



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

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

REGARDING INCOME AND/OR EMPLOYMENT

- 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 for Priority Application Fee.*
Check/Money Order made payable to Virgin Islands Housing Finance Authority.
All fees are NON-REFUNDABLE
- 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
- _____
- _____

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



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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: _____

Mailing Address: _____

CO-APPLICANT:

Signature: _____ Date: _____

Social Security Number: _____

Mailing Address: _____



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HOME BUYERS EDUCATION PROGRAM REGISTRATION FORM

DATE: _____

APPLICANT: _____ SS#: _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ ISLAND: _____ ZIP CODE: _____

PHONE #: (Work) _____ ext. ____ (Home) _____ Cell) _____

VIHFA PRIORITY #: _____ CLASSES ONLY: _____ REGISTRATION #: _____

PLEASE CHECK THE BOX BELOW THAT INDICATES YOUR HOUSING STATUS:

- | | | |
|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> CONDO OWNER | <input type="checkbox"/> SINGLE FAMILY HOME | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> TOWN HOUSE | <input type="checkbox"/> RENTER | |

PLEASE CHECK THE APPROPRIATE BOX FOR CLASSES:

- I WILL ATTEND CLASSES WEDNESDAY, 6:00 P.M. – 8:00 P.M., ST. THOMAS
 I WILL ATTEND CLASSES THURSDAY, 6:00 P.M. – 8:00 P.M., ST. CROIX

SIGNATURE: _____

DATE: _____

Applicant

SIGNATURE: _____

DATE: _____

Co-Applicant

SIGNATURE: _____

DATE: _____

Facilitator



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| |
|-------------------------------------|
| <input type="checkbox"/> Eligible |
| <input type="checkbox"/> Ineligible |
| Date Letter Sent: _____ |
| Processed by: _____ |
| Priority #: _____ |

Application for Homeownership

APPLICANT

Last Name: _____ First Name: _____ MI: _____

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

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: _____

Relationship to Applicant: _____

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

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:

- Townhome Condominium Single Family Home
 Homestead Veteran Loan Cistern & Slab
 Land HOME 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

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

CO-APPLICANT

_____ Male _____ Female

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

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)

 Applicant

 Date

 Co-Applicant

 Date