

Re: Collier County SHIP Owner-Occupied Rehabilitation Program

Thank you for your interest in the Collier County SHIP Owner-Occupied Rehabilitation Program. This program is used for eligible homeowners to make necessary repairs to address health, safety and welfare concerns for homes located in Collier County.

This amount of assistance provided to a homeowner will be secured by a zero interest, deferred payment loan, which is payable on the sale of the property, refinance, or loss of homestead exemption.

Please submit these items along with your application.

Please include all of these items along with your application and deliver or mail to:

Collier County Housing, Human & Veteran Services Attn: SHIP Rehabilitation Program 3339 East Tamiami Trail, Suite 211 Naples, Florida 34112

- 1. Name, address & account number of your Mortgage Company (if applicable) Mortgage Statement preferred.
- 2. Current tax returns and W-2's (For all parties over the age of 18 and living in the home)
- 3. 30-day pay stubs, including name, address & phone number of your employer. (For anyone employed over age 18 and living the home)
- 4. Social Security Statement or any other Benefits received by yourself or family member living in the house.
- 5. Six months checking's account bank statements- Account number and current balances. (For all parties over the age of 18 and living in the home, including minors)
- 6. One month savings account bank statement. (For all parties over the age of 18 and living in the home, including minors)
- 7. Self-employed information: IRS 1040, Schedule C, & Profit & Loss
- 8. Copy of your Homeowners Insurance.
- 9. Copy of homeowners drivers license <u>and</u> birth certificate <u>or</u> US Citizenship (U.S Passport, Permanent Resident Card)

Once again, thank you for your interest and please do not hesitate to call me if you should have questions, or require additional information.

Sincerely,

Mandy Moody, Grant Coordinator

MandyMoody@colliergov.net

Phone: (239) 252-2338 E-Fax: (239) 252-6432

COLLIER COUNTY SHIP OWNER-OCCUPIED REHABILITATION PROGRAM

The Collier County SHIP Owner-Occupied Rehabilitation Program is administered by the Collier County Housing, Human and Veteran Services Department and Centro Campesino Farmworker Inc. It provides interest-free, deferred loans to assist eligible homeowners in Collier County with rehabilitation of their dwelling.

How do I qualify for this loan? Your annual combined household income cannot exceed these maximum income limits, based on family size of:

2014 Income Limits

Household Size:	1	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	7
Very Low (50%)	\$23,050	\$26,350	\$29,650	\$32,900	\$35,550	\$38,200	\$40,800
Low (80%)	\$36,900	\$42,150	\$47,400	\$52,650	\$56,900	\$61,100	\$65,300

<u>What are the requirements of a Homeowner?</u> You must own or have a mortgage for at least twelve months and the home must be your primary place of residence. Proof of mortgage or deed as well legal residency or citizenship status, will be required.

Are there any restrictions as to where the property may be located? The property must be located within unincorporated Collier County, the City of Naples, the City of Marco Island, or Everglades City.

Are there any other restrictions? The Owner-Occupied Rehabilitation Program may be used to rehabilitate single-family homes, townhouses, or condominium units. **Mobile homes do not qualify for assistance.** The maximum assessed value of the property cannot be over \$300,000, including after rehab assistance (As determined by the Collier County Property Appraiser assessed value).

How much money can I borrow? You may qualify for *up to* \$30,000.00 for rehabilitation or repair work to your home. A Promissory Note will be secured by a Second Mortgage payable to Collier County when you sell your home, refinance your home, or lose your homestead exemption.

Who does the rehabilitation work? Homeowners will submit an Application for Housing Assistance to Collier County Housing, Human and Veteran Services Department (HHVS). Once HHVS determines the household is income eligible, we will refer your case to Centro Campesino Farmworker Center Inc. who will initiate an inspection of your home. The inspection will determine if your home is eligible for rehabilitation. *Note* There is a two part approval process; 1) Household eligibility 2) Property eligibility.*

Centro Campesino Farmworker Center, Inc. will oversee the rehabilitation process and will work with homeowners and contractors directly through the construction phase of the program.

<u>How do I apply for the loan?</u> Applications for the Owner-Occupied Rehabilitation Program are available at the Collier County Housing, Humans and Veteran Services Department located at <u>3339</u> <u>Tamiami Trail E, BldgH #211 Naples, Fl 34112.</u>

Are there any fees required when applying? There is no application fee.

How are the funds distributed? Funds are loaned on a first come first serve basis. The County is particularly interested in assisting low and very-low income households.

Who do I call if I have more questions about this program? Call Mandy Moody at 239-252-2338 or Email at MandyMoody@Colliergov.net



APPLICATION FOR HOUSING ASSISTANCE

			Date Stamp Re	ceived		
	L					
Applic	ant Name:					
C	1 N.T					
Co-app	plicant Name:					
Conta	ct Number					
r •1	A 11					
Email.	Address:					
	DO:	NOTA	DITT DEL QUI E		FONIN	
	DO	NOI W	RITE BELOW: FO	JR OFFICE US	E UNLY	
		F	II F "			
		r	ILE #			
IN	ICOME LEVEL:					
_	Extremely Low (30	%)	_ Very Low (50%) _	Low (8o%) _	Moderate (120%)	



3339 East Tamiami Trail, Suite 211 Naples, Florida 34142

Phone: 239-252-2273 <u>www.colliergov.net/housing</u>

Collier County Housing, Human & Veteran Services

APPLICATION FOR HOUSING ASSISTANCE

HOUSEHOLD INFORMATION

	I A	Applicant			Co-Applican	nt/Spouse
Full Name						
Social Security Number						
Date of Birth/Age						
Marital Status						
Race/ Ethnicity						
Current Address						
City	State	Zip		Но	w long at current addr	ess:
Mailing Address:		r				
Training Pauless.						
	Iousehold Members	,			<u> </u>	_
Name(s)	Social Secu Number(-	Date of Birt	h	Relationship to Applicant	Full Time Colleg Student Yes/No
1.	Number	5)			Аррисан	Student Tes/No
2.						
3.						
4.						
5.						
6.						
0.						
Is anyone in the household: ☐ Elderly	√ ☐ Farm Work€	er 🗆 Disa	oled 🗆 Hoi	meless	☐ Development	ally Disabled
Assa Assaliaant/Ca Assaliaant assas	41 h 2 . 4	Timala aman	Vac		No	
oes Applicant/Co-Applicant curren	uy own a nome?	Arcie one:	Yes		No	
as applicant and/or co-applicant ow	ned a home in the	past three y	ears? Circle	e one:	Yes No)
	., .	6.1 0		1 11		
re you or is any member of your far heriff Office, or other constitutional					District, Collier Cou No If yes, ple	•
xplain:	office of elected (711101u1 : C11	cic one.	CB	rto ii yes, pie	ause .
umber of persons in the household w		TT: am a m			Female Head of Ho	usehold:
Race White	Non-Hispanic	Hispani	ic			
Black or African American					○ Yes ○	No
American Indian or Alaskan Native						
Asian						
Pacific Islander						

Collier County Housing, Human & Veteran Services

Other/Multi-racial							
Applicant En	nployment I	nformation: (Please	list most recent	employ	ment)		
Employee Name:		Emplo	Employer Name:				
Position:		Superv					
Address:							
Phone:		Pay Ra	ate:	Tim	e Employ	yed:	
Annual Income (gross salary, overtime, ti	ps, bonuses,	etc. \$		Pay	Frequenc	cy:	
Co-Applicant/Spou	ıse Employn	nent Information: (P	lease list most r	ecent en	nployme	nt)	
Employee Name:		Emplo	yer Name:				
Position:		Superv	-				
Address:							
Phone:		Pay Ra	ate:	Tim	e Employ	yed:	
Annual Income (gross salary, overtime, ti	ps, bonuses, o	etc. \$		Pay	Frequenc	ey:	
Social Security, pension, unemployment or Name	workers Com		of Income		Gr	oss Annual Income	
1.							
2.							
3.							
4.							
				Total \$			
Assets and Asset Income: (For ALL how Bonds, Stocks, Equity in Properties, etc)	usehold meml	bers including minors	, list checking ar	nd saving	account	s, IRS, CD,	
Type of Asset		Name of	Account #			Current Cash Value	
(Checking's, Saving, Money Market, 401K, Retirement, IRA accounts, Pension funds, Personal Property, Capital Investments, Stocks, Bonds, Treasury Bills)	Institution/Bank/Agency					(S)	
Total \$				To	tal \$		

Collier County Housing, Human & Veteran Services

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.

	/	
Applicant Signature	Print Name	Date
	/	
Co-Applicant/Spouse Signature	Print Name	Date
	/	
Adult Member	Print Name	Date
	1	
Adult Member	Print Name	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. I/we understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

- 1. Personal identity
- 3. Hours worked
- 5. Commissions, tips, anticipated raises
- 7. Current and past credit history
- 9. Cash held in savings accounts
- 11. Dividends checking and savings
- 13. Bonds
- 15. Individual Retirement Accounts (IRA)
- 17. Annuities
- 19. Retirement funds
- 21. Disability of death benefits
- 23. Disability and/or worker's compensation
- 25. Net income from the operation of a business

- 2. Employment history
- 4. Salary and payment frequency
- 6. Bonuses
- 8. Cash held in checking accounts
- 10. Interest in checking and savings
- 12. Stocks
- 14. Certificate of Deposits (CD)
- 16. Payments from Social Security
- 18. Insurance policies
- 20. Pensions
- 22. Unemployment
- 24. Welfare assistance
- 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
- 3. Banks, Financial or Retirement Institutions
- 5. State Unemployment Agency
- 7. Welfare Agency

- 2. Alimony/Child/Other Support Providers
- 4. Social Security/Veteran's Administration
- 6. Credit Reporting 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
Co-Applicant/ Spouse Signature	Print Name	Date
Adult Household Member Signature	Print Name	Date
Adult Household Member Signature	Print Name	Date

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately or contact the IRS office directly at 1800-829-1040.

COLLIER COUNTY HOUSING, HUMAN AND VETERAN SERVICES

ASSET ADDENDUM

The following asset information for all occupants, <u>including minors</u>, 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 of the SHIP Purchase Assista	t all sources of assets, as indicated al nce application.	pove, were provided as part
Applicant	Print Name	Date
Co-Applicant/Spouse	Print Name	 Date
Adult Member	Print Name	Date
Adult Member	Print Name	 Date
BI herby state that I do	not have any assets at this time.	
Adult Member	Print Name	

HOMEOWNER(S) ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF THE COLLIER COUNTY

SHIP Owner-Occupied Rehabilitation Program

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

- 1. Homeowners understand that assistance will be provided on a first-come, first-qualified basis while funds remain available. HHVS can give priority to very-low and low income households and households that meet a special needs requirement of the program.
- 2. Homeowners must have made at least 12 monthly consecutive mortgage payments on their current homestead property immediately prior to the application date to qualify under this program, also, there can be no more than one delinquency in this 12 month period. Must be current on property taxes.
- 3. **Income Limits:** Homeowners must meet 80% and below of AMI.
- 4. <u>Homestead Requirement:</u> Homeowners property receiving rehabilitation must be their principal residence and be recorded as a homestead property in the Property Appraisers Office.
- 5. Homeowner(s) <u>will not</u> be eligible for assistance when, during the previous three (3) years prior to the date of application;
 - a) Previous principal residence or other real property was foreclosed; or
 - b) Given a deed-in-lieu of foreclosures; or
 - c) Filed Chapter 7 bankruptcy (liquidation); or
 - d) Filed Chapter 13 bankruptcy; or
 - e) Presently delinquent on a federal tax liability; or
 - f) Presently delinquent on Collier County property taxes
- 6. **Property Qualification:** The Existing eligible housing may not exceed 90 percent of the average area purchase price in the statistical area in which the eligible housing is located.
- 7. Execution of Note and Mortgage: Homeowners will be required to execute and Promissory Note and Mortgage to Collier County prior to work commencing on the property and a modification will be recorded after completion of the rehabilitation to reflect the total funds expended on the home. The loan will be a 0% deferred second mortgage forgiven 1/3 every five years. After the 15th year the loan will be forgiven.
- 8. Will occupy this property as my/our primary homesteaded residence, maintain said residence and at all times have adequate homeowners/fire coverage and flood insurance, as applicable.

HOMEOWNER(S) ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF THE COLLIER COUNTY

SHIP Owner-Occupied Rehabilitation Program

- 9. Will allow Collier County and/or State Monitors access to this home during normal business hours with a week's notice if selected for monitoring by the State or County to ensure program compliance and owner-occupancy.
- 10. Homeowner(s) agree to promptly complete and return the survey letters that may be emailed or mailed each year during the term of the Collier County mortgage (Fifteen years from closing).
- 11. <u>Mortgage Terms and Repayment:</u> Funds will be secured with a recorded fifteen (15) year, zero interest, deferred subordinate mortgage on the property in the amount of the subsidy used in the project. If all conditions of the loan are met, one-third of the loan will be forgiven in five year increments so that at the end of the fifteenth year the loan is forgiven. Monthly payments are not required.

Repayment of the loan is required in full when one of the following conditions is met, whichever occurs first:

- 1. **Title transfer**, either voluntarily or by operation of law, divested of title by judicial sale, levy or other proceedings, including foreclosure or Deed in Lieu.
- 2. **Refinance**; a refinance of the first mortgage may be approved without repayment if the request is submitted in writing and the refinance is at a lower fixed rate with no cash out in accordance with the "Subordination Policy".
- 3. **Home is no longer primary residence**, abandoned, leased or rented. In the event that all mortgage holders are deceased, the loan will be forgiven.

	/	
Homeowner Signature	Print Name	Date
	/	
Homeowner Signature	Print Name	Date



HOMEOWNER REHABILIATION DISCLAIMER NOTICE

The Owner Occupied Rehabilitation Program strives to have rehabilitation jobs performed in a workmanlike manner. However, homeowners may not always be satisfied with the rehabilitation because of misconceptions about the program.

The following is a list of some of the things homeowners should be aware of before participating in the Owner Occupied Rehabilitation program:

- 1. The purpose of the Owner-Occupied Rehabilitation Program is to address Minimum Housing Code violations and health/safety issues in the home. Homeowners should not expect their home to be new or appear to be new when the rehabilitation work has been completed. The program is for rehabilitation and not restoration to the condition of the home when newly constructed.
- 2. Homeowners understand that the repairs deemed necessary and the amount of funds for such repairs will be determined by the County and will be the basis for a loan application from Collier County.
- 3. Homeowners understand that a determination of income eligibility or inspection of the house is in no way a guarantee that a loan application will be approved.
- 4. Homeowners should not expect all floors, walls, ceilings, doors, windows, et cetera to be completely plumb, level, and square. This is especially true in older homes.
- 5. The Owner-Occupied Rehabilitation Program strives to have rehabilitation jobs performed in a workmanlike manner, but homeowners may not always be satisfied.
- 6. The Owner-Occupied Rehabilitation Program does not do historic restoration and mobile homes do not qualify for assistance.
- 7. The Owner-Occupied Rehabilitation Program cannot provide assistance for all of the improvements that homeowners may want to be done.

	/	
Homeowner Signature	Print Name	Date
	/	
Homeowner Signature	Print Name	Date

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may by delayed or rejected.

Part I – Requ	est				
I. To (Name and address of employer) Payroll/ HR Fax #:		Collier 3339 Ea Naples, Attn: M Phone:	2. From (Name and address of lender) Collier County Housing, Human & Veteran Servic 3339 East Tamiami Trail, Suite 211 Naples, Florida 34112 Attn: Mandy Moody, Grants Support Specialist Phone: (239) 252-2338 Fax back to: (239) 252-6432		
1 ayrom/ III	Κ Γ αλ π			CR to. (237) 232-0432	
3. Name and A	Address of Applicant		4. Signat	ture of Applicant	
Part II – Veri	fication of Present Em	ployment			
5. Applicant's	s Date of Employment	6. Present Po	osition	7. Probability of Continued	d Employment
Annual Monthly Weekly			Is its Continuance Likely? Overtime Yes Bonus Yes	□ No □ No	
\$_	8B. Gross Earning	Direct D	eposit	11. If paid hourly- average l	ours per week.
Part III-	ob. Gross Earning	go		12. Are Employees hours ac	diusted by season?
Type Year to Date	Current Year Thru	Past Year			NO 🗆
Base Pay	\$	\$		13. Date of applicant's last r	raise & amount
Overtime	\$	\$			
Commissions	\$	\$		14. Date of applicant's nex	t raise & projected
Bonus	\$	\$		-	
Total 12B. Remarks time period an	nd reason).	-		y length of time during the y	rear please indicate
Reason:					
connivance or co	onspiracy purposed to influ	ence the issuance of an		aud, intentional misrepresentation, by the VA Secretary, the USDA,	
Commissioner, or the HUD/CPD Assistant Secretary. 15. Signature of Employer			16. Title (Please print	or type)	[17] Date
18. Print or typ	e name signed		19. Phone Number		

COLLIER COUNTY HOUSING HUMAN AND VETERANS SERVICES

CHILD SUPPORT/ALIMONY AFFIDAVIT

Please check the boxes that apply below:

	CHILD SUPPORT	
\square I do have a court order for child su	upport. (<u>Please attach the court order</u>) for the foll	lowing dependents:
1		
3		
	is not court ordered, in the amount of \$xt twelve months which would be a gross annual a	
\Box I do not have a court order for chi	ild support.	
☐ I do not receive child support for	the following dependents:	
1		
3		
☐ I do have a court order for alimon	ALIMONY y. (Please attach the divorce decree)	
	t court ordered, in the amount of \$twelve months which would be a gross annual tot	
☐ I do not have a court order for alin	mony.	
Support Enforcement office. The Chi	t ordered Child Support you must (1) provide a pri ild Support Enforcement office can only provide th ffice, or (2) File a contempt of court hearing and pr	nis printout for individuals,
Applicant signature	Date	
Print Name	-	

VERIFICATION OF MORTGAGE

The applicant(s) identified below has applied for a housing rehabilitation loan with the Collier County Housing, Human and Veteran Services Department. The applicant has authorized the Department in writing to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification for mortgage is for confidential use by the Collier County Housing, Human and Veteran Services Department and any state or federal agency providing funds to the county for use in this program.

Please furnish the information requested in Part II of this request and return this form via fax or email. Thank you for your cooperation.

Telephone No. (239) 252-2338

Fax No. (239) 252-6432

Mandy Moody

SHIP Rehabilitation Program

3339 Tamiami Trail E, Bldg H #211 Naples, Fl 34112	Email: <u>MandyM</u>	Email: MandyMoody@colliergov.net		
PART I. APPLICANT INFORMATION (To be completed by applicant)				
Name of Applicant(s)				
Address of Mortgaged Property				
	-			
Name of First Mortgage Lender				
Mortgage Account/Loan Number				
I/we the undersigned, hereby authorize the release without liability, information to Collier County Housing, Human and Veteran Services Department for the purposes of verifying information provided, as part of determining eligibility for assistance. I/we understand that only information necessary for determining eligibility can be requested.				
Applicant Signature	Print Name	Date		
Applicant Signature	riin ivaine	Date		
Co-Applicant/ Spouse Signature	Print Name	Date		

PART II

LENDER INFORMATION (To be completed by Lender)

FAX BACK COMPLETED FORM TO: 239-252-6432

EMAIL: MandyMoody@colliergov.net

Current Principal Balance \$		As of:
Monthly Payment:	Principal and Interest	\$
	Mortgage Insurance	\$
	Real Estate Tax Escrow	\$
	Hazard Insurance Escrow	\$
	Other:	\$
	Total Monthly Payment	\$
Are payments curre	nt? Yes No	Other:hin the last 12 months:
COMPLETED BY:		
Name		
Title		
Signature		
Telephone		
DATE:		

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/ we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.