



CHECKLIST

- Complete and sign application - must return with **original** signatures.
- Attach **COPIES** of **ALL** required documents listed below. Staff **cannot** make copies
- Incomplete Applications **cannot** be processed and will be returned

PURCHASE ASSISTANCE ONLY - MANDATORY DOCUMENTS

- A signed contract for the property to be purchased
- A copy of the complete mortgage loan application
- Mortgage prequalification letter stating the type of loan, the loan amount, term of loan and interest rate which cannot exceed 10%. **Note: Adjustable rate mortgages need to include the interest rate for the first five (5) years of the loan, not to exceed 10%**
- Certificate of Completion for HUD Approved Homebuyer Educational Course

REHABILITATION OF OWNER-OCCUPIED ONLY - MANDATORY DOCUMENTS:

Items listed below must be present at the time of submittal.

- Verification that the mortgage is current or mortgage satisfaction letter from lender
- Verification that property taxes are current **and** copy of the deed
- Letter from Home Owner Association (HOA) stating fees are current on the association's letterhead.
- Current property insurance **policy**. If HOA, property insurance and content insurance policies are required.
- Current flood Insurance policy, if applicable

MANDATORY CONFLICT OF INTEREST DISCLOSURE

- Conflict of Interest Disclosure is required for applicant and co-applicant

MANDATORY AUTHORIZATION FOR RELEASE OF INFORMATION

- Authorization for the Release of Information Form – required for **ALL** adult household members over 18yr

MANDATORY THIRD PARTY VERIFICATION FORMS

All verifications must be signed by **all** household members 18 years and older

- Third Party Employment Verification completed and faxed, e-mailed or mailed to our office by the employer

- Third Party Asset Income Verification completed and faxed, e-mailed or mailed to our office by your bank institution or other
- Third Party Verification of Income from Business (if applicable)
- Third Party Verification of Regular Cash Contributions
- Third Party Verification of Social Security Benefits
- Third Party Verification of Unemployment (if applicable)
- Third Party Verification of Child Support (if applicable)

MANDATORY GENERAL REQUIREMENTS:

- Signed Notice of Right to Cancel by the applicant and co-applicant, if applicable
- Valid driver's license or state identification card for **ALL** household members age 18 and older
- Required for all household members:** Social Security cards
- Signed Notice of Collecting Social Security Number For Government Purpose
- Signed Public Disclosure Form signed by all household members age 18 and older
- Required for all household members:** Birth certificates, Naturalization Certification, Passport, voter's registration card, or other proof of citizenship
- If the children living in your household are not claimed on your tax's return, you are required to submit a letter from the school or custody papers indicating the address where the children live
- Documentation regarding special needs status (if applicable)
- Documentation of child support in the form of a court order or print out from Child Support Enforcement and cash contribution payment amounts (if applicable)
- Divorce decree or death certificate, if applicable
- Two (2) most current Income Tax Return **with W/2's** for all household members 18 years of age and older – Note: **MANDATORY** must sign your Income Tax Return; **if** your return includes Schedule C (small business), then will also need audited or unaudited financial statement(s) of business; notarized statement or affidavit as to net income realized from the business during the previous 2 years;
- Business profit and loss statement is only required for self-employed and independent contractors completed by your accountant or tax preparer and faxed back to our office; IRS Form 4506-T (if applicable)
- SIX (6) consecutive pay stubs for all household members age 18 and older;
- Required for all household members:** Front and back pages of six (6) most current consecutive months of bank statements for all accounts held by applicant, co-applicant, and all household members, including minors. All deposits other than payroll and social security payments that exceed \$100 must be documented;
- Current social security statement, pension benefit statement or benefit letter (including minors);
- Current whole life insurance policies stating cash value (if applicable)

If you have any questions, please feel free to contact Housing Grant Division at (954) 730-3000.

APPLICATION

General Information

	Applicant	Co-Applicant
Full Name		
Social Security #		
Date of Birth / Age		
E-mail		
Phone #		
Street Address	City	State Zip
Mailing Address	City	State Zip

Other Household Members:

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant

Your social Security Number is being collected for the purposes of income certifying you for the City’s Rehabilitation Assistance Program which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, State and/or State program dollars. Your social security number will not be used for any other intended purpose other than verifying your eligibility for the City’s program.

Full-Time Student

If any household member other than the applicant, co-app, or spouse of applicant is a FULL-TIME STUDENT – AGE 18 OR OLDER please list: NAME(s):

Employment Information

APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	
Phone:	Fax:

CO-APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	
Phone	Fax:

NOTE: Attach additional sheets as necessary for all household members 18 years and over.

Owner

Does Applicant/Co-Applicant Own a Home? Yes No Monthly rent/mortgage: \$ _____

If No, Type of unit to be purchased? existing unit newly constructed unit

Other Sources of Income

For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Name	Type of Income	Gross Annual Amount
		\$
		\$
		\$
		\$
TOTAL		\$

Assets and Asset Income

For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks Equity in Properties, etc.)

Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
			\$
			\$
			\$
			\$
TOTAL		\$	TOTAL
			\$

Liabilities

For ALL Household Members 18 and Older, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)

Type Credit / Loan	Creditors Name	Balance Owed/Monthly Payment
		\$
		\$
		\$
		\$
TOTAL ANNUAL PAYMENTS		\$

Do you have any outstanding unpaid collections or judgments? Yes No Amount \$

Have you declared Bankruptcy in the last 7 years? Yes No

Are you a party in a lawsuit? Yes No

Ethnicity/Special Needs

For reporting purposes only, please check all that apply for Head of Household Only

- White Black Hispanic Asian/Pacific Islander Native American Farmworker
 Disabled or Disabled Minor Elderly Special needs Other _____

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

_____ Signature of Applicant	_____ Print Name	_____ Date
_____ Signature of Co-Applicant or Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date

Office use only:

Year Built:	Lien Search Complete:	Lead Base Needed:	Income Level:
Previous Programs:			Homestead:
Number of Bedrooms:	Number of Bathrooms:	Special Needs Designation:	Current Association Fees?
Intake Date:	1 st Verification Date:	Completion Date:	



DISCLOSURE STATEMENT IMPORTANT READ BEFORE SIGNING



The information provided is true and complete to the best of my/our knowledge to the disclosure of such information of purposes of income verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. Applicant understands that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant also agrees to provide any other documentation needed to verify eligibility.

Warning: Florida statute 817 provided that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and its punishable by fines and imprisonment provided under S775.082.775.83.

Applicant Signature

Date

Co-Applicant Signature

Date

Agency Statement

Based on the income information provided by the household and upon proofs and documentation submitted, the household is: (check one)

_____ Very Low-Income (VLI) Household based on the current applicable definitions of up to 50% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

_____ Low-Income (LI) Household based on the current applicable definitions of up to 80% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

_____ Moderate-Income (MI) Household based on the current applicable definitions of up to 120% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

Signature of The GRANT ADMINISTRATOR or His/Her Designated Representative:

SIGNATURE: _____

NAME: _____ TITLE: _____ DATE _____

QUESTIONNAIRE

Do you make payments to a Homeowner Association? Yes No

Do you have retirement accounts? Yes No

Do you have life insurance policies? Term Whole None

Do you collect child support? Yes No

Do you collect alimony? Yes No

Do you have any other properties besides the one to be assisted? Yes No

Have you participated in any of the City's housing assistance programs within the past 10 years? Yes No

Do you have a reverse mortgage? Yes No

Have you resided in the unit to be assisted for at least one year prior to application submittal? Yes No

Do you have an active code violation on the property to be assisted? Yes No

Does the property to be assisted have an unpermitted structure? Yes No

QUESTIONNAIRE

Do you have any unpaid judgments?

Yes No

Is there more than one name on the deed to the property to be assisted?

Yes No

Do you have an active property insurance policy?

Yes No

Do you have an active flood insurance policy?

Yes No

Is work currently being done to the property to be assisted?

Yes No

Is the property to be assisted your primary residence?

Yes No

Applicant Name: _____

Signature: _____