Employee? Yes No

- If yes, what department _____
2. Are you a City of North Lauderdale Board Member? Yes No

- If yes, what board _____
3. Are you related or married to a City: employee, elected official, or any Board member? Yes No
- If yes, name of relative and relationship to relative _____
4. Have you owned a home in the last 3 years? Yes No
5. If you answered YES above, are you a displaced homemaker? Yes No
6. If you answered YES to both questions above, attach a divorce decree showing the method of disposition of the martial home.
7. Have you declared bankruptcy in the last 2 years? Yes No

Office Use Only (Date stamp once verify application is completed)

APPLICANT

Marital Status: Married Single Divorced
 Widower Separated
 Relationship to Co Applicant: _____
 Race: Black not Hispanic White Hispanic
 Other (Specify) _____
 Sex: Male Female
 Citizen / Resident Alien: Yes N

How long at present address? _____ years _____ months
 Landlord Name: _____
 Landlord Address: _____

 City: _____ State: _____ Zip: _____
 Landlord Phone: _____
 Monthly Rent: \$ _____
 Utilities Included: Yes No

SPOUSE / CO-APPLICANT

Marital Status: Married Single Divorced
 Widower Separated
 Relationship to Applicant: _____
 Race: Black not Hispanic White Hispanic
 Other (Specify) _____
 Sex: Male Female
 Citizen / Resident Alien: Yes No

How long at present address? _____ years _____ months
 Landlord Name: _____
 Landlord Address: _____

 City: _____ State: _____ Zip: _____
 Landlord Phone: _____
 Monthly Rent: \$ _____
 Utilities Included: Yes No

HOUSEHOLD INFORMATION (Must include ALL household members.)

	Name	Relationship to Applicant	Date of Birth	Age	Last 4 of Social Security Number	Occupation
1		Applicant				
2						
3						
4						
5						
6						
7						
8						

SOURCES OF INCOME (For ALL household members 18 years old and older)

List employment, child support, alimony, social security pensions, unemployment, Workers Compensation, etc.

	Name	Wage/Salaries Include Tips, Commission And Bonuses	Benefits, Pensions	Public Assistance	Other Income	Annual Income
1						
2						
3						
4						
5						

ASSETS (For ALL household members) (Please attached additional page if needed)

Type (Circle One)	Bank Name	Account Number	Cash Value
Checking Savings Both			
Checking Savings Both			
Checking Savings Both			
401(k) Pension(s)			

AVERAGE MONTHLY HOUSEHOLD EXPENSES: (For everyone who pays the following)

Water: \$	Phone: \$	Car Payments: \$	Debt:\$
Cell Phones: \$	Cable /Internet:\$	FPL: \$	Car Insurance: \$

APPLICANT	<u>YES</u>	<u>NO</u>	SPOUSE/CO-APPLICANT	<u>YES</u>	<u>NO</u>
Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you declared bankruptcy within the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>	Have you declared bankruptcy within the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>
Been party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	Been party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN IN SPACE PROVIDED.

EXPLANATION: _____

**CITY OF NORTH LAUDERDALE
AGREEMENT
AFFIDAVIT AND RELEASE**

The undersigned(s) understands that the intent of this application is for the purpose of pre-qualifying only and does not guarantee acceptance or approval, and no commitment is hereby made on the part of either the applicant or the City of North Lauderdale. I/We further understand that all information and documents provided with and in association with this application, are public records, and as such are subject to the State of Florida's public records laws. The undersigned(s) applies to participate in the Purchase Assistance Program indicated in this application, which requires a loan to be secured as a second mortgage on the property received through this program. The undersigned(s) further understands that he/she must own and live in the unit for a period of fifteen (15) years. As well as complete the Declaration of Domicile and provide the requested documents during the term of the grant. The City of North Lauderdale is not responsible for any damage, and I/we the undersigned release and hold harmless the City from any and all liabilities to myself and personal property. The undersigned further understands that all statements made in this application are true and made for the purposes of participating in this Purchase Assistance Program. The undersigned(s) warrants that all income from every person in the household is accurately listed on this application. Verifications may be obtained from any source named in the application. The undersigned fully understands that it is a federal crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 18, U.S. Code, Sections 1001 and 1014.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

AUTHORIZATION FORM REQUIRED BY FEDERAL PRIVACY ACT

IMPORTANT – APPLICANT(S) READ BEFORE SIGNING: Under the Privacy Act of 1974, it will be necessary for the Program/Lender to supply the appropriate agencies you listed on your Application with written approval from you to allow them to release information from your files to verify the information you provided on your application. Please sign the appropriate space below to authorize these verifications if required.

This authorizes the Program/Lender to have free access to my information and records relative to my employment, sources of other income, creditors and mortgage verifications as may be required to process my Purchase Assistance Application.

SIGNATURE OF APPLICANT XXX-XX-_____
LAST FOUR OF SOCIAL DATE

SIGNATURE OF CO-APPLICANT XXX-XX-_____
LAST FOUR OF SOCIAL DATE

**AFFIDAVIT OF ALTERNATIVE INCOME SOURCES
AND
FINANCIAL RECORDS RELEASE**

NOTE: This form must be filled out, witnessed and notarized in its entirety to be valid.

*****WARNING***** Section 817, Florida Statutes, provides that willful false statements or misrepresentations concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and are punishable by fines and imprisonment as provided pursuant to Sections 775.082 and 775.083, Florida Statutes.

I/We do solemnly swear that I/We do not receive ANY form of alternative income at the present time nor in the past 12 months other than which is reported on my application. I/We understand that the term "alternative income applies to ANY form of funds that I/We may have received whether taxable or non-taxable.

I/We hereby grant permission and authorize any: bank, employer, insurance agency, lender, creditor and Governmental Agency to release information that is requested by the City of North Lauderdale or its authorized representative. I/We understand this information shall only be used to determine my financial status to qualify for a City of North Lauderdale sponsored program.

I/We understand this information is required to process the Purchase Assistance Program application. Refusal to provide this form in a properly completed manner will be grounds for disqualification. I/We understand that incorrect or misleading statements of material fact shall be grounds for disqualification. I/We understand this form is only to be used for determining my status and in no way assures qualification. I/We agree to provide all requested information.

I/We certify that I/We have read the terms and conditions of this release. I/We fully understand and grant permission as requested. I/We understand this form will only be valid for 6 (six) months after the date of signing.

Applicant Name Printed _____

Applicant Signature _____ **Date:** _____

Co-Applicant Name Printed _____

Co-Applicant Signature _____ **Date:** _____

STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this _____ day of _____, 20__.

By _____

- Personally known Produced Identification Driver License/State Identification Card/Resident Card Online notarization

Notary Public Signature

Notary Public Stamp/Seal:



**CITY OF NORTH LAUDERDALE
COMMUNITY DEVELOPMENT DEPARTMENT
THIRD-PARTY VERIFICATION OF EMPLOYMENT**

(Please make a copy and provide this form to each employed member of the household.)

Section 817.03, Florida Statutes, provides that willful false statements or misrepresentations concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and are punishable by fines and imprisonment as provided pursuant to Sections 775.082 and 775.083, Florida Statutes.

APPLICANTS PLEASE COMPLETE THE TOP PORTION AND THEN SUBMIT TO SUPERVISOR OR HUMAN RESOURCES DEPARTMENT.

Dear Employer,

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in CDBG funded program which we administer. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

RELEASE: I hereby authorize the release of requested information for the sole purpose of determining eligibility for this program assistance.

Signature of Applicant

Printed Name

Date

Please submit form to your employer to be completed.

APPLICANT NOT TO FILL OUT FORM BELOW THIS LINE

Please provide information about the anticipated employment during the next 12 months:

Applicant Name: _____

Position: _____

Length of employment: _____ Pay Rate: \$ _____ # of hours per week _____

Frequency of Pay: Hourly Weekly Bi-Weekly Twice A Month Monthly

Overtime Pay Rate: \$ _____ Average overtime hours/wk: _____

Amount of other compensation (bonus, raise, commission, tips): \$ _____

Frequency of other compensation: Monthly Quarterly Annually

Gross Income for last year: \$ _____ Year to date income: \$ _____

Retirement Account (Yes No): \$ _____ Amount Accessible to employee: \$ _____

Company Name: _____

Representative Printed Name: _____

Title: _____

Phone #: _____

Signature of Authorized Representative: _____ Date: _____

Thank you in advance for your cooperation in this matter. Your prompt return of the requested information will be appreciated. Should you have any questions, please call our office at (954) 724-7069 and select option 3. This form can be faxed to (954) 597-4843, Attention: Jenna Gottlieb or returned with the employee.

NOTE: This form must be completed in its entirety to be valid.