

Housing and Neighborhood Development

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HEALTH AND HUMAN SERVICES DIVISION

Registration Form

(Revised 9/16/2025)

Date of Request: / /		
Name of Applicant:		
Property Street Address		
Sales Price: \$ _____	Check one: _____ New _____ Existing with _____ rehab/repairs _____ Modular Home _____ no repairs	
Under Contract? _____ Yes _____ No	Contract Date: / /	Anticipated Closing Date: / /
Number in Household:	Gross Annual Income: \$ _____	Check One: _____ Very Low _____ Low _____ Mod
Funds Requested:		
Down Payment: \$	Funds Requested By: (Name of Contact)	
Closing Cost: \$	Company:	
Total Request: \$	Address:	
	Phone:	Fax:
Homebuyer Education Class: Date Attended: ____/____/____ Provider:		
Current Address Info for Applicant:		
Home Phone: ()	Work Phone: ()	Cell Phone: ()

Important: By sending this form, you as the Contact, acknowledge that you have pre-screened the applicant(s) for eligibility under Polk County's GAP Program guidelines and have pre-qualified or obtained approval for a first mortgage loan meeting the requirements of those guidelines. You also agree to provide documentation to assist Polk County regarding a final determination of the client's eligibility for program assistance funds within the required time frame as may be requested.

For Polk County Use:	_____ Very Low _____ Low _____ Moderate
Registration Confirmation Date:	Good Through:
Authorized Signature:	Confirmation E-mailed – Initials:

Please submit this completed form, along with a copy of the fully executed contract, via email to leishathompson@polkfl.gov. Registration is not valid without confirmation from Polk County.