



**COLLIER COUNTY  
STATE HOUSING INITIATIVES PARTNERSHIP (SHIP)  
PURCHASE ASSISTANCE PROGRAM**

**Collier County  
Housing, Human & Veteran Services  
3339 Tamiami Trail East, Suite 211  
Naples, Florida 34112**

**Phone (239) 252-4663  
Fax: (239) 252-6542  
[www.colliergov.net/housing](http://www.colliergov.net/housing)**



**Collier County**  
Public Services Division  
Housing, Human & Veteran Services

Re: **Collier County State Housing Initiatives Partnership (SHIP) Purchase Assistance Program**

Dear Prospective First-Time Home Buyer:

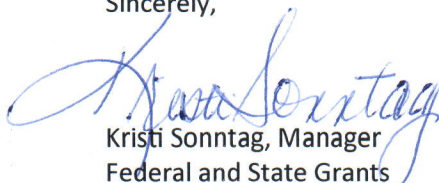
Thank you for your interest in the Collier County SHIP Purchase Assistance program. Please keep in mind that the SHIP application process may take up to four to six (4/6) weeks depending on how quickly all pertinent information is provided and the application considered complete. **Funds are available on a first come-first ready basis by income category for homebuyers who meet the SHIP program requirements.** Please find enclosed a copy of the SHIP Procedures and Fact Sheet explaining the particulars of the program.

- The first step in the application process is to be pre-qualified for a first mortgage from a bank or lending institution. If you qualify for a first mortgage, give your lender the SHIP Program Application (enclosed). Your lender can obtain a copy of the SHIP application at [www.colliergov.net/housing](http://www.colliergov.net/housing).
- The Lender must complete and return the application to the County. *Follow through with your lender.* There are many steps in obtaining mortgage financing. The County will work with the lender to make sure all the information needed is provided.
- During the closing of your mortgage, the County will work with the closing agent to disburse the SHIP funds for your new home at the closing.
- All applicants, including their spouse, must complete a homebuyer education workshop provided at no costs by the Housing Development Corporation of Southwest Florida. To register for the workshop please call (239) 434-2397 or visit [www.collierhousing.org](http://www.collierhousing.org).
- There is a possibility of a waiting list of pre-approved homebuyers. Funds are available on a first-come-first ready basis.

Once you have been approved, very low, low or moderate income, applicants may be eligible for assistance for use towards your down payment and closing cost expenses as funds for the said income levels are available. This program is for the purchase of existing and newly constructed homes. A new unit which has obtained a Certificate Occupancy (CO) **and** has not been occupied in the last 12 months of CO will be considered new construction. The SHIP award loan amount will be 20% of the purchase price, not to exceed \$20,000. This program utilizes zero interest, deferred payment loans, which are payable and due upon sale of property if sold within fifteen years.

Once again, thank you for your interest and please read all the materials provided very carefully. Please do not hesitate to call **Lisa Carr, Housing Outreach Coordinator 239-252-2338**, if you have any questions or require additional information.

Sincerely,



Kristi Sonntag, Manager  
Federal and State Grants



**COLLIER COUNTY HOUSING HUMAN AND VETERAN SERVICES (HHVS)**

**STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) PURCHASE ASSISTANCE PROCEDURES**

**Note: An applicant must comply with all the following procedures in order to be eligible to receive SHIP funds.**

1. All applications for housing assistance must be completed, signed, dated and returned to Collier County HHVS (address below) by the lender. If the application is not signed and dated it will be returned to the lender immediately. This will delay the approval process.
2. ALL SHIP applications must have original signatures. NO COPIES will be accepted. **(Please use blue ink for signatures)**. Submit applications to:

Collier County Housing, Human and Veteran Services  
SHIP Loan Processing  
3339 Tamiami Trail E, Suite 211  
Naples, FL 34112

3. Lender will provide Collier County HHVS the **Third Party Verification Forms** for each household member 18 years or older the appropriate employer(s), bank(s) and other sources of household income that will be completed and return to Collier County HHVS. An application is considered incomplete until Collier County HHVS receives a completed third-party verification form from all appropriate sources.
4. Collier County HHVS will issue an approval letter only after a complete application (which includes third party verification information) is on file and the applicant is determined to be eligible for assistance.
5. When the applicant(s) and lender receive a SHIP approval letter, the applicant(s) must schedule an appointment with HHVS staff to sign the SHIP Promissory Note prior to closing. Contact person for appointment: **Lisa Carr, Housing Outreach Coordinator (239) 252-2338**.
6. The SHIP funds (check) can be picked up by the lender, closing agent or realtor at the above address unless other arrangements are made.
7. **Prior to closing**, faxed to (239) 252-6517 or emailed to [lisacarr@colliergov.net](mailto:lisacarr@colliergov.net) a copy of the final HUD-1 settlement statement for an approval to close from HHVS. The closing agent will receive an email indicating "clear to close" from HHVS staff.
8. A copy of the signed HUD 1 settlement statement, first Mortgage, Note and a copy of the signed SHIP second Mortgage must be faxed to (239) 252-6517, **within 10 days of closing date**.
9. The original SHIP second mortgage and promissory note must be mailed to the above address 30 days after it has been recorded with the Clerk of Courts recording department.

**NOTE:** The property you are purchasing must be located within unincorporated Collier County, the City of Naples, the City of Marco Island or Everglades City.



## **NOTICE OF COLLECTION OF SOCIAL SECURITY NUMBERS**

The Collier County Housing, Human and Veteran Services Department, as a department of the Collier County Government Agency, is authorized to collect your Social Security Number for the performance of its duties and responsibilities as prescribed by law. Your Social Security Number shall be collected for one or more of the following reasons:

1. Credit Report Investigation
2. Personal Identity Verification
3. Employment Verification
4. Income and Asset Verification
5. Medical or Child Care Allowance Verification
6. Medicare/Medicaid Benefit Verification
7. Social Security Benefit Verification
8. State Unemployment Benefit Verification
9. Conduct Client Assessments

Your Social Security Number will only be collected and disclosed for these listed purposes, and as may otherwise be authorized by law, and once collected, will be maintained as confidential and exempt records under Chapter 119, *Florida Statutes*, by this agency.



**COLLIER COUNTY**

**SHIP DOWN PAYMENT/CLOSING COSTS ASSISTANCE PROGRAM**

**LENDER REFERRAL/RESERVATION FORM**

**LENDER INFORMATION:**

The Applicant/Potential Borrower identified below appears to meet the basic eligibility requirements of Collier County's SHIP down payment and closing costs assistance program based on preliminary information received during their mortgage application.

Name of Lending Institution: \_\_\_\_\_

Address of Lending Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Loan Officer: \_\_\_\_\_ Loan Processor: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail addresses: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**BORROWER(S) INFORMATION:**

Borrower's Name(s): \_\_\_\_\_ / \_\_\_\_\_

Phone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Addresses: \_\_\_\_\_

Total number of persons intending to reside in home: \_\_\_\_\_

Number of adults \_\_\_\_\_ Number of children under 18 years old: \_\_\_\_\_

Annual Household Income \$ \_\_\_\_\_ Total Assets of Borrower(s) \$ \_\_\_\_\_

**PROPERTY INFORMATION:**

Address of Property to be Purchased: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Unit: \_\_\_\_\_ Existing Unit: \_\_\_\_\_ Census Tract Number: \_\_\_\_\_

Target Area: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Folio Number: \_\_\_\_\_

Property Type: \_\_\_\_\_ Single Family Detached \_\_\_\_\_ Condo \_\_\_\_\_ Townhouse \_\_\_\_\_ Duplex \_\_\_\_\_ Manufactured

**MORTGAGE/FINANCIAL INFORMATION:**

Monthly Payments (PITI) \$ \_\_\_\_\_ Current Monthly Debt Payments \$ \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Amount of SHIP Assistance Requesting \$ \_\_\_\_\_

1<sup>st</sup> Mortgage Amount \$ \_\_\_\_\_ Amount of Other Funding \$ \_\_\_\_\_

Debt Ratios: \_\_\_\_\_ / \_\_\_\_\_ Estimated Closing Date: \_\_\_\_\_

Loan Type \_\_\_\_\_ FHA \_\_\_\_\_ VA \_\_\_\_\_ USDA \_\_\_\_\_ CONV \_\_\_\_\_ Portfolio

## APPLICATION FOR HOUSING ASSISTANCE

<b>For Office Use Only</b>	Annual Gross Income: \$ _____
Type of Assistance: _____	Income Category: <input type="checkbox"/> VLI <input type="checkbox"/> LI <input type="checkbox"/> MI

### Applicant/Co-Applicant General Information

	Applicant	Co-Applicant
Full Name		
Social Security Number		
Date of Birth		
Current Address		
City	State	Zip
		How long at current address:
Mailing Address		Phone:
City	State	Zip
		Cell Phone:
Marital Status:		

### Other Household Members: (Please list all member of the household)

Name(s)	Social Security Number	Date of Birth	Relationship to Applicant	Full Time Student Yes/No
1.				
2.				
3.				
4.				
5.				
6.				

### Applicant Employment Information: (Please list most recent employment)

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

### Co-Applicant Employment Information: (Please list most recent employment)

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

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

**Other Sources of Income (For ALL household member 18 and over, list business or rental net income, child support, alimony, Social Security, pension, unemployment or Workers Compensation welfare, payment, etc.)**

Name	Type of Income	Gross Annual Income
1.		
2.		
3.		
4.		
5.		
<b>Total \$</b>		

**Assets and Asset Income (For ALL household members including minors, list checking and saving accounts, IRS, CD, Bonds, Stocks, Equity in Properties, etc)**

Type of Asset	Asset Value	Bank Name /Account #	Annual Asset Income
<b>Total \$</b>		<b>Total \$</b>	

**Liabilities (For ALL household members 18 and over, list credit card debt, auto debt, real estate and mortgage loans, etc.)**

Type of Debt	Creditor's Name	Balance Owed	Monthly Payment
		<b>Total Annual Payments \$</b>	

Does Applicant/Co-Applicant own current home? Yes No

Monthly Rent/Mortgage: \_\_\_\_\_

Has applicant and/or co-applicant owned a home in the past three years? Yes No

Type of unit to be purchased?  Existing Unit  Newly Constructed Unit

Does applicant and or co-applicant own real property, including vacant land? Yes No



**Past Residence History (if less than 3 three years at current address):**

- 1. Previous Address: \_\_\_\_\_  
Date Occupied: To: \_\_\_\_\_ From: \_\_\_\_\_ Relation to Owner: \_\_\_\_\_
- 2. Previous Address: \_\_\_\_\_  
Date Occupied: To: \_\_\_\_\_ From: \_\_\_\_\_ Relation to Owner: \_\_\_\_\_
- 3. Previous Address: \_\_\_\_\_  
Date Occupied: To: \_\_\_\_\_ From: \_\_\_\_\_ Relation to Owner: \_\_\_\_\_

**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     Other

Is anyone in the household:  Elderly     Farm Worker     Disabled     Homeless     Developmentally Disabled     Other \_\_\_\_\_

**Acknowledgement**

I/We understand that ANNUAL FAMILY INCOME includes total income for all sources (before taxes and withholding) of all adult persons residing or intending to reside in the residence to be financed with the proceeds of the mortgage loan. The information contained in the following statement is true and correct, and accurately sets forth all information relevant to a determination of my/our family's annual family income as of the date hereof, and to the best of my/our knowledge and belief.

I/We understand the 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 Statues 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.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Collier County SHIP Homeowner Fact Sheet for Purchase Assistance

The Collier County Department of Housing, Human and Veteran Services (HHVS) is offering a second mortgage program under the State Housing Initiatives Partnership Program (SHIP) which provides down payment and closing costs assistance to enable eligible families in unincorporated Collier County, the City of Naples, the City of Marco Island or Everglades City to become homeowners. All assistance provided will be secured by a second mortgage on the property being purchased. Funds will be reserved on a first come, first ready basis to eligible applicants who received firm mortgage commitments from local lenders. This program is for the purchase of existing and newly constructed homes. A unit which has obtained a Certificate of Occupancy and has not been occupied in the last 12 months of construction will be considered new construction.

In order to receive this assistance, home buyers agree to occupy the property as their principal residence; have executed a purchase contract for a single family home, townhouse or condominium in the unincorporated Collier County, the City of Naples, the City of Marco Island or Everglades City; and have gross total household incomes (anticipated for next year) which do not exceed the 2012 income limits adjust for household size set forth below:

<b>Very Low Income &amp; Family Size</b>	<b>Low Income &amp; Family Size</b>	<b>Moderate Income &amp; Family Size</b>																																				
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">1 Person</td><td style="padding: 2px;">\$25,500</td></tr> <tr><td style="padding: 2px;">2 Person</td><td style="padding: 2px;">\$29,150</td></tr> <tr><td style="padding: 2px;">3 Person</td><td style="padding: 2px;">\$32,800</td></tr> <tr><td style="padding: 2px;">4 Person</td><td style="padding: 2px;">\$36,400</td></tr> <tr><td style="padding: 2px;">5 Person</td><td style="padding: 2px;">\$39,350</td></tr> <tr><td style="padding: 2px;">6 Person</td><td style="padding: 2px;">\$42,250</td></tr> </table>	1 Person	\$25,500	2 Person	\$29,150	3 Person	\$32,800	4 Person	\$36,400	5 Person	\$39,350	6 Person	\$42,250	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">1 Person</td><td style="padding: 2px;">\$40,800</td></tr> <tr><td style="padding: 2px;">2 Person</td><td style="padding: 2px;">\$46,600</td></tr> <tr><td style="padding: 2px;">3 Person</td><td style="padding: 2px;">\$52,450</td></tr> <tr><td style="padding: 2px;">4 Person</td><td style="padding: 2px;">\$58,250</td></tr> <tr><td style="padding: 2px;">5 Person</td><td style="padding: 2px;">\$62,950</td></tr> <tr><td style="padding: 2px;">6 Person</td><td style="padding: 2px;">\$67,600</td></tr> </table>	1 Person	\$40,800	2 Person	\$46,600	3 Person	\$52,450	4 Person	\$58,250	5 Person	\$62,950	6 Person	\$67,600	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">1 Person</td><td style="padding: 2px;">\$61,200</td></tr> <tr><td style="padding: 2px;">2 Person</td><td style="padding: 2px;">\$69,960</td></tr> <tr><td style="padding: 2px;">3 Person</td><td style="padding: 2px;">\$78,720</td></tr> <tr><td style="padding: 2px;">4 Person</td><td style="padding: 2px;">\$87,360</td></tr> <tr><td style="padding: 2px;">5 Person</td><td style="padding: 2px;">\$94,440</td></tr> <tr><td style="padding: 2px;">6 Person</td><td style="padding: 2px;">\$101,400</td></tr> </table>	1 Person	\$61,200	2 Person	\$69,960	3 Person	\$78,720	4 Person	\$87,360	5 Person	\$94,440	6 Person	\$101,400
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4 Person	\$87,360																																					
5 Person	\$94,440																																					
6 Person	\$101,400																																					

The housing must be affordable, meaning that the monthly mortgage payments, including principal, interest, taxes and insurance do not exceed 30 percent of the adjusted gross annual income. Maximum purchase price not to exceed \$300,000.

### **Applicant Acknowledgment of Terms and General Release Authorization:**

I/we acknowledge that my/our application does not guarantee that I/we will be approved for assistance in conjunction with the Collier County SHIP purchase assistance program and /or permanent mortgage finance through the lender making this referral. I authorize the lender or its designated agent to release any information necessary to determine my/our eligibility for the program to Collier County HHVS and /or designated agents of such. Any records submitted to the SHIP program will become public record and subjected to disclosure.

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Applicant Signature	Witness	Date

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Co-Applicant Signature	Witness	Date

**PURCHASER(S) ACKNOWLEDGEMENT OF TERMS AND  
CONDITIONS PERTAINING TO SECOND MORTGAGE LOAN IN  
CONJUNCTION WITH COLLIER COUNTY 'S  
STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM (SHIP)**

I/we \_\_\_\_\_, purchaser(s)

of property located at \_\_\_\_\_,

acknowledge receipt of \$ *(to be determined)* to assist in the purchase of the above referenced property through Collier County's SHIP Program.

Purchaser(s) acknowledge by signing this statement that they are fully aware of and intend to abide by the following terms and conditions:

- ❖ Intend to occupy this property as their principle residence. Maintain adequate homeowners/fire and extended coverage and flood insurance, as applicable.
- ❖ The mortgage may be subordinated only with approval of Collier County.
- ❖ Interest shall be zero percent (0%) per annum; except that if I/we fail to comply with the executed Promissory Note, as required, the interest rate shall be twelve percent (12%) per annum from the date when payment of the Promissory Note is due until I/we pay it in full.
- ❖ Funds received in the amount of \$ *(to be determined)* will be due and payable as follows:
  - ❖ Payment in full is due upon sale if sold within the fifteen year term. If sold within fifteen years then the loan will be forgiven in three equal parts each five years so that at the end of the fifteen year term the balance owed is zero.
  - ❖ If sold after the fifteen year term, no payment is required, as long as the purchaser(s) have met the terms of the mortgage.

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Applicant Signature

Print Name

Date

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Co-Applicant Signature

Print Name

Date

## **AFFIDAVIT OF APPLICANT**

APPLICANT NAME: \_\_\_\_\_

CO-APPLICANT NAME: \_\_\_\_\_

I/we, applicant(s) for assistance through the Collier County SHIP program, do hereby attest and say that:

- (1) I/we qualify as first-time homebuyer based upon the following statement (check one):
- a. I/we have not had ownership interest in a home during the past three years
  - b. I am a single parent with children under the age of 18 who has been divorced and displaced
  - c. I am a displaced victim of domestic violence
  - d. I/we have been displaced as the result of some governmental action
- (2) I/we have been pre-qualified for first mortgage financing by a bank or lender institution.
- (3) I/we shall complete the required homebuyer education training prior to receiving final approval for participation in the SHIP program.
- (4) I/we have not had any of the following during the previous three years:
- a. Principal residence of other real property foreclosed upon
  - b. Given a deed-in-lieu of foreclosure
  - c. Filed Chapter 7 or Chapter 13 bankruptcy
  - d. Presently delinquent on a federal tax liability
  - e. Presently delinquent on Collier County property taxes

DECLARATIONS

	<u>Applicant</u>		<u>Co-Applicant</u>	
	Yes	No	Yes	No
a. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you been awarded child support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are you permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Applicant (Please type or print name) (Date)

\_\_\_\_\_  
Co-Applicant (Please type or print name) (Date)

**STATE OF FLORIDA  
COUNTY OF COLLIER**

I hereby certify that on this day, before me, an officer duly authorized in the state aforesaid and in the county aforesaid to take acknowledgements, personally appeared \_\_\_\_\_ to me to be the person(s) described in and who executed the foregoing instrument and acknowledged be me that (he/she/they) executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commissioner Expires:

(Seal)

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary's Printed Name

**COLLIER COUNTY  
HOUSING HUMAN AND VETERANS SERVICES**

**CHILD SUPPORT/ALIMONY AFFIDAVIT**

Please check the boxes that apply below:

I do have a court order for child support. (Please attach the court order) for the following dependents:

\_\_\_\_\_

\_\_\_\_\_

I do receive child support, which is not court ordered, in the amount of \$\_\_\_\_\_ per month and this is anticipated to continue for the next twelve months which would be a gross annual amount of \$\_\_\_\_\_.

I do have a court order for alimony. (Please attach the divorce decree)

I do receive alimony, which is not court ordered, in the amount of \$\_\_\_\_\_ per month and this is anticipated to continue for the next twelve months which would be a gross annual total of \$\_\_\_\_\_.

I do not have a court order for alimony.

I do not have a court order for child support.

I do not receive child support for the following dependents:

\_\_\_\_\_

\_\_\_\_\_

**\*\*If you are not receiving your court ordered Child Support you must (1) provide a printout from the Child Support Enforcement office. The Child Support Enforcement office can only provide this printout for individuals, who have initiated a file with their office, or (2) File a contempt of court hearing and provide proof of scheduled hearing date.**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

STATE OF **FLORIDA**  
COUNTY OF **COLLIER**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,

2012 by \_\_\_\_\_ (name of person acknowledging), who is personally

known to me or who has produced \_\_\_\_\_ (type of identification) as identification and who did (did not) take an oath.

\_\_\_\_\_ (Signature of person taking acknowledgement)

(SEAL)

**COLLIER COUNTY  
HOUSING HUMAN AND VETERAN SERVICES**

**ASSET ADDENDUM**

In order to properly qualify applicant for the Neighborhood Stabilization Program, the following asset information for all occupants including minors must be obtained. This information will be used for qualification purposes only.

Assets include:

Cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.) and personal property held as an investment (i.e. gem or coin collections, paints, antique cars, etc.).

Do not include necessary personal property such as furniture, automobiles and clothing.

A. I (we) hereby state that the combined value of my (our) assets \_\_\_\_ does \_\_\_\_ does not exceed \$5,000.

TOTAL VALUE OF ASSETS: \$ \_\_\_\_\_

TOTAL ANNUAL INCOME EXPECTED TO BE DERIVED FROM ASSETS  
\$ \_\_\_\_\_

B. \_\_\_\_ I (we) do not have any assets at this time.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Co-Applicant Date

\_\_\_\_\_  
Adult Member Date

**COLLIER COUNTY AUTHORIZATION FOR THE RELEASE OF INFORMATION**

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

**Types of information to be verified:**

- |   |                                       |
|---|---------------------------------------|
| 1. Personal identity                            | 2. Employment history                 |
| 3. Hours worked                                 | 4. Salary and payment frequency       |
| 5. Commissions, tips, anticipated raises        | 6. Bonuses                            |
| 7. Current and past credit history              | 8. Cash held in checking accounts     |
| 9. Cash held in savings accounts                | 10. Interest in checking and savings  |
| 11. Dividends checking and savings              | 12. Stocks                            |
| 13. Bonds                                       | 14. Certificate of Deposits (CD)      |
| 15. Individual Retirement Accounts (IRA)        | 16. Payments from Social Security     |
| 17. Annuities                                   | 18. Insurance policies                |
| 19. Retirement funds                            | 20. Pensions                          |
| 21. Disability of death benefits                | 22. Unemployment                      |
| 23. Disability and/or worker’s compensation     | 24. Welfare assistance                |
| 25. Net income from the operation of a business | 26. Alimony or child support payments |

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

- |  |   |
|--|---|
| 1. Past/Present Employers                      | 2. Alimony/Child/Other Support Providers    |
| 3. Banks, Financial or Retirement Institutions | 4. Social Security/Veteran’s Administration |
| 5. State Unemployment Agency                   | 6. Credit Reporting Agency                  |
| 7. Welfare Agency                              | 8. Other: _____                             |

**Agreement to Conditions:**

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

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Applicant Signature	Print Name	Date
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Co-Applicant Signature	Print Name	Date
------------------------	------------	------

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Adult Household Member Signature	Print Name	Date
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**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 or contact the IRS office directly at 1800-829-1040.**

### THIRD – PARTY VERIFICATION OF EMPLOYMENT

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed “Authorization for the Release of Information” is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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**Signature of Applicant** **Print Name** **Date**

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**Signature of Applicant** **Print Name** **Date**

Please return information to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please complete the applicable sections below:

**Employer/Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*\*\*\*\***Applicants – Do Not Write Below This Line**\*\*\*\*\*

Position: \_\_\_\_\_ Length of Time Employed \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_ Pay Frequency (Hr., Wk., Mo.): \_\_\_\_\_ #of Hours per Week: \_\_\_\_\_

Overtime Pay Rate: \$ \_\_\_\_\_ Average Overtime Hours/Wk: \_\_\_\_\_ Likely to Continue? (circle one) Yes No

Total Annual Base Pay Earnings: \$ \_\_\_\_\_ Total Overtime Base Pay Earnings: \$ \_\_\_\_\_

Amount and Frequency of Other compensation (bonus, raise, commission, tips):\$ \_\_\_\_\_

Vacation Pay (Y or N) \_\_\_\_\_ If yes, number of days: \_\_\_\_\_

Retirement Account (Y or N) \_\_\_\_\_ Amount Accessible to Employee:\$ \_\_\_\_\_

Total Gross Annual Income, including other compensation, for next 12 months: \$ \_\_\_\_\_

**Signature of Authorized Representative:**

---

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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Date: \_\_\_\_\_ Phone \_\_\_\_\_

**Warning:** 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.



**THIRD – PARTY VERIFICATION OF INCOME FROM BUSINESS**

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

Please return information to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*\***Applicants – Do Not Write Below This Line**\*\*\*\*\*

Complete the applicable Sections below:

**Company Name:** \_\_\_\_\_

Date Business Transacted -From: \_\_\_\_\_ To: \_\_\_\_\_ Gross Income: \_\_\_\_\_

**Expenses (Provide Amounts for Applicable Expenses):**

Interest on Loans: \$ \_\_\_\_\_ Costs of goods/materials: \$ \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Wages/Salaries: \$ \_\_\_\_\_ Employee Contributions: \$ \_\_\_\_\_

Federal Withholding Tax: \$ \_\_\_\_\_ State Withholding Tax: \$ \_\_\_\_\_

FICA: \$ \_\_\_\_\_ Sales Tax: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Straight Line Depreciation: \$ \_\_\_\_\_ Total Expenses: \$ \_\_\_\_\_

Net Income: \$ \_\_\_\_\_

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Date Phone

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**THIRD – PARTY VERIFICATION OF CHILD SUPPORT PAYMENTS**

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

Please return information to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

Complete the applicable Sections below:

**To: Florida Department of Revenue; Child Support enforcement**

Name of person paying child support: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Amount of Support: \$ \_\_\_\_\_ Paid: (circle one) Weekly Monthly Yearly

**Signature of Authorized Representative:**

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Date Phone

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**THIRD – PARTY VERIFICATION OF PENSIONS AND ANNUITIES**

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

Please return information to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

Complete the applicable Sections below:

**Institution Name:** \_\_\_\_\_

**Institution Address:** \_\_\_\_\_

Current monthly gross amount of pension or annuity \$ \_\_\_\_\_

Deduction from Gross for Medical Insurance Premiums \$: \_\_\_\_\_

Date of Initial Award: \_\_\_\_\_ Effective Date of Current Amount \_\_\_\_\_

Expected Change in Current Amount \_\_\_\_\_ New Amount: \$ \_\_\_\_\_

Contribution to company retirement/pension fund: \$ \_\_\_\_\_

Amount received in lump sum: \$ \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Authorized Representative:**

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Date: Phone

**Warning:** 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.

**THIRD – PARTY VERIFICATION OF VETERANS BENEFITS**

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

Please return information to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

Complete the applicable Sections below:

**To: Department of Veterans Affairs; VA Benefits and Pensions**

Name of Veteran: \_\_\_\_\_

Address of Veteran: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Service Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Benefits Paid to: \_\_\_\_\_ Current Benefit Amount: \$ \_\_\_\_\_

Original Start Date: \_\_\_\_\_

This amount will \_\_\_\_\_ increase \_\_\_\_\_ decrease on: \_\_\_\_\_ (date change take effect)

New Amount: \$ \_\_\_\_\_

Benefit Type: \_\_\_\_\_

**Signature of Authorized Representative:**

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Date Phone

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### THIRD – PARTY VERIFICATION OF ASSET INCOME

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed “Authorization for the Release of Information” is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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**Signature of Applicant** **Print Name** **Date**

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**Signature of Applicant** **Print Name** **Date**

Please return information to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

Complete the applicable Sections below:

Checking Account No.	Average Monthly Balance last 6 months	Current Interest Rate	
Savings Account No.	Current Balance	Current Interest Rate	
Money Market Account No.	Average Monthly Balance last 6 months	Current Interest Rate	
Certificate of Deposit No.	Amount	Current Interest Rate	Withdrawal Penalty
IRA, Keogh, Retirement Account No.	Amount	Current Interest Rate	Withdrawal Penalty
Other Account No.	Amount	Current Interest Rate	Withdrawal Penalty

**Signature of Authorized Representative:**

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Print Name Title

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Date: Phone

**Warning:** 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.

**THIRD – PARTY VERFICATION OF REGULAR CASH CONTRIBUTIONS**

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

Please return information to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Complete the applicable Sections below:**

Name of Person Providing Cash Contribution: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

Complete the applicable Sections below:

Type of Contribution: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Frequency of contribution (circle one): \_\_\_\_\_ daily \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_ yearly \_\_\_\_\_

Will payment continue over the next 12 months (circle one): Yes \_\_\_\_\_ No \_\_\_\_\_

Expected termination date of cash contributions: \_\_\_\_\_

Anticipated total cash contribution over the next 12 months: \$ \_\_\_\_\_

**Signature of Authorized Representative:**

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Date Phone

**Warning:** 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.

**CERTIFICATION OF FINANCIAL INSTITUTION**

I/we, \_\_\_\_\_, duly authorized and acting officer of \_\_\_\_\_, the participant originating both the mortgage loan and the Collier County Neighborhood Stabilization Program (NSP), do hereby depose and say, for and on behalf of the participant that:

- (1) To the best of the participant’s knowledge, the foregoing information is true and correct and that the income limit established by HUD is for the county in which the residence being acquired is located;
- (2) The participant is not aware of any facts or circumstances that would cause it to question the truth or completeness of any portion of the foregoing borrower profile;
- (3) In the course of processing the loan documents concerning the mortgagor \_\_\_\_\_, each investigation undertaken by the participant has provided no information which would lead the participant to believe that the results of such investigation are in any way false or misleading.
- (4) The processing fees, lender fees, closing costs and points paid by the mortgagor(s) are reasonable and customary as will be determined and approved by the Department of Housing, Human & Veteran Services, and;**
- (5) The loan origination fee may not exceed one (1) percent, and;**
- (6) The mortgagor(s)’ debt-to-income ratio is reasonable and customary as will be determined and approved by the Department of Housing, Human & Veteran Services, and;**
- (7) All loan funds will be applied to down payment and closing costs fees and the mortgagor(s) will not receive any portion of the loan funds in cash, and;**
- (8) The borrower has received a firm loan commitment on the property described in the SHIP application and is attached hereto along with the Good Faith Estimate and Truth-in-Lending statement, and;**
- (9) The interest rate will not exceed 1% over the Fannie Mae 60 day pricing for fixed rate loans, no pre-payment penalties will be allowed and all first mortgage loans must be fully documented loans, and;**
- (10) All first mortgage loans must be fixed rate mortgages. No adjustable rate mortgages are permitted.**

I do hereby certify that to the best of my knowledge the foregoing information is true and correct and that the current annual family income of the applicant(s) is less than the HUD income limit established by Collier County in which the residence being acquired is located.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
(Please type or print name)

\_\_\_\_\_  
Title (Please print or type)

\_\_\_\_\_  
Date

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

The foregoing certification was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

(Notary Seal)

\_\_\_\_\_  
Signature of person taking acknowledgement

\_\_\_\_\_  
Print or Type Name of Acknowledger



**CLOSING AGENT/ TITLE COMPANY INFORMATION**

Closing agent/ Title Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

FEI/ EIN#: \_\_\_\_\_

**PLEASE NOTE:**

- **Prior to the closing** faxed to (239) 252-6517 or emailed to [lisacarr@colliergov.net](mailto:lisacarr@colliergov.net) a copy of the final HUD-1 settlement statement for an approval to close from HHVS. The closing agent will receive an email indicating “clear to close” from HHVS staff.
- A copy of the signed HUD 1 settlement statement, first Mortgage, Promissory Note and a copy of the signed SHIP second Mortgage must be faxed to (239) 252-6517 **within 10 days after the closing.**
- The SHIP funds (check) can be picked up by the lender, closing agent or realtor at the above address unless other arrangements are made.

