



HARDEE COUNTY
OFFICE OF COMMUNITY DEVELOPMENT
Lorie Ayers, Director
412 West Orange Street, # 201
Wauchula, FL 33873
Voice: 863-773-6349**Fax: 863-773-5801**TDD:711

Home Ownership Financial Assistance Program
FOR THE PURCHASE OF A SINGLE FAMILY HOME
(FLORIDA STATUTES PROHIBITS THE PURCHASE OF MOBILE HOMES)

Assistance is provided to those applicants that meet the income and asset eligibility requirement. Requirements for assistance as defined by the Hardee County Housing Assistance Plan in force at time of application will apply to all applicants. Assistance is provided first come, first ready basis, by income category.

The application must be signed by the applicant and if applicable, the co-applicant. **Should the applicant or co-applicant currently own property, a copy of any real estate tax statement for the property must be provided at the time the application is returned.** In the event the owners of the property are separated or divorced, the individual submitting the application must provide a copy of the divorce decree indicating the award of ownership of the house to his/her spouse. The presiding judge must have signed the decree.

Items to remember when completing the application:

- All ASSETS must be listed in the space provided on the application. Assets include checking accounts, savings accounts, other property (including outside of Hardee County), rental income, interest income, dividends, certificates of deposit, US Savings Bonds, stocks, etc.
- All information submitted with application will be verified for accuracy. All information requested on the application must be completed as it applies to the individual(s) applying for the SHIP Home Ownership Financial Assistance Program. Any omission of information requested on the application can cause the applicant to be disqualified.
- There is no charge for application or copies of required documents.
- Review the attached checklist for further instructions.

CONSTRUCTING A HOME

Should you be requesting assistance to replace a mobile home, or an abandoned/un-homesteaded home, bring a copy of the most recent Real Estate Tax Statement for the property(ies) owned by you. If one or more members of the household own other property, the Real Estate Tax Statement for the additional property must also be provided (no matter what State the property is in.)

A copy of the Deed or other legal proof of ownership of the above noted property. In the event one of the "owners" listed on the Real Estate Tax Statement is deceased, a copy of the death certification must be presented with the application.

Applications that have not been completed and/or have not been signed by the applicant(s) will not be accepted for consideration. The completed application (signed by all applicants) and requested documents need to be returned prior to 4:00 p.m. Monday through Friday to the Hardee County Office of Community Development. Should this be a problem, please contact an office staff member to schedule other arrangements.

**HOME OWNERSHIP FINANCIAL ASSISTANCE
PROGRAM OUTLINE
(OWNER OCCUPIED, SINGLE FAMILY, DETACHED)**

The Home Ownership Assistance Strategy is a program to help very low to moderate income families become homeowners. Funds allocated to this strategy will be used to provide down payment and/or closing cost assistance to qualified applicants.

Income eligibility will be determined by using the Income Limits Guideline Adjusted to Family Size Charts as issued by the Florida Housing Finance Corporation on an annual basis. The Income Guideline Chart in force at the time of the client's application will be used to determine eligibility.

Program Outline: The following lists the general terms of the Home Ownership Assistance Program:

- Eligible Housing: Single family detached units: preexisting new units, existing units, and new construction units up to a maximum contracted sales price of \$238,000.
- Applicant Financial Commitment: A minimum of \$1,500 out of pocket money for down payment.
- Deferred Payment Loan: Assistance will be used for Down Payment and/or Closing Cost for the Very Low, the Low, and the Moderate Income categories. **Any excess funds after payment of the closing cost will be applied at the time of closing as principal reduction.**
- Home Ownership Counseling: Homeowners receiving assistance from this Program must complete homebuyer education and a one-on-one Home Ownership Financial Counseling session (provided by the County at no cost to applicant). Emphasis will be placed in the following areas:

HOME BUYING: The purpose of this segment is to make each homeowner more knowledgeable of the issues related to owning a housing unit. It will be used to identify affordable housing opportunities, explain housing terminology used by financial institutions and Realtors, to identify and clarify the role of home buying and financing professionals, provide information related to consumer protection issues and to identify financial alternatives.

HOME MAINTENANCE: The purpose of this segment is to identify the basic types of home maintenance and repairs that can be completed by the homeowners, to educate the homeowner on basic hygiene and home sanitation, to provide information on inexpensive methods of pest control. It will also be used to provide information and guidelines for efficient and economical use of energy (electric/gas).

FINANCIAL COUNSELING: The purpose of this segment will be directed at educating the homeowner in the "how to's" of debt control and reduction, budgeting as well as credit terminology and credit issues such as establishing credit and "cleaning-up" credit, if necessary.

Monthly mortgage payments (principal and interest), plus taxes and insurance, annualized, cannot exceed 30 percent of that amount which represents the combined projected gross annual household income. Housing for which a household devotes more than 30 percent of its income shall be reviewed on a case by case exception, if the first institutional mortgage lender is satisfied that the household can afford mortgage payments in excess of the 30 percent benchmark and notifies the Office of Community Development in writing of their finding.

The recipient of Home Ownership Assistance is required to sign an interest free Deferred Payment Loan Agreement (DPL) conditional grant not to exceed 10 years, and is provided to very low to moderate income homeowners who are unable to obtain conventional financing for this activity. The DPL involves a security instrument (lien) requiring repayment of the loan only if the homeowner sells or transfers ownership of the home, or ceases to use it as his/her primary residence before the lien is satisfied.

If the recipient is found in default of the conditions of the DPL during the term of the lien, the recipient shall pay back to the County's Housing Program, the amount specified according to the DPL.

If a client who received a Home Ownership Assistance Loan should default on their primary mortgage, the lender involved would proceed with foreclosure. The County would retain a second position but would not contest the foreclosure. The County would however, refer the client to a "Foreclosure Counseling and

Assistance Program” if available within the area. The lender would be notified of the referral. The lender involved would retain the right to dispose of the property in the course of normal business practice.

Applicant Eligibility: The applicant need not be a resident of Hardee County at the time of application. If selected to receive Program funds, the applicant must agree to purchase a single family, detached house within Hardee County and the house must become the applicant’s legal and principal place of residence.

Any person or family who is a first time home buyer has not owned a home in the last three years, is a displaced homemaker, divorced or owned a house in another county or State within three (3) years prior to application but sold the house to relocate to Hardee County as the applicants primary place of residence may be considered as eligible for Home Ownership Assistance.

Applicant Qualification: To qualify, an applicant must be pre-approved by a State Certified Lender for a home mortgage, attend a homebuyer’s education class, complete the Hardee County application, and submit the application package. In addition, a Credit Counseling session with OCD will be required before allocation of funds.

Determination of the applicants eligibility will be made by the Director based on the verified information provided by the applicant, the following will occur:

1. OCD will begin the process of obtaining “third party” verification of the household’s income and assets as provided by the applicant.

If the “third party” verification finds that the applicant did not provide all of the information requested, or the information provided by the applicant was substantially incorrect, omitted or falsified, the Director or his/her designee will issue a letter to the applicant withdrawing the initial approval.

2. OCD will issue an award letter to the applicant after receiving all necessary verifications and all requirements have been met by applicant. The letter will indicate that he/she meets the requirements of the Program and is eligible for down payment/closing cost assistance.

If all available funds have been set aside to qualified applicants, the letter will state that the current years funds for this Home Ownership Assistance have been allocated and that OCD will keep his/her application open and on file until additional funds become available.

If there are funds available, the letter will indicate funds have been set aside for a period of 90 days from the date of the letter. The applicant must locate, complete a Purchase Agreement and successfully close on an approved, single family, detached housing unit within the 90 day time frame.

Applicant Responsibilities: The search for a house must be a priority for the applicant. If a purchase agreement has not been executed and a copy provided to OCD by the end of 45 days (from the date of the letter), the applicant will be notified that the set aside has been released and made available to the next qualified applicant.

If a completed Purchase Agreement has been received by OCD, but a mortgage commitment from a State Certified Lender has not been received by the end of 60 days (from the date of the letter) the applicant will be notified that the set aside has been released and made available to the next qualified applicant.

If a Closing has not been scheduled and/or completed by 5:00 P.M. of the 90th day, the applicant will be notified that the set aside has been released and made available to the next qualified applicant. If the 90th day falls on a holiday, Saturday or Sunday, the funds will be released at 5:00 P.M. on the next business day.

Funds for down payment/closing cost assistance are limited and will be issued based on a first qualified, first ready by income category, first served basis.

When the applicant has located a house within Hardee County and has received a fully executed Purchase Agreement, the applicant must provide a legible copy of the Purchase Agreement to OCD. The Agreement must indicate the gross purchase price of the single family house, the amount of binder or earnest money

provided to the Realtor/Seller, the physical address of the housing unit, the legal description of the property (or a copy of the property record card) and the “not to exceed” closing date.

It is the responsibility of the applicant to contact a State Certified lending institution to begin the financing process. The applicant is responsible for any non-refundable application fee and State Certified appraisal fee. If financing is approved by the lender, the non-refundable application fee and appraisal fee may be included as part of the closing cost that can be paid by Program funds. To be considered valid as closing costs, the fees must be listed on the lenders and on the closing agent’s closing disclosure as pre-paid buyer costs. A copy of the appraisal, any pest inspections, and other home inspections shall be provided to OCD.

Additionally, the applicant is responsible for obtaining a home inspection by a Licensed Contractor or Licensed Home Inspection Service. The inspection report must state that if all items noted in report are repaired, then the home will meet Florida minimum housing standards.

If major deficiencies or conditions are noted that may impact the health and safety of the purchaser or members of the purchasers family, the house will be ineligible for program funds. The deficiencies noted will be brought to the attention of the purchaser and Realtor. The conditions noted must be remedied prior to the actual closing or there must be a legal and binding financial commitment made, in writing, that guarantees the conditions noted will be remedied within 60 days from point of purchase (closing). OCD can withdraw the commitment of Housing Program funds for the purchase if provisions have not been made to repair the deficiencies prior to the closing.

Upon successful completion of their financial process, the lending institution must send a detailed “good faith estimated settlement sheet” to OCD as soon as available. The “good faith estimated settlement sheet” must show the amount of the mortgage for the house being purchased, the interest rate of the mortgage, the amount of down payment required, the monthly principle and interest payment and the monthly payment for taxes and insurance. It also must note the total amount of down payment and the total amount of closing cost.

Upon receipt and approval of the transaction, OCD will cause a check for the allocated amount to be issued to the closing agent (Title/Abstract Company). The money is being provided in the form of a second mortgage (Deferred Payment Loan Agreement). The Deferred Payment Loan Agreement (DPL) will be sent to the closing agent for the signature of the homeowner(s) and notarized by the closing agent at the time of closing.

When the closing agent has finalized the detailed closing costs (buyer, seller and lender) the closing agent will provide OCD with a copy of the final closing disclosure, first mortgage, and property deed. The DPL will be returned to OCD for required signatures with a check payable to Hardee County Clerk of Court for recording the executed DPL.

Applicant

Date

Co-Applicant

Date

**HARDEE COUNTY
BOARD OF COUNTY COMMISSIONERS
Office of Community Development
412 West Orange Street, Room 201, Wauchula, Florida 33873
Telephone: 863-773-6349 *** Fax: 863-773-5801***TDD:711**

FIRST-TIME HOMEBUYER PURCHASE ASSISTANCE
An application will be provided after obtaining program requirements.

PROGRAM REQUIREMENTS

- () **HOMEBUYER EDUCATION CERTIFICATE** – Certificate presented at conclusion of Workshop.
http://www.homebuyerfunds.com/Homebuyer_Education/online_homebuyer_education_course_outline.htm
- () **CREDIT COUNSELING SESSION** – Documented
Visit <http://www.annualcreditreport.com> or call 1-877-322-8228 to request a Credit Report from one Credit Agency. Once a credit report has been received call (863) 773-6349 to schedule Credit Counseling Session.
- () **COMMITMENT LETTER FROM A STATE CERTIFIED LENDER**
A Commitment Letter is an official approval by a lender of the amount of home mortgage a customer can afford to pay. Taking time to be pre-approved keeps the potential buyer from wasting time looking at properties that are out of the buyer's financial range.

Completed application and documentation must be returned to the Office of Community Development.

IDENTIFICATION

- () **FLORIDA DRIVERS LICENSE** –
Valid Florida Driver's license, Florida Identification or other legal document that verifies the Florida residency of the homeowners (with photograph).
- () **SOCIAL SECURITY CARD(S)** -
Provide a Social Security Card for each member of the household and, when applicable, Citizen Certification or Alien Registration Card.

PROOF OF INCOME & ASSETS

(Incomplete applications and/or those that do not show all household members income and assets will not be accepted or possibly be disqualified.)

- () **SALARY** –
A copy of the most recent employee earning statement (check stub) must be provided for each member of the household receiving income. Employer reports are acceptable.
* Full time students with earnings must list their income on the application and provide proof of enrollment (transcripts/current schedule).
- () **INCOME TAX RETURNS** –
Most current income tax return(s) filed with the IRS are required.
- () **RETIREMENT BENEFITS** –
Any member of the household receiving retirement benefits from any private or government retirement plan must provide a generally acceptable form of verification of the annual or monthly benefits.
- () **SOCIAL SECURITY BENEFITS** –
All members of the household receiving Social Security Benefits (retirement, disability, unemployment, etc.) must provide a "Verification of Benefits" letter for the current benefit year. A verification letter can be requested at the Social Security Administration at 1-800-772-1213.
- () **ENERGY INVOICE**–
A copy of the most recent energy (electric) bill, paid or unpaid.
- () **FINANCIAL STATEMENTS** –
A copy of the most recent statement regarding each account is required. This includes statements for: checking, savings, Certificates of Deposit, Stocks, Bonds, and any other investment accounts.

Applicant

Date

Co-Applicant

Date

ALL OF THE FOLLOWING ITEMS ARE NEEDED
FOR
BUDGET/CREDIT COUNSELING
APPOINTMENTS

() **Credit Report**

() **Proof of All Household Income** (3 current Pay-stubs, Child Support, Disability, VA Pension, AFDC, Food Stamps, Etc.)

() Bring **ALL BILLS THAT YOU PAY EVERY MONTH** and not just the front pages, the entire invoice (electric, Water, Cable, Gas, Telephone, Cell Phone, Car, Insurances, Credit Cards, Loans, Furniture, Food, Medicine, Doctor Bills, etc.)

Additional Information

- A Complete Budget for the Household will be completed utilizing this information.
- Most appointments last 1 – 1½ hours; may be longer, depending on individual case.
- **Please Be On Time For Your Appointment:** Also, have all Paperwork and Documents needed to assist your Individual Need. Failure to attend or failure to cancel prior to the scheduled meeting could result in not being scheduled for a future appointment.



**Hardee County
Community Development**
Lorie Ayers, Director
412 West Orange Street, Room 201
Wauchula, Florida 33873
Phone 863-773-6349 ** Fax 863-773-5801 ** TDD 711



APPLICATION FOR HOUSING ASSISTANCE

Office Use Only

Type of Assistance: _____ **Annual Income: \$** _____
Date Received: _____ **Income Category (ELI, VLI, LI, MI):** _____
Client # _____

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Name:		
Social Security #:		
Date of Birth/Age:		
Married/Single/Divorced		
Street Address:		Phone:
City/State/Zip:		
Mailing Address:		Phone:
City/State/Zip:		
Email Address:		

Other Household Members:

Name(s)	Social Security #	Date of Birth/ Age	Relationship to Applicant
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			
8.)			
9.)			

Is Applicant/Co-Applicant or any household member age 18 or older, a full-time student?

If yes, please list: _____

Does Applicant/Co-Applicant own a home? Yes ___ No ___ **Monthly rent/mortgage: \$** _____

Applicant/Co-Applicant Employment Information:

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

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

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

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 Monthly Amount
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
7.)		
		Total: \$ _____

*The gross amount is the amount earned before taxes and other deductions are taken out.

Office Use Only
Monthly amount \$ _____ x 12 months = \$ _____ annually.

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	Bank/Account #	Asset Value	Annual Asset Income
1.			
2.			
3.			
4.			
		Total Asset: \$ _____	Total: \$ _____

Liabilities (For ALL Household Members 18 and Over, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, Personal Loans, etc.)

Type Credit/Loan	Creditors Name	Balance Owed	Monthly Payment
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			
		Total Monthly Payments: \$ _____	

NOTE: Attach additional sheets as necessary for all debt owed.

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, 800-795-3272 (voice), 202-720-6382 (TDD).”

Special Needs – please check all that apply

Farm Worker ___ Disabled ___ Elderly ___ Homeless ___ Domestic Violence Victim ___
 Other (list): _____ N/A ___

Ethnicity – for reporting purposes only, check for Head of Household Only:

White ___ Black ___ Hispanic ___ Asian/Pacific Islander ___ Native American ___

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.

 Applicant Signature

 Date

 Co-Applicant Signature

 Date

HARDEE COUNTY
Board of County Commissioners
OFFICE OF COMMUNITY DEVELOPMENT
412 WEST ORANGE STREET #201
WAUCHULA, FLORIDA 33873-2869
Telephone: (863) 773-6349 Fax: (863) 773-5801

USE OF SOCIAL SECURITY NUMBERS ACKNOWLEDGEMENT

To: All Hardee County Office of Community Development Applicants

RE: Collection of social security numbers. Sections 119.071(5)2.a through 5, F.S., state:

2. a. An agency may not collect an individual's social security number unless the agency has stated in writing the purpose for its collection and unless it is:
 - (I) Specifically authorized by law to do so; or
 - (II) Imperative for the performance of that agency's duties and responsibilities as prescribed by law.
- b. An agency shall identify in writing the specific federal or state law governing the collection, use, or release of social security numbers for each purpose for which the agency collects the social security number, including any authorized exceptions that apply to such collection, use, or release. Each agency shall ensure that the collection, use, or release of social security numbers complies with the specific applicable federal or state law.
- c. Social security numbers collected by an agency may not be used by that agency for any purpose other than the purpose provided in the written statement.
3. An agency collecting an individual's social security number shall provide that individual with a copy of the written statement required in subparagraph 2. The written statement also shall state whether collection of the individual's social security number is authorized or mandatory under federal or state law.
4. Each agency shall review whether its collection of social security numbers is in compliance with subparagraph 2. If the agency determines that collection of a social security number is not in compliance with subparagraph 2, the agency shall immediately discontinue the collection of social security numbers for that purpose.
5. Social security numbers held by an agency are confidential and exempt from s. [119.07\(1\)](#) and s. [24\(a\)](#), Article I of the State Constitution. This exemption applies to social security numbers held by an agency before, on, or after the effective date of this exemption. This exemption does not supersede any federal law prohibiting the release of social security numbers or any other applicable public records exemption for social security numbers existing prior to May 13, 2002, or created thereafter.

Although some programs provided through our office do not require the collection of social security numbers, Community Development does require social security numbers to use in verifying beneficiary income.

Applicant date

Witness

Applicant date

Witness

**Hardee County
Community Development
Lorie Ayers, Director
412 West Orange Street, Room 201
Wauchula, Florida 33873
Phone 863-773-6349
Fax 863-773-5801**

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to _____, for the purposes of verifying information provided as part of determining eligibility for assistance under the _____ program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers	Alimony/Child Support Providers
Banks, Financial or Retirement Institutions	Social Security Administration
State Unemployment Agency	Veteran's Administration
Welfare Agency	Other: <u>SendMe Missions</u>

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

_____ Signature of Applicant	_____ Printed Name	_____ Date
_____ Co-applicant	_____ Printed Name	_____ Date
_____ Adult Household Member	_____ Printed Name	_____ Date
_____ Adult Household Member	_____ Printed Name	_____ Date

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately.

HARDEE COUNTY
Board of County Commissioners
HOUSING REHABILITATION PROGRAM

VOLUNTARY PARTICIPATION
AND
NOTICE OF RESPONSIBILITIES

I/We, _____, have reviewed the policy and procedures of Hardee County and the Local Housing Assistance Plan. These documents are available upon request at <https://www.flhousing.org/> I/We do hereby acknowledge that I/We voluntarily request to be included in the Hardee County Housing Programs. I/We acknowledge that such inclusion will require me to provide personal data, such as income, which is a private matter but that by signature hereto, acknowledge that release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated as confidentially as the Community Development Block Grant and/or the SHIP rules and regulations permit.

I am aware of, and agree to abide by, general program rules to include, but not limited to, the following:

1. The purpose of the program is to place my/our house in a condition equal to that of HUD's Minimum Existing Housing Quality Standards. I consent to attainment of this standard and will not demand a greater extent of assistance.
2. I/We understand that the contract for assistance is prepared between the contractor and myself/ourselves as an administrative matter, but that Hardee County, as the funding agency, reserves the ultimate right of decision making. While I have the right to provide my view, I will not dispute the final decision made by Hardee County.
3. I understand that I am subject to immediate program disqualification, with possible financial responsibility for any cost incurred by one or more of the Hardee County Rehabilitation Programs if I/We:
 - a. Provide any inaccurate or untruthful information; or
 - b. Fail to comply with existing program guidelines; or
 - c. Perform any action to receive a greater degree of assistance than I initially was eligible to receive unless I can, fully accepting the burden of proof, prove or disprove the cause or circumstances contributing to the material change in condition.

I/We recognize that this assistance is provided by the goodwill and grace of the U.S. Congress and/or the State of Florida and Hardee County. My acceptance and receipt thereof bind me to acceptance, for the term of the agreement, of program conditions and maintenance of the property as follows:

- a. This property is my **principle place of residence**;
- b. All **mortgage payments and taxes** must be kept paid up to date on the property;
- c. Replacement value **Homeowner's Insurance** must be maintained on the property;
- d. Property must be free from any outstanding liens or judgments;
- e. The County will place a forgivable lien on the property;
- f. The home and yard must be kept clean, maintained and free of debris;
- g. All city and/or county codes and ordinances must be adhered to.

Further, I acknowledge that participation on a Hardee County Housing Program will influence future priority about receiving similar assistance until all other local residents who qualify and agree to participate are provided with the opportunity to also be assisted.

I/We agree to the preceding conditions and hereby place my seal on this _____ day of _____, 20__.

Owner

Owner

Witness

Witness

DUPLICATION OF BENEFITS

Is your application disaster related? If so, identify which disaster _____. If no, then disregard form below.

OTHER ASSISTANCE RECEIVED: - Assistance provided under the SHIP Program for disaster may not exceed a household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources).

Did you register with FEMA or other disaster related assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Have you applied for any event related assistance from any source (local, state, federal, private)? If yes, proceed with this section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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A. Homeowner's Insurance

Did you file a homeowner's insurance claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If applicable, provide insurance provider's information.

Insurance Claim Number _____

Amount Approved by Insurance Company \$ _____

B. FEMA

Have you received any disaster related assistance from FEMA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If applicable, provide FEMA's Registration Number _____

Amount Approved by FEMA \$ _____

C. Small Business Administration (SBA)

Have you received any event-related assistance from the SBA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If applicable, provide SBA Application Number _____

Provide your SBA Loan No.(s)? _____

Amount Approved by SBA Loan \$ _____

What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc. _____

Did you receive any other assistance due to disaster?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal or state assistance (SHIP, CDBG, CDBG-DR, HOME), etc. _____

Recipient Statement: The information on this form is to be used to determine eligibility. I/we certify that the statements are true and complete to the best of my/our knowledge and belief under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree.

Signature (Applicant)

Date

Signature (Co-Applicant)

Date