



Martin County Health and Human Services
435 SE Flagler Ave., Stuart, FL • Phone (772) 288-5456

HOMEOWNER REHABILITATION ASSISTANCE (CDBG) APPLICATION

Date:_____ Application Reviewed By:_____ Reviewer Signature:_____

This program will assist eligible homeowner(s) who are interested in seeking to remedy code and Housing Quality Standard deficiencies in their owner-occupied residence in Martin County by providing Homeownership Rehab Assistance as a part of the FFY 2015 Community Development Block Grant Housing Rehabilitation Program.

The following requirements and activities apply under this CDBG funded housing rehab assistance program:

- A. Potential recipients must be a primary resident of Martin County, Florida.**
- B. Funding can only be used to assist in rehab of an owner/occupied primary residence (homestead).**
- C. All applicants must meet the minimum Section 8 HUD approved income limits and provide documentation to prove eligibility.**
- D. A second mortgage, note and deferred payment lien will be required for the assistance (no interest, no payments).**
- E. A minimum of 11 units will be rehabilitated through assistance to income eligible applicants (less than 80% of Area Median Income (AMI), or LMI).**
- F. Rehabilitation assistance of up to \$80,000.00 for single family homes and up to \$50,000 for multi-family homes will be available for qualified applicants and their qualified homes.**
- G. Focus shall be on units that require repair.**

All applications must be submitted to the Martin County Health and Human Services Division:

435 SE Flagler Ave., Stuart, FL 34994

APPLICATIONS WILL NOT BE ACCEPTED BY FAX OR E-MAIL



Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

APPLICANT AUTHORIZATION FOR DATA COLLECTION AND VERIFICATION FOR HOUSING ASSISTANCE

The applicant understands that the intent of this application is for purposes of certification only. It does not guarantee acceptance or approval, and no commitment is hereby made on the part of any party.

Martin County is authorized to verify any of the information provided below. I/We hereby waive any and all claims for defamation, violation of privacy, or other claims against any person, firm, or corporation by reason of any statement or information released to the County in its verification of the subject information.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS: U.S.C. Title 18, Sec. 1001, provides that whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes false, fictitious or fraudulent statements or entries shall be fined not more than \$10,000.00 or imprisoned not more than five years or both.

Any intentionally false or fraudulent statements or supporting documents can constitute cancellation of my/our application.

APPLICANT CERTIFICATION

Please Initial each:

_____ The application information, which I have provided, is true and complete to the best of my knowledge.

_____ I consent to the disclosure of any information for the purpose of verification of income and expenses related to making a determination of my eligibility for program assistance.

_____ I agree to provide any documentation needed to assist in determining my eligibility for program assistance.

_____ I understand that this application will only be valid through the Grant Application Fiscal year that runs through 10/10/2019. If this application for assistance is approved, such approval is conditioned upon my eligibility on the day that assistance is provided.

_____ I understand that my application and supporting documentation, including income documentation, are open to the public in accordance with Florida's Public Records Law, Chapter 119, Florida Statutes (however those items which are expressly exempt from the public record by statute, such as your social security number, will be separately maintained).

_____ I understand that if I am found to be qualified to participate in the County CDBG program and am eligible to receive assistance via said program, that I and any member of my family or any person/permanent household member that will benefit from this assistance may be subject to a background check consisting of a criminal history check and a sex offender registry check to be used solely to ensure that the person or persons are eligible to receive assistance from programs that are HUD funded.

(Note: Only certain criminal convictions may result in a denial of your application depending upon the type of assistance applied for and the applicable federal regulations.)

_____ My/Our signature below indicates that I/We am/are obligated to advise the Martin County CDBG Program Administrator of all changes in my/our income and household size. A change in household size and/or income may disqualify me/us from receiving CDBG assistance.

Applicant's Signature

Co-Applicant's Signature

Date

MARTIN COUNTY
HOUSEHOLD AUTHORIZATION FOR THE RELEASE OF INFORMATION

The undersigned hereby authorizes you to release without liability, information regarding employment, credit, income and/or assets to the Martin County Community Development Block Grant (CDBG) Administrator for purposes of verifying collected data and information provided as part of the Housing Rehab Assistance under the CDBG Housing Rehab Program.

The undersigned also authorizes and understands that if he/she is found to be qualified to participate in the County Community Development Block Grant (CDBG) program and is eligible to receive assistance or benefit from this assistance from either of the said programs that they will be subject to a background check consisting of a criminal history check and a sex offender registry check to be used solely to ensure that the person or persons are eligible to receive assistance from programs that are HUD funded.

INFORMATION COVERED:

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to; personal identity, employment, credit, income and assets, criminal history, medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for the Martin County CDBG Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Banks and Financial Institutions
Veterans Administration	Internal Revenue Service	Support & Alimony Provisions
Credit Reporting Agencies	Unemployment Agencies	Retirement Systems
Background Check Agencies	Public Housing Agencies	Social Security Administration

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for one year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that I/We can provide is incorrect.

Household Member 1 Signature

Date

Household Member 2 Signature

Date

Household Member 3 Signature

Date

Household Member 4 Signature

Date

FY 2018 INCOME LIMITS SUMMARY MARTIN COUNTY, FLORIDA*										
HOUSEHOLD SIZE										
FY 2018 Income Limit Area	<u>Median Income</u>	FY 2018 Income Limit Category	1	2	3	4	5	6	7	8
Martin County	\$60,500	<u>Low & Moderate (80%) Income Limits</u>	\$33,900	\$38,750	\$43,600	\$48,400	\$52,300	\$56,150	\$60,050	\$63,900

APPLICANT/CO-APPLICANT GENERAL INFORMATION:

Applicant Name _____ D.O.B. / /

Street Address _____

City, State and Zip Code: _____

Mailing Address _____

City, State and Zip Code: _____

Home Phone _____ Alternate Phone (select) ☐ Cell ☐ Work _____

Email: _____

Check One: Single: _____ Married _____ Divorced _____ Widow _____

Co-Applicant Name _____ D.O.B. / /

Street Address _____

City, State and Zip Code: _____

Phone _____ Alternate Phone (Cell/Other) _____

Email: _____

Check One: Single: _____ Married _____ Divorced _____ Widow _____

***Income limit amounts are subject to change and be updated according to the HUD annual income limit documentation system.**

Other Household Members/Dependents living in the home (under 18 years of age or legally disabled/dependent with proof):

Proof of number of dependents claimed-Bring your Federal Tax return AND one of the following:

- Birth Certificate on which parents/applicants' name is listed
- School records that provide the parents/applicants name and address
- Court ordered letter of guardianship
- Divorce decree that list dependents
- Letter of adoption
- Social Security Card
- Child Support Documentation

HOUSEHOLD COMPOSITION:

(LIST EVERY PERSON THAT IS CURRENTLY LIVING IN YOUR HOME)

	NAME	AGE	SEX (M/F)	RACE	FULL TIME STUDENT (Y/N)	DISABLED (Y/N)
1						
2						
3						
4						
5						
6						
7						
8						

Please answer the following:

Are any HH member active Duty Military or Active Military Reserve? Yes () or No ()

-If yes please list the names of all active Duty HH members:

Are any HH member retired or discharged from Military or the Military Reserves? Yes () or No ()

-If yes please list the names of all active Duty HH members:

INCOME AND EMPLOYMENT:

Applicant Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

Co-Applicant Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

(If Applicable) Additional House Hold Members Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

(If Applicable) Additional House Hold Member Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

MOST CURRENT INCOME FOR ALL MEMBERS OF THE HOUSEHOLD
(EXCLUDING DEPENDENT MINORS)

SOURCE OF INCOME (PER MONTH)	APPLICANT	CO-APPLICANT	OTHER Household Members Total Income	TOTAL
1. Employment				
2. Soc. Sec./S.S.I				
3. Unemployment Wages				
4. Retirement/Pension(s)				
5. Public Assistance				
6. Rental Income				
7. Interest/Dividends				
8. Support Payments/Alimony				
9. Disability Wages				
10. Other				
TOTAL MONTHLY INCOME				

LISTED TOTAL HOUSEHOLD COMBINED ANNUAL INCOME: \$ _____

NOTES:

MARTIN COUNTY

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

UNEMPLOYMENT AFFIDAVIT

[1] I, _____, verify that I am presently unemployed and that I am receiving unemployment benefits at this time

[2] I, _____, verify that I am presently unemployed and have no other source of income at this time.

[3] I, _____, verify that I am presently unemployed and have other source(S) of income OTHER THAN UNEMPLOYMENT BENEFITS at this time.

If box 3 is signed please list other sources of income. And provide all official supporting documentation that verifies the sources of the stated income.

SOURCE(S) OF INCOME DERIVED FROM MEANS OTHER THAN UNEMPLOYMENT

1. _____
2. _____
3. _____

APPLICANT SIGNATURE

PRINT NAME

WARNING: Florida Statute 817 provides that willful false statements of misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment under Statutes 775.082 or 775.83.

Subscribed and sworn before me this _____ day of _____, 2018.

(SEAL)

Notary Public, State of Florida

Print Name of Notary Public

_____ Personally Known

_____ Produced Identification

Type of Identification _____

Commission Expires _____

ASSETS:

Bank Accounts				
<u>Bank Name</u>	<u>Account Holder Name</u>	<u>Account Type</u>	<u>Account #</u>	<u>Balance</u>

Other (Describe) _____ Balance: \$ _____

Other (Describe) _____ Balance: \$ _____

Other (Describe) _____ Balance: \$ _____

PLEASE INCLUDE A COPY OF THE FOLLOWING:

1. Completed application and disclosures with signatures and date.
2. Picture Identification for applicant and any co-applicants.
3. Social Security Card for applicant, any co-applicants, all household members.
4. Birth Certificate for Minor Children.
5. Proof of Ownership Recorded Copy of Property Deed (if applicable for current home).
6. Property Tax Receipt (if applicable for current home).
7. Most current year's Tax Returns or year's Tax Transcripts from IRS.
8. Paycheck Stub (Last 4 pay stubs for each working member) or most current Social Security Verification (Statement of Benefits).
9. Child Support Documentation.
10. Most current other assets - 401(k), retirement/pension, IRA, CDs, annuities, etc and proof of income derived from any listed assets.
11. Most current Self-employment income statement with schedule C, E, or F.
12. Six months current bank statements for all open checking, savings, or other interest bearing accounts at the time of application and contract signing.
13. Third party contact information for all assets and a signed release to obtain third party verification.

LIABILITIES / DEBTS (FOR ALL HOUSEHOLD MEMBERS 18 AND OVER):

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

Creditor's Name / Company	Type	Balanced Owed	Monthly Payment
1. _____	/ _____	/ _____	/ _____
2. _____	/ _____	/ _____	/ _____
3. _____	/ _____	/ _____	/ _____
4. _____	/ _____	/ _____	/ _____
5. _____	/ _____	/ _____	/ _____
6. _____	/ _____	/ _____	/ _____

List Additional Liabilities / Debts on back of this page, include in total.

Total: Liabilities \$ _____

HOME AND APPLICANT INFORMATION:

Handicap Status (Please list any household member(s) who has a physical or mental disability and provide a brief description of each listed disability)

1.
2.
3.
4.

CONFLICTS OF INTEREST:

Are you related to any member of the County Commission, Advisory Committee, County employees? ___Yes ___ No (If yes, please list the names of all that you are related :)

1. _____ 3. _____
2. _____ 4. _____

CONFIDENTIAL SHEET – ADDENDUM PAGE
COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

Notice of Privacy Act

"The Privacy Act regulates the use of Social Security Numbers by government agencies. When a Federal, State, or local government agency asks an individual to disclose his or her Social Security number, the Privacy Act requires the agency to inform the person of the following: the statutory or other authority for requesting the information; whether disclosure is mandatory or voluntary; what uses will be made of the information; and the consequences, if any, of failure to provide the information."

Martin County Disclosure Statement

MARTIN COUNTY COLLECTS YOUR SOCIAL SECURITY NUMBER, OR A PORTION THEREOF, FOR ONE OR MORE OF THE FOLLOWING PURPOSES: VERIFICATION OF FINANCIAL; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, AND TRACKING; PAYROLL AND BENEFIT INFORMATION; TAX, UTILITY ACCOUNT INFORMATION; BANK INFORMATION; FOR BACKGROUND CHECKS; AND VERIFICATION OF IDENTITY.

Applicant's Name: _____

Applicant's Social Security Number: _____ - _____ - _____

Co-Applicant's Name: _____

Co-Applicant's Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

(Please attach a second sheet if necessary)

THIS SHEET SHALL BE KEPT IN A NON-PUBLIC PORTION OF THE APPLICATION FILE

OFFICIAL USE ONLY

The undersigned has examined this application for assistance as described herein. The application meets the requirements for eligibility for the local housing program.

_____	_____
Initial Reviewer: Housing Program Coordinator Signature	Date

_____	_____
Guardian Reviewer Signature	Date