



**BILL McCOLLUM  
ATTORNEY GENERAL  
STATE OF FLORIDA**

**OFFICE OF THE ATTORNEY GENERAL  
Division of Economic Crimes**

1515 N. Flagler Drive, Suite 900  
West Palm Beach, FL 33401  
Phone: 561-837-5000  
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**INSTRUCTION SHEET IN RE: FHA ALL DAY.COM, INC. HOUSING  
ASSISTANCE, HOUSING ASSISTANCE LAW CENTER, HOUSING  
ASSISTANCE NOW, SAFETY FIRST FINANCIAL**  
**AG #: L09-3-1064**

**Please be sure to read the following information before you fill out the attached Affidavit Complaint Form.**

1. Please print or type the information you are providing so that it is legible.
2. Be sure to have your signature notarized, otherwise we may not be able to use your affidavit should any court proceeding be brought.
3. Please include the following materials with your affidavit, where applicable. Please send us copies, front and back, and retain the originals for your records:
  - A copy of any or all of the advertisements.
  - Any solicitations and promotional materials you received.
  - The front and back of checks and/or any other documents (receipts, charge slips, money orders, etc.) showing payments.
  - The front and back of any contracts.
  - Any correspondence between you and the company, as well as any other correspondence relevant to your complaint.
  - Any documents showing you attempted to, or did in fact, obtain a refund, or any other attempts to resolve your complaint.

**Promptly return this Affidavit to the address below:**

OFFICE OF THE ATTORNEY GENERAL  
Division of Economic Crimes  
1515 N. Flagler Drive, Suite 900  
West Palm Beach, FL 33401

**STATE OF FLORIDA**

**OFFICE OF THE ATTORNEY GENERAL BILL McCOLLUM**

**IN RE: FHA ALL DAY.COM, INC., HOUSING ASSISTANCE, HOUSING ASSISTANCE LAW CENTER, HOUSING ASSISTANCE NOW, SAFETY FIRST FINANCIAL**

**AG #: L09-3-1064**

**AFFIDAVIT**

**BEFORE ME**, the undersigned authority, this day personally appeared:

**NAME** (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print or type name)

**ADDRESS** \_\_\_\_\_

**TELEPHONE:** Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

And who, after being duly sworn and deposed, upon his/her personal knowledge, states:

1. I have a complaint against \_\_\_\_\_

\_\_\_\_\_  
(person/company name, address, and telephone number)

2. I first learned of this person/company through (example: telephone, mail, internet, newspaper advertisement, etc.)

\_\_\_\_\_  
(please attach the advertisement, mailing piece or other documents received)

3. Do you recall the names of persons/employees you spoke with during your initial contact with the company? \_\_\_\_\_

4. Did any members of the company represent themselves as either a Mortgage Broker or an Appraiser?  
Yes \_\_\_ No \_\_\_

5. Did you enter into a contract/agreement with the company? Yes\_\_\_ No\_\_\_ If yes, date contract was signed \_\_\_\_\_

6. Were you provided with some type of payment plan? Yes\_\_\_ No\_\_\_ If yes, please describe the type of plan you were provided \_\_\_\_\_

7. Were you required to pay some type of initial or upfront fee? Yes\_\_\_ No\_\_\_ If yes, what did you believe that fee was for? \_\_\_\_\_

8. What was the amount of the fee? \_\_\_\_\_ Can you provide this office with a copy of the credit card or bank statement that reflects the charge? Yes \_\_\_ No\_\_\_

9. Did the company at any time lead you to believe that you would be represented by an Attorney or Legal Counsel? Yes \_\_\_ No \_\_\_ If yes, please provide the name of the law office and attorney or employee you believed would be representing you \_\_\_\_\_

10. Were you instructed not to contact your lender/bank once you were enrolled in the program? Yes \_\_\_ No \_\_\_ If yes, by whom \_\_\_\_\_

11. Were you instructed not to pay your mortgage? Yes \_\_\_ No \_\_\_

12. Did you receive a refund from the company? Yes \_\_\_ No \_\_\_ Amount Requested \$ \_\_\_\_\_

13. Did you receive a full or partial refund? Yes \_\_\_ No \_\_\_ Amount of refund \$ \_\_\_\_\_

14. In order to resolve this complaint, I would like (example: a refund, cancellation of contract, etc.)

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15. I have attached the following documents in support of my complaint (**please ensure that you have enclosed all necessary documents regarding this matter**)

\_\_\_\_\_

\_\_\_\_\_

The above list of attached documents included along with this Affidavit, are a true representation of all documents submitted by me, which support my complaint.

16. Is there any further information you would like documented that you were not asked about?

\_\_\_\_\_

\_\_\_\_\_

**FURTHER AFFIANT SAYETH NAUGHT.**

\_\_\_\_\_

(Your Signature)

\_\_\_\_\_

(Date of Birth)

**SWORN TO AND SUBSCRIBED BEFORE ME** this \_\_\_ day of \_\_\_\_\_, 2009.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

My commission expires:

\_\_\_\_\_

Notary Public

\_\_\_\_\_

(Print, type or stamp commissioned name of Notary Public)

Personally Known \_\_\_ or produced identification \_\_\_

Type of identification produced: \_\_\_\_\_