



St. Lucie/Martin County HOME Consortium Application for Purchase Assistance

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Things You Need To Know Before Applying For Housing Assistance:

- The house must be located *within* the unincorporated areas of St. Lucie County or Martin County. The maximum purchase price is \$185,000. New construction the maximum purchase price of a single family home is \$229,000.
- The income for **all** household members 18 years and older for the next 12 months must be declared and verified.
- Assets for **all** household members must be declared and verified. Assets include bank accounts (checking, saving, CD's), safe deposit boxes, stocks, bonds, real estate, money market accounts, treasury bills, all retirement accounts (IRA, 401K, 403B, annuities, pension), whole life insurance, lump sum funds from inheritance/lottery, and revocable trusts.
- Homebuyers must contribute a minimum of \$500 of their own funds towards the purchase of their home.
- The amount of assistance is secured by a deferred payment loan. A lien will be placed against the property in the amount of funding received from St. Lucie/ Martin County HOME Consortium.

All information in this application must be complete and true to the best of your knowledge and belief. **Any willful misstatement of information included in this application will be grounds for disqualification.** Any changes must be reported to the lending institution and St. Lucie County/Martin County HOME Consortium. All information collected will be maintained by St. Lucie County and is subject to public disclosure.

Applicants wishing to purchase in Martin County should contact:

Martin County Health and Human Services, Dawn Cobb, Housing Program
Coordinator. 435 SE Flagler Avenue, Stuart, FL 34994
(772) 288-5456

Applicants wishing to purchase in St. Lucie County should contact:

St. Lucie County Community Services-Housing Division
437 N. 7th Street, Fort Pierce, FL 34950
(772) 462-1777 or www.slhousing.org

Incomplete applications will be returned to the applicant. Submitting an application does not guarantee assistance. Assistance is contingent upon the availability of funds and qualifications of the applicant. Applications will be reviewed on a first come, first complete, first serve basis. Please submit copies only. Original documents will not be returned.

PLEASE PROVIDE THE FOLLOWING INFORMATION WHEN APPLYING FOR ASSISTANCE*.

- ☐ **Completed** & signed application.
- ☐ **Copies** of Florida State **ID or driver's license** for all family members age 18 & over
- ☐ **Copies** of all children's *state* **birth certificates** (under the age of 18 years)
- ☐ **Copies** of most recent **2 months** of **pay stubs, pension awards letter, and/or a recent social security letter**
- ☐ **Copies** of last **3 months** of checking and/or savings **account bank statements**. **Full statements** are required
- ☐ **Copy** of **life insurance policies** with cash value indicated.
- ☐ **Copy** of **retirement/pension statement**, this includes 401K 403 B, IRA, etc.
- ☐ **Copy** of Child Support and/or Alimony Court Order, if applicable
- ☐ **Completed** Notice of Voluntary Participation
- ☐ **Completed** Authorization to Release Confidential Information
- ☐ **Copy** of pre-approval letter from a participating lender
- ☐ **Copy** of a First Time Homebuyer Workshop certificate (must be within year of issue date)

*NOTE: Staff may ask for more information on case-by-case basis.

**ST. LUCIE COUNTY/MARTIN COUNTY HOME
CONSORTIUM APPLICATION FOR PURCHASE
ASSISTANCE**

Date of Application:	
Applicant Name:	SSN:
Co-Applicant Name:	SSN:
Street Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Phone:	Cell:
Marital Status: Please Circle Married__ Unmarried__ Separated__ Divorced__	Household Type: Please Circle Single__ Two-parent__ Single-parent__ Other__
Email Address:	

List ALL occupants of your household including yourself:

Full Name	Relationship to applicant	Date of Birth	Social Security Number	Annual Income

Does anyone live with you now who are not listed? Yes__ (Explain)_____ No__	Does anyone plan to live with you in the future who are not listed above? Yes__ (Explain)_____ No__
Are you a member or relative of the County Commission, or a County government employee? Yes (Explain) _____ No ____	

Household: Provide number of individuals in your household that are in the following categories:

Elderly (Over Age 62):	Hispanic/Latino:
Disabled:	Asian:
White:	Farm Worker:
Black/African American:	Veteran:
American Indian or Alaska Native:	

Asset Information:

Type	Institution Name	Last 4 Digits of Account #	Value
Checking Account			\$
			\$
Savings Account			\$
			\$
Credit Union Accounts:			\$
Stocks, Life Insurance:			\$
Other Property:			\$
Life Insurance:			\$
401K:			\$
IRA:			\$
CD:			\$
Annuity/Trust Payment:			\$
Other: (List)			\$

Applicant Employment Information: Name:

Employer Name:	Position:
Address:	Length of time employed:
	Gross Annual Income: \$
Supervisor's Name:	Self Employed: Yes ___ No ___
Phone Number:	Fax Number:

Co-Applicant Employment Information: Name:

Employer Name:	Position:
Address:	Length of time employed:
	Gross Annual Income: \$
Supervisor's Name:	Self Employed: Yes ___ No ___
Phone Number:	Fax Number:

Household Income Information:

Source	Gross Monthly Amount	Source	Gross Monthly Amount
Wages	\$	Rental Property	\$
Overtime:	\$	Alimony	\$
Tips:	\$	Bonuses:	\$
Aid to Families with Dependent Children	\$	Child Support	\$
Supplemental Social Security Income (SSI)	\$	Social Security Benefit	\$
Unemployment Compensation	\$	Self-Employment	\$
Veterans' Benefit	\$	Asset Income	\$
Pensions/Insurances	\$	Other Assistance	\$
TOTAL	\$	Other Income	\$
		TOTAL	\$

PLEASE READ BEFORE SIGNING

AGREEMENT: The undersigned has applied for assistance as indicated in this application. Funds provided shall be secured by a mortgage or deed of trust on the property described herein. The applicant represents that the property will not be used for any illegal and/or restricted purpose, and that all statements made in the application are true and correct and are made for the purpose of obtaining a loan, combination loan and grant, or grant. Verification may be obtained from any source named in the application. The original, or a copy of this application, will be retained by St. Lucie County whether assistance is granted or not..

The undersigned(s) intends to occupy the property as their primary residence.

I/we authorize this office to obtain credit information for the purpose of evaluating statements made in this application and disclose same to local agencies participating in the Program.

Federal Collection Policies for Consumer Debts by the Federal Government are authorized by law to take any or all of the following actions in the event your loan payments become delinquent or default on your loan:

- Report your name and account information to a credit bureau.
- Refer your account to the Department of Justice for litigation in the courts.
- Access additional interest and penalty charges for the period of time that the payment is not made.
- If currently a retired Federal employee, take action to offset your pension funds, or civil service retirement benefits.
- Access charges to cover additional administrative costs incurred by the government to service your account.
- Refer your debt to the Internal Revenue Service to offset any amount owed to you as an income tax refund.
- Offset amounts owed to you under other Federal Programs.
- Report any written off debt to the Internal Revenue Service as taxable income
- Refer your account to a private collection agency to collect the amount due.

All of the above actions may be used to recover debts owed when it is determined to be in the interest of the Government to do so.

I/We have read and understand actions the Federal Government may take in the event that I fail to meet the terms and conditions of my agreement.

APPLICANT'S CERTIFICATION: The Information provided above is true and complete to the best of my/our knowledge and belief under penalty of perjury. I/we consent to the disclosure of such information for 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. I/we understand that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. I/we agree to provide any other documentation needed to verify eligibility. I/we understand that the lending institution and St. Lucie/Martin County HOME Consortium must be notified of any information changes. This information will be maintained by St. Lucie County and is subject to public disclosure.

The information on this application is to be used to determine income for eligibility. I/we have provided financial information for who is a party to this application.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and/or assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.083

WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willfully make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of Federal funds. According to Title 18, Section 1001 of the U.S. Code, knowingly and willfully making fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or/and imprisoned not more than five years, or both.

Your Social Security Number is being collected for the purpose of income certification. This information may be collected to verify unemployment benefits, social security/disability benefits, and other related information. Your Social Security Number will NOT be used for any other purposes.

Applicants Signature

Date

Co-Applicants Signature

Date

**ST. LUCIE/MARTIN COUNTY HOME
CONSORTIUM
NOTICE OF VOLUNTARY PARTICIPATION**

All Program Applicants

Initial _____ I do hereby acknowledge that I **VOLUNTARILY** request inclusion in the housing program. I acknowledge that program inclusion will require me to provide personal data, such as income information, which is a private matter, by signing I 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 program permits.

Initial _____ I hereby authorize the local government's agent to inspect my property.

Initial _____ I recognize that this assistance is provided as good will of the local government and that my participation binds me to the rules and regulations of the program and to the maintenance of the property after rehabilitation. I understand that my participation may affect my ability to qualify for housing assistance in the future. I agree to all terms contained in this document.

Initial _____ I understand that I am subject to immediate program disqualification, with financial responsibility for the incurred costs, if I:

- ❖ Provide any inaccurate or untruthful information,
- ❖ Fail to comply with existing program guidelines,
- ❖ Perform any action to receive more assistance than I am entitled to, unless I can prove or disprove the cause contributing to the situation.

Purchase Assistance Program Applicants

Initial _____ The purpose of the purchase assistance program is to provide only the amount of funding necessary to make the monthly mortgage payments affordable based on my income. I will not demand assistance greater than that which is approved by the local government and regulated by the program.

Applicant Signature/Date

Co-applicant Signature/Date

**ST. LUCIE/MARTIN COUNTY HOME
CONSORTIUM
NOTICE OF VOLUNTARY PARTICIPATION**

I _____, do hereby acknowledge that I VOLUNTARILY request to be included in the HOME Consortium program. I acknowledge that program inclusion will require me to provide personal data, such as income information, which is a private matter, but that by signing I 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 housing program permits.

PURCHASE ASSISTANCE PROGRAM: I acknowledge that I am responsible to follow the following program rules:

- The purpose of the down payment assistance program is to provide only the amount of funding necessary to make the monthly mortgage payments affordable based on my income, not to exceed \$50,000. I will not demand assistance greater than that, which is approved by the local government and regulated by the program.
- Housing units eligible for purchase assistance must not exceed 95% of the area median purchase value, as established by FHA, be seller-occupied or vacant at least six (6) months, and pass an inspection;
- Assistance will be in the form of a no interest, **deferred payment loan for 5 to 15 years**, depending on the amount of the loan;
- I/We must maintain the assisted housing as my/our primary residence for the "loan affordability" period;
- Proof of primary residence is required on an annual basis;
- The loan will be forgiven at the end of the affordability period and the I/we will have no further obligation to the St. Lucie HOME Consortium;
- I/We must complete homebuyer education by a HUD approved Housing Counseling Agency prior to execution of a contract to purchase an eligible housing unit;
- I/We must secure first mortgage for the purchase of a home, and the mortgage must have a fixed interest rate that cannot be any higher than 2 points above the current, prevailing FHA rate;
- Eligible properties may include an individual unit within a 1 to 4 unit structure, a manufactured housing unit with ownership of the land, or a condominium;
- Eligible units must meet the minimum housing standards set forth by local codes and the program rules, including lead based paint rules.

I recognize that purchase assistance is provided a grant of the St. Lucie/Martin HOME Consortium and that my participation binds me to the rules and regulations of the program and to the maintenance of the property after assistance. I understand that my participation may affect my ability to qualify for housing assistance in the future.

I understand that I am subject to immediate disqualification with existing financial responsibility for the incurred costs if I:

- a. Provide any inaccurate or untruthful information,
- b. Fail to comply with existing program guidelines,
- c. Perform any action to receive more assistance than I am entitled, unless I can prove or disprove the cause contributing to the situation.

I hereby authorize the local government's agent to inspect my property.

I agree to all terms contained in this document and agree to cooperate with all parties throughout the entire process at all times. I acknowledge that the assistance received will be in the form of a deferred payment loan and will be forgiven upon completion of the terms specified in the mortgage and note.

Homeowner Signature/Date

Co-Homeowner Signature/Date

Lending Consortium Lender's List as of March 2018

Lender	Contact	Telephone	Fax	Address	Email
CenterState Bank	Arlene Newson	772-409-2277	(772) 461-9262	2222 Colonial Rd. Suite 100, Fort Pierce, FL 34950	arlene.newson@centerstatebank.com
CenterState Bank	Tammy Ross	772-446-8770 (772) 370-3026 mobile		7510 S. US Hwy 1 Port St. Lucie FL 34952	tross@centerstatebank.com
Florida Community Bank	Cheryl Banks	772.225.5962	772.872.5162	1301 SE Port St. Lucie Blvd Port St. Lucie, FL 34952	CBanks@fcb1923.com
Florida Community Bank	Robin Holley	954-984-3314	954-861-4589	2500 Weston Road, Suite 300 Weston, FL 33331	rholley@fcb1923.com
Seacoast National Bank- Not Offering DPA	Patrice Smith	772-221-2835		815 Colorado Ave Stuart, FL 34994	Patrice.Smith@seacoastbank.com
Habitat for Humanity Martin County, Inc	Margot K. Graff, Executive Director	772-223-9940	772-223-9970	2555 SE Bonita Street, Stuart, FL 34994	MGraff@Habitatmartin.org

MARTING COUNTY LENDING CONSORTIUM WORKSHOP SCHEDULE 2018

Saturday, April 7, 2018	9:00am-5:00pm	Habitat for Humanity Restore	2090 NW Federal Highway, Stuart, FL 34994
Saturday, May 26, 2018	9:00am-5:00pm	Morningside Library	2410 SE Morningside Blvd, Port St Lucie, FL 34952
Saturday, June 9, 2018	10:00am-5:30pm	Robert Morgade Library	5851 SE Community Drive, Stuart, FL 34997
Saturday, August 18, 2018	9:00am-5:00pm	Morningside Library	2410 SE Morningside Blvd, Port St Lucie, FL 34952
Saturday, October 13, 2018	9:00am-5:00pm	Morningside Library	2410 SE Morningside Blvd, Port St Lucie, FL 34952
Saturday, December 1, 2018	10:00am-5:30pm	Blake Library	2351 SE Monterey Rd, Stuart, FL 34996

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