



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

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

Phone: (239) 252-HOME (4663)

Fax: (239) 252-6542

www.colliergov.net/housing

Revised 12/2012



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. **Funds are available on a first come/ first qualified basis, upon funding availability, for first-time homebuyers who meet the SHIP program requirements.** A copy of the SHIP Procedures and Fact Sheet explaining the particulars of the program is included in the application.

- The following steps must be taken by the Homebuyer(s) prior to application submission;
 - Homebuyer, including spouses, must complete a homebuyer education workshop. This is provided at no cost by the Housing Development Corporation (HDC) of Southwest Florida. To register, please call (239) 434-2397 or visit www.collierhousing.org.
 - Homebuyer will need to be pre-qualified for a first mortgage from lending institution and sign a sales contract for the purchase of a home.
- The Lender must complete and return the application to the County on your behalf. It will be your responsibility to follow through with your lender.
- The County will review and determine if the application is approved for funding. Please keep in mind that the SHIP application process may take up to 4-6 weeks depending on how quickly all pertinent information is provided and the application considered complete.
- The County will disburse the SHIP funds (check) to the Closing Agent/Title Company at the time of closing of your new home.

If approved as very-low or low -income, applicants may be eligible for assistance towards down payment and closing cost for the purchase of a home located within Collier County. **The SHIP award will be 20% of the purchase price, not to exceed \$20,000.** Funds will be issued as a zero interest, deferred payment loan, which does not require monthly payments. The SHIP loan is payable and due upon sale of property. As long as the borrower(s) continue to maintain the assisted property as their primary residence, no repayment is required. No repayment is due if sold after fifteen years.

Once again, thank you for your interest and please read all the materials provided very carefully. Please do not hesitate to call **Sherry Steinbring, SHIP Grants Support Specialist at 239-252-2338**, if you have any questions or require additional information.

Sincerely,

Kristi Sonntag, Manager

Federal and State Grants



COLLIER COUNTY

SHIP PURCHASE ASSISTANCE REQUIREMENTS

Note: Purchaser/Applicants/Lenders must comply with all the following procedures in order to be eligible to receive SHIP funds.

1. Applications must be completed, signed (by all adult members of the household), 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 review 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 Purchase Assistance Program
3339 Tamiami Trail E, Suite 211
Naples, FL 34112
3. Lender will submit **Third Party Verification Forms** (as applicable) for each household member to the appropriate employer(s), bank(s) and other agencies and return completed forms with submitting an application. An application is considered incomplete until completed third-party verification forms are received by the County.
4. Collier County HHVS will issue an approval letter only after a complete application is on file and the applicant is determined to be eligible for assistance. SHIP is a first come first qualify program, so incomplete packages will be returned after documents not received within 10 working days.
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: **Sherry Steinbring, SHIP Grants Support Specialist (239) 252-2338**.
6. The SHIP funds can be picked up by the lender, closing agent or realtor at the above address unless other arrangements are made. The check will be made out to the closing agent/title company and the borrower(s).
7. **Prior to closing**, a copy of the final HUD-1 settlement statement must be faxed to (239) 252-6517 or emailed to sherrysteinbring@colliergov.net 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 24 hours of closing date**.
9. The **original** SHIP second mortgage and promissory note must be mailed to the above address within 30 days after it has been recorded with Collier County Clerk of Courts Recording Department.
10. HHVS will review the final HUD-1 Settlement Statement to verify that no funds are issued to the borrower(s) at the time of closing. Any remaining funds must be used to reduce the principal loan. SHIP funds must be listed as "Collier County SHIP Loan" on the HUD-1.
11. Collier County Housing must be named as a mortgagee on the Homeowners Insurance Policy with a copy provided to the County at closing and annually thereafter

Check Box N/A -if not applicable	SHIP PURCHASE ASSISTANCE APPLICATION CHECKLIST **Incomplete applications will be returned to lending institution**
	SHIP Home Ownership Fact Sheet
	Application for Housing Assistance (4 pages)
	Purchasers Acknowledgment of terms of SHIP program
	Lender Referral
	Certification of Financial Institution
	Affidavit of Applicant(s)
	Affidavit of Child Support/Alimony
	Asset Addendum (all adult members of household must sign)
	Authorization of Release of Information
	Verification of U.S. Citizenship or Permanent Residency Status (Borrower and Spouse only)
	Homebuyers Education Certificate (must be completed by borrower and their spouses)
	Most recent 30 days paystubs (all adult members)
	Most recent Personal tax returns, signed and dated included W-2's (all adult Members)
	Last 2 years Business Tax Returns, signed and dated (if self employed)
	Most recent asset accounts (all adult members, including minors)
	Unemployment Affidavit (if applicable)
	Signed 1003 Loan Application. Must be signed and dated.
	Good Faith Estimate and Truth-In-Lending. Must be signed and dated.
	First Mortgage Loan Commitment/ Approval letter
	Appraisal
	Borrower (s) Credit Report
	Purchase/Sales Contract
	Certified Home Inspection or Certificate of Occupancy (for units built less than 12 months)
	Closing Agent Information Sheet
	Third- Party Verifications must be completed when submitted with application.
	Third-Party Verifications for all household members (where applicable)
	a. Employment
	b. Income from Business (YTD Profit and Loss)
	c. Child Support
	d. Social Security Benefits
	e. Pensions and Annuities
	f. Veteran Benefits
	g. Assets/ Deposits -Last 6 months for checking & current month for saving
	h. Regular Cash Distributions

Collier County SHIP Homeowner Fact Sheet

The Collier County Department of Housing, Human and Veteran Services (HHVS) is offering Purchase Assistance under the State Housing Initiatives Partnership Program (SHIP) which provides down payment and closing costs assistance to eligible first-time homebuyers interested in purchasing a home within unincorporated Collier County, the City of Naples, the City of Marco Island or Everglades City with a maximum purchase price not to exceed \$300,000.

The SHIP award will be issued in the form of a second mortgage for the amount of assistance provided on the property being purchased. 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, condo; and have gross total household income (anticipated for next 12 months) which does not exceed the 2012 income limits adjust for household size set forth below:

Family Size & 2012 Very-Low Income

1 Person	\$25,500
2 Person	\$29,150
3 Person	\$32,800
4 Person	\$36,400
5 Person	\$39,350
6 Person	\$42,250

Family Size & 2012 Low-Income Limits

1 Person	\$40,800
2 Person	\$46,600
3 Person	\$52,450
4 Person	\$58,250
5 Person	\$62,950
6 Person	\$67,600

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 financing 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.

Applicant Signature

Print Name

Date

Co-Applicant/Spouse Signature

Print Name

Date

SHIP PURCHASE ASSISTANCE PROGRAM

LENDER REFERRAL

LENDER INFORMATION:

The Applicant(s)/Potential Borrower(s) identified below appear to meet the basic eligibility requirements of Collier County's SHIP Purchase 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/ Broker: _____

Phone No.: _____ Fax No.: _____

E-mail addresses: _____

BORROWER(S) INFORMATION:

Borrower's Name: _____

Co-Borrower/Spouse Name: _____

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: _____

PROPERTY INFORMATION:

Address of Property to be purchased: _____

City: _____ State: _____ Zip Code: _____

Folio #: _____ New Unit: _____ Existing Unit: _____

City of Naples: _____ Yes _____ No

Property Type: _____ Single Family Detached _____ Condo _____ Townhouse _____ Manufactured

MORTGAGE/FINANCIAL INFORMATION:

Purchase Price \$ _____ Appraisal Amount \$ _____

Loan Amount \$ _____ Monthly Payments (PITI) \$ _____

Estimated Closing Date: _____

Loan Type _____ FHA _____ VA _____ USDA _____ CONV _____ Portfolio _____ Other

CERTIFICATION OF FINANCIAL INSTITUTION

I, _____, am a duly authorized Loan Officer of _____, a regulated financial institution (Lender) that is submitting a SHIP Purchase Assistance Application Package to Collier County, on behalf of Mortgagor(s) _____ and _____ who Lender has approved for a mortgage loan.

- 1. To the best of the Lender’s knowledge, the information contained in this application package is true and correct.
2. Mortgagor(s) household income is below 80% of the Collier County area median income adjusted by household size as annually published by HUD/SHIP.
3. The Lender is not aware of any facts or circumstances that would cause it to question the truth or completeness of any portion of the foregoing mortgagor profile.
4. In the course of processing the loan documents for the mortgagor(s), each investigation undertaken by the Lender has provided no information which would lead the Lender to believe that the application package contains any information that is in any way false or misleading.
5. The processing fees, lender fees, closing costs and points charged by the Lender are reasonable and customary and will be reviewed and approved by the Department of Housing, Human & Veteran Services prior to closing and may, upon findings, result in disqualification of the Lender.
6. The Lender agrees that the loan origination fee may not exceed one (1) percent of the Loan.
7. The interest rate will not exceed 1% above the Fannie Mae 60 day par pricing for fixed rate loans.
8. Loan will be a fully documented fixed rate mortgage without prepayment penalty, a balloon or ARM.
9. Mortgagor(s) Front-End Ratio does not exceed 30% and the Back-End Ratio does not exceed 43%; any exceptions must be approved by the Department of Housing, Human & Veteran Services.
10. All loan funds will be applied to down payment and closing costs and the mortgagor(s) will not receive any portion of the loan funds in cash either before, during or after closing.
11. The borrower has received a firm loan commitment on the property described in the SHIP application which is attached hereto along with the Good Faith Estimate and Truth-in-Lending statement.

I, _____, on behalf of _____, agree
(Name) (Lending Institution)

to abide by all of the above Collier County Purchase Assistance Program Lender Guidelines and understand that failure to abide will disqualify me from participation with the program at the discretion of the Housing, Human and Veteran Services Department Director.

Authorized Signature Title Date
Business License # EIN#

APPLICATION FOR HOUSING ASSISTANCE

Date/Time Received by HHVS

	Applicant	Co-Applicant/Spouse
Full Name		
Social Security Number		
Date of Birth		
Current Address		
City	State	Zip
		Phone:
Mailing Address :		Marital Status:

Other Household Members:

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

Does Applicant/Co-Applicant/Spouse own current home? Yes No **Monthly Rent/Mortgage:_____**

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

Do applicant and/ or co-applicant/Spouse own real property, including vacant land? Yes No

Ethnicity/Special Needs (For reporting purposes only, please check all that apply to Head of Household only):						
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other	
<input type="checkbox"/> Elderly	<input type="checkbox"/> Farm Worker	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homeless	<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Other _____	

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/Spouse 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.

Adult Member 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:

Adult Member 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.		
Total \$		

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
Total \$		Total \$	

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
		Total Annual Payments \$	

Acknowledgement

I/We understand that ANNUAL HOUSEHOLD 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 household 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.

Applicant Signature Date

Co-Applicant Signature Date

Adult Member Signature Date

Adult Member Signature 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 or 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

	Applicant		Co-Applicant	
	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____.

(Seal)

Notary Public's Signature:

My Commissioner Expires: _____

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.

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.

**Verification of
U.S. Citizenship or Permanent Residency Status
Collier County SHIP Purchase Assistance Program**

Collier County Purchase Assistance Program recipients must provide documented evidence of their U.S. citizenship or permanent residency status before they may be approved for participation in the program. The applicant may present either one document that establishes both citizenship/residency and identity (List A), or separate documents to establish citizenship/residency and identity (Lists B and C).

Collier County Housing, Human and Veteran Services staff must complete this form before an approval may be issued. Staff are to examine the documents presented, check the boxes in List A *or* Lists B and C (as appropriate), and provide the document identification number and expiration date for each document checked.

Staff will then sign and date the form to certify that the documents have been examined and that the applicant meets the citizenship/residency requirements of the SHIP Purchase Assistance Program. A completed copy of this form will be kept in the applicant's permanent file.

This form shall be completed by borrowers and their spouses applying for SHIP Purchase Assistance.

Applicant Name:

Complete ***either*** List A ***or*** Lists B and C (see above)

List A Identity and Residency	List B Identity	List C Residency
<input type="checkbox"/> United States Passport <input type="checkbox"/> Certificate of US Citizenship <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Permanent Resident Card with Photograph	<input type="checkbox"/> State issued Driver's License or ID Card with photograph	<input type="checkbox"/> Birth Certificate bearing an original seal or other certification
Document Identification No.	Document Identification No.	Document Identification No.
Expiration Date (if any)	Expiration Date (if any)	Expiration Date (if any)

I certify that I have examined the documents presented by the above named applicant and that to the best of my knowledge he/she is a
 US Citizen ***or***
 Permanent Legal Resident and is eligible to participate in the Collier County Impact Fee Deferral Program.

Name	
Title	
Signature	Date



CLOSING AGENT/ TITLE COMPANY INSTRUCTIONS

Closing agent/ Title Company: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____

Email: _____

PLEASE NOTE

- The SHIP funds (check) can be picked up by the lender, closing agent or realtor unless other arrangements are made.
- Title Company/Closing Agent must fax or email the following to HHVS **within 24hrs** of the closing to: 239-252-6432 or sherrysteinbring@colliergov.net
 - Final Signed loan application (1003)
 - Copy of Homeowners Insurance (County must be named as second mortgage holder)
 - **Signed** SHIP 2nd Mortgage and Promissory Note
 - Final **signed** HUD-1 settlement statement
- Record SHIP Mortgage with a copy of Promissory note. Original recorded documents (note & mortgage) must be mailed back within 30 days following the closing to:

Housing, Human and Veteran Services Department
3339 E. Tamiami Trail, Suite 211
Naples, FL 34112
- SHIP Loan is subject to Doc Stamps; however, it is exempt from Intangible Tax. SHIP Second Mortgage (3 pages); SHIP Promissory Note (2 pages).



**COLLIER COUNTY
UNEMPLOYMENT AFFIDAVIT**

Form must be completed by any household member 18 years of age and above that is unemployed.

Name: _____

Check (a) or (b) as applicable:

_____ (a) I am not presently employed and do not anticipate on being employed in the next twelve (12) months.

_____ (b) I do not anticipate receiving unemployment benefits within the next twelve (12) months.

Signature

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.

Signature of person taking acknowledgement

Print or Type Name of Acknowledger

(Notary Seal)

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.

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

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

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 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

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 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.

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:

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:

Print Name Title

Date: Phone

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THIRD – PARTY VERIFICATION 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

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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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**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)

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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