

CITY OF BELLE GLADE LOAN INFORMATION AND VERIFICATION FORM



Attn: Human Resources
110 Dr. Martin Luther King Jr. Blvd. West
Belle Glade, FL 33430-3900
PHONE: 561-996-0100
FAX: 561-993-1813

PART A – TO BE COMPLETED BY APPLICANT:

APPLICANT NAME: _____ LOAN NUMBER: _____

APPLICANT ADDRESS: _____
Street City State Zip Code

NAME OF LENDING INSTITUTION AND/OR FEDERAL, STATE, OR OTHER GOVERNMENT PROGRAM: _____

Name of Institution Street City State Zip Code

CERTIFICATION

I hereby certify to the accuracy of the above information and hereby authorize the financial institution or Government named in item 1 above to release this information about the loan listed in item 1 above to the administrators of the City of Belle Glade's Revolving Loan Fund Program.

WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION IN THIS LOAN TRANSACTION, BRIBES OR ATTEMPTS TO BRIBE AN EMPLOYEE OR OFFICIAL, FRAUDULENTLY OBTAINS REPAYMENT FOR A LOAN UNDER THIS AGREEMENT OR COMMITS ANY OTHER ILLEGAL ACTION IN CONNECTION WITH THIS TRANSACTION WILL BE DISQUALIFIED FROM THE PROGRAM. I HAVE READ THIS STATEMENT AND UNDERSTAND IT'S CONTENTS.

SIGNATURE: _____ PRINT NAME: _____ DATE _____
Sign your full name in ink.

PART B – TO BE COMPLETED BY LENDER:

The individual identified on this form has applied to participate in the City of Belle Glade Revolving Loan Fund Program. The Revolving Loan Fund Program is a housing program designed to assist applicants in securing safe affordable housing within the municipal boundaries of the City of Belle Glade.

DATE OF LOAN: _____ ACCOUNT NUMBER: _____

ORIGINAL AMOUNT OF LOAN: \$ _____ CURRENT BALANCE: \$ _____

DATE OF BALANCE: _____ LOAN PAYMENT STATUS: ☐ CURRENT ☐ IN ARREARS

MONTHLY PAYMENT AMOUNT: \$ _____ NUMBER OF PAYMENTS MADE: _____

NUMBER OF PAYMENTS LEFT: _____ INTEREST RATE COMPOUNDED OR SIMPLE: _____

PURPOSE OF LOAN AS INDICATED ON LOAN APPLICATION: _____

HAVE THERE BEEN ANY CHANGES TO THE LOAN WITHIN THE LAST 6 MONTHS: ☐ YES ☐ NO
IF SO, WHAT AND WHY? (Attach separate sheet if necessary)

I hereby certify to the accuracy of the loan information contained on the this form or as corrected by my notations or comments:

SIGNATURE: _____
Lending institution or Federal/State/Other Government Authorized Representative

TITLE: _____ DATE: _____