



VIRGIN ISLANDS HOUSING FINANCE AUTHORITY

3202 Demarara Plaza • Suite 200 • St. Thomas, USVI 00802

Telephone (340) 777-4432 • Fax: (340) 775-7913

Email: vihfa@vihfa.gov

The following items marked with (X) will be needed to complete your application for pre-qualification process interview:

REGARDING INCOME AND/OR EMPLOYMENT

Please call the homeownership division at (340)777-4432 on St. Thomas and (340) 772-4432 on St. Croix to schedule a prequalification interview.

- Two (2) recent pay check stubs.
- Stamped copies of the preceding (3) years Filed Income Tax Return (1040s & W2s).
- Job letter explaining your employment.
- Self-Employed applicant: stamped copies of preceding three (3) years full Schedule Filed Income Tax Return and Year to Date Profit and Loss Statement.
- Two (2) recent checks stubs or Award Letter(s) for: ___ Retirement/ Pension; ___ Social Security; ___ Disability Benefits; other _____ (if applicable)

REGARDING CREDIT/ASSETS

- List of monthly debts (i.e.: any loan and/or credit cards).
- Credit explanation letter for delinquent account(s)
- Provide evidence that delinquent account(s) have been paid.
- Copies of Bank book(s), statement(s) and/or certificate of deposits
- Gift letter indicating the amount of money to be given to the buyer

OTHER INFORMATION

- \$ 100.00 **Check/Money Order/ Debit/ Credit Card for Priority Application Fee.**
*Check/Money Order made payable to Virgin Islands Housing Finance Authority.
All fees are NON-REFUNDABLE **NO CASH ACCEPTED**
- Copy of complete divorce decree or legal separation agreement (if applicable)
- Evidence of Child Support payments (if applicable)
- Social Security and Birth Certificates for every member of the household.
{Drivers license, voter ID, or passport can be used as a substitute}
- Veterans-- Certificate of Eligibility
- _____

HOW DID YOU LEARN ABOUT VIHFA

- Out Reach Presentation
- Bill Board
- Email
- Social Media

- Ad in Newspaper
- Referred by family/friend _____
- Radio Ad
- Other



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CREDIT AUTHORIZATION

I/We _____, and _____
(Applicant – Print Name) Co-Applicant – Print Name)

have authorized the Virgin Islands Housing Finance Authority to obtain my/our credit report for the purpose of determining my/our qualification for home ownership, cistern & slab assistance, land purchase, or home rehabilitation assistance.

APPLICANT:

Signature: _____ Date: _____

Social Security Number: _____

Date of Birth: _____

Mailing Address: _____

CO-APPLICANT:

Signature: _____ Date: _____

Social Security Number: _____

Date of Birth: _____

Mailing Address: _____



VIRGIN ISLANDS HOUSING FINANCE AUTHORITY

3202 Demarara No.3 • Frenchtown Plaza • Suite 200 • St. Thomas, USVI 00802
Telephone (340) 777-4432 • Fax: (340) 775-7913
Email: vihfa@vihfa.gov

Eligible Ineligible
Processed by: _____
Priority #: _____
MITAS #: _____

Application for Homeownership

APPLICANT

Last Name: _____ First Name: _____ MI _____

Soc. Sec. No.: _____ Date of Birth _____ Email Address: _____

Mailing Address: _____ Zip Code _____

Residential Address: _____

Telephone: (wk) _____ (hm) _____ (other) _____

Employment: _____ No. of yrs: _____

Occupation: _____ Annual Income: _____

Other Income (i.e.: Soc. Sec.; Child Support; Pension): _____

Years in V.I.: _____ Veteran Status: Yes _____ No _____

U.S. Citizen: _____ Permanent Resident: _____ Other: _____

Do you presently own a Home or Land: Yes _____ No _____

If yes, address: _____

Do you live in Public/Subsidized Housing? Yes _____ No _____

Current Monthly Rent: _____

Section 8 Resident? Yes _____ No _____

Have you previously completed the Home Buyer Education Program? Yes _____ No _____

CO-APPLICANT

Last Name: _____ First Name: _____ MI _____

Relationship to Applicant: _____

Soc. Sec. No.: _____ Date of Birth _____ Email Address: _____

Mailing Address: _____ Zip Code _____

Residential Address: _____

Telephone: (wk) _____ (hm) _____ (other) _____

Employment: _____ No. of yrs: _____

Occupation: _____ Annual Income: _____

Other Income (i.e.: Soc. Sec.; Child Support; Pension): _____

Years in V.I.: _____ Veteran Status: Yes _____ No _____

U.S. Citizen: _____ Permanent Resident: _____ Other: _____

Do you presently own a Home or Land: Yes _____ No _____

If yes, address: _____

Do you live in Public/Subsidized Housing? Yes _____ No _____

Current Monthly Rent: _____

Section 8 Resident? Yes _____ No _____

Have you previously completed the Home Buyer Education Program? Yes _____ No _____

Please check the boxes that indicate your preference:

- | | | |
|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Townhome | <input type="checkbox"/> Condominium | <input type="checkbox"/> Single Family Home |
| <input type="checkbox"/> Homestead | <input type="checkbox"/> Veteran Loan | <input type="checkbox"/> Cistern & Slab |
| <input type="checkbox"/> Land | <input type="checkbox"/> HOME | <input type="checkbox"/> Home Buyer Education Program |

Household Size: _____

Member Name	Sex	Date of Birth	Soc. Sec. No.	Relation to Applicant(s)

Will any member of the household require any special accommodations or adaptations in order to be able to live in the home?

Yes _____ No _____

 The following information is requested by the Federal Government in order to monitor Virgin Islands Housing Finance Authority's (VIHFA) compliance with Federal laws prohibiting discrimination against applicants on the basis of race, national origin, sex and family status. You are not required to furnish this information, but you are encouraged to do so. The information will not be used in evaluating your application or to discriminate against you in any way. However, should you choose not to furnish it, VIHFA is required to note the race, national origin and sex of the applicant on the basis of visual observation.

APPLICANT
 _____ Male _____ Female

CO-APPLICANT
 _____ Male _____ Female

ETHNICITY: (select only one)
 Hispanic or Latino
 Not Hispanic or Latino

ETHNICITY: (select only one)
 Hispanic or Latino
 Not Hispanic or Latino

RACE: (select one or more)
 American Indian or Alaska Native
 Asian
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 White

RACE: (select one or more)
 American Indian or Alaska Native
 Asian
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 White

I/WE CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND BY MY/OUR SIGNATURE(S) ON THIS APPLICATION ACKNOWLEDGE MY/OUR UNDERSTANDING THAT ANY INTENTIONAL OR NEGLIGENT MISREPRESENTATION OF THE INFORMATION IN THIS APPLICATION MAY RESULT IN THIS APPLICATION BEING CANCELED. FURTHERMORE, VERIFICATION OR REVERIFICATION OF ANY INFORMATION CONTAINED IN THIS APPLICATION MAY BE MADE BY THE VIHFA, ITS AGENTS, SUCCESSORS, AND ASSIGNS EITHER DIRECTLY OR THROUGH A CREDIT REPORTING AGENCY.

SIGNATURE(S)

_____ Date

_____ Date