

**Florida Housing Finance Corporation  
Homeownership Pool (HOP) Program  
HOP Membership Application**

**All items are considered threshold. Failure to submit a response to any item will constitute a threshold failure and the Application will not be considered.**

**A. Applicant Overview**

1. Name of organization. . . . . [redacted]

2. Mailing address. . . . . [redacted]

3. Office location. . . . . [redacted]

4. City, State, ZIP. . . . . [redacted] 5. County [redacted]

6. Federal tax ID number. . . . . [redacted]

7. Primary Contact Person. . . . . [redacted] Title [redacted]  
 Phone [redacted] FAX [redacted] e-mail [redacted]

8. HOP Program Coordinator. . . . . [redacted]  
 Phone [redacted] FAX [redacted] e-mail [redacted]

9. Authorized Official . . . . . [redacted] Phone [redacted]

10. Type of organization: *(Check all that apply)*  
 a.  For-profit c.  USDA-RD  
 b.  Non-profit

Date of incorporation. . . . . [redacted]  
 Date 501(C)(3) status granted, if applicable. . . . . [redacted]

11.  Application Fee Submitted: Check number: [redacted]

12. Are you a current participant in FHFC's Predevelopment Loan Program (PLP)?  Yes  No  
 If yes, provide the name of the development(s):  
 [redacted]

**B. Applicant Qualifications and Experience**

1. How many homes were built during following calendar years?\*

Year	New homes built by the Applicant
2019	[redacted]
2018	[redacted]
2017	[redacted]
2016	[redacted]

2. Please list the five (5) most recently-completed homeownership loan transactions for which assistance was provided\*:

Street Address	City	County	Sales Price	Date Sold	Size (SF)
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

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3. \*HOP Program guidelines require that the Applicant and at least one key team member (including outside consultants) have experience in construction of homes and providing homebuyer assistance for at least 5 houses/households. **If the Applicant, as an organization, lacks the requisite loan experience, name the individual member of your project team who has it:** \_\_\_\_\_  
(Use their information for item #2 above.)

4. Please enter the name of individual responsible for each of the following roles:

*The same person can have more than one role.*

- a. Building / Construction Coordinator (**Attachment 3**) . . . . . \_\_\_\_\_
- b. Homeownership Coordinator (**Attachment 4**) . . . . . \_\_\_\_\_
- c. Homebuyer Education Agency (**Attachment 5**) . . . . . \_\_\_\_\_
- d. Homebuyer Education Coordinator / Lead Instructor . . . . . \_\_\_\_\_  
(**Attachment 6**)

**C. Checklist of Attachments**

This section must be completed by ALL Applicants and all items must be addressed. If any attachments are missing, the Applicant will not be considered. See Application Instructions for details.

	Label
Organization Structure	Attachment 1
Narrative of Organizational Experience	Attachment 2

**Team Member Education, Qualifications and Experience:**

Building / Construction Coordinator (Primary Contact Person)	Attachment 3
Homeownership Coordinator	Attachment 4
Homebuyer Education Agency	Attachment 5
Homebuyer Education Coordinator / Lead Instructor	Attachment 6
Monitoring Compliance Letter ( <i>if applicable</i> )	Attachment 7
Narrative Explanation of Other Adverse Actions ( <i>if applicable</i> )	Attachment 8

**D. Certification**

The Applicant certifies that the information in this Application is complete and accurate.  
The Applicant also certifies that they have read and understand all elements of the HOP Rule 67-57 FAC.

By: \_\_\_\_\_  
(Signature of Authorized Official)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_