

MID-FLORIDA HOUSING PARTNERSHIP, INC. REFERRAL FORM

REFERRED BY: _____

PLEASE COMPLETE THE INFORMATION BELOW FOR THE CLIENT(S) ATTENDING CLASS/WORKSHOP.
THANK YOU.

1. FIRST NAME: _____ MI: _____ LAST NAME: _____
(PRIMARY APPLICANT)

2. FIRST NAME: _____ MI: _____ LAST NAME: _____
(CO-APPLICANT)

3. ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

4. HOME #: _____ WORK #: _____ CELL #: _____

HOME #: _____ WORK #: _____ CELL #: _____

5. E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____
(PRIMARY APPLICANT) (CO-APPLICANT)

HBE CLASS DATE: _____

LOCATION: _____

CREDIT & CREDIT SCORING WORKSHOP DATE: _____

LOCATION: _____

THERE IS NO FEE (\$0.00) PER HOUSEHOLD FOR BOND PROGRAM HOMEBUYER EDUCATION WORKSHOP PARTICIPANTS, THANKS TO SOME ADDITIONAL FUNDING THERE HAS BEEN A SUSPENSION OF FEES FOR EDUCATION AND COUNSELING OF BOND PROGRAM APPLICANTS. FOR FURTHER INFORMATION OR TO SCHEDULE A COUNSELING APPOINTMENT, CALL 386.274.4441 X301 OR EMAIL MALDONADOJ_MFHP@BELLSOUTH.NET.

REFERRING PROFESSIONAL, PLEASE INCLUDE APPLICANT(S)' LOAN PRE-APPROVAL LETTER.

A PRESCREENING FORM **MUST** ACCOMPANY REFERRAL