



**BAHAMA VILLAGE – AT HOME PROGRAM
LOFTS OF BAHAMA VILLAGE CONDIMINUIMS APPLICATION**

APPLICANT INFORMATION :

Full Name:	
Social Security Number:	
Phone:	
E-Mail:	
Current Address: (include City, State & Zip)	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)

CO-APPLICANT INFORMATION :

Full Name:	
Social Security Number:	
Phone:	
E-Mail:	
Current Address: (include City, State & Zip)	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)

1. Have you been approved by the City of Key West Community Development office for eligibility for the City of Key West Work Force Housing Ordinance: ☐ Yes ☐ No
2. Do you have a signed contract for a unit the Lofts of Bahama Village Condominiums? : ☐ Yes ☐ No

By signing below, I/We certify all information provided is true and correct to the best of my knowledge. I / we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Warning: Florida Statue 817 provides that willful false or misrepresentation concerning income, and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and or imprisonment provided under §775.082 or 775.83

I /We do hereby swear and attest that all the information above is true and correct.

Applicant Signature

Date

Co-Applicant Signature

Internal Use : Date Received : _____

File Approval (staff initials): _____