



BAHAMA VILLAGE – AT HOME PROGRAM LOFTS OF BAHAMA VILLAGE CONDOMINIUMS 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 Statute 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): _____**