



**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 **and** birth certificate **or** 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](mailto: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:

	<b>2014 Income Limits</b>						
Household Size:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
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

**What are the requirements of a Homeowner?** 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.

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

**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](mailto:MandyMoody@Colliergov.net)



## APPLICATION FOR HOUSING ASSISTANCE

**Date Stamp Received**

**Applicant Name:** \_\_\_\_\_

**Co-applicant Name:** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

***DO NOT WRITE BELOW: FOR OFFICE USE ONLY***

---

**FILE #** \_\_\_\_\_

**INCOME LEVEL:**

\_\_\_\_ Extremely Low (30%)    \_\_\_\_ Very Low (50%)    \_\_\_\_ Low (80%)    \_\_\_\_ Moderate (120%)



---

3339 East Tamiami Trail, Suite 211  
Naples, Florida 34142

Phone: 239-252-2273

[www.colliergov.net/housing](http://www.colliergov.net/housing)

# Collier County Housing, Human & Veteran Services

## APPLICATION FOR HOUSING ASSISTANCE

### HOUSEHOLD INFORMATION

	Applicant	Co-Applicant/Spouse
Full Name		
Social Security Number		
Date of Birth/Age		
Marital Status		
Race/ Ethnicity		
Current Address		
City	State	Zip
		How long at current address:
Mailing Address:		

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

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

<b>Is anyone in the household:</b> <input type="checkbox"/> Elderly <input type="checkbox"/> Farm Worker <input type="checkbox"/> Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> Developmentally Disabled
--

Does Applicant/Co-Applicant currently own a home? **Circle one:**        **Yes**            **No**

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

Are you or is any member of your family; an employee of the County, Collier School District, Collier County Sheriff Office, or other constitutional office or elected official? **Circle one:**        **Yes**            **No** If yes, please explain:

**Number of persons in the household who are:**

Race	Non-Hispanic	Hispanic
White		
Black or African American		
American Indian or Alaskan Native		
Asian		
Pacific Islander		

Female Head of Household: <input type="radio"/> Yes <input type="radio"/> No
---

# Collier County Housing, Human & Veteran Services

---

Other/Multi-racial		
--------------------	--	--

**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:	

**Other Sources of Income:** *(For ALL household members 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.		
<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 <small>(Checking's, Saving, Money Market, 401K, Retirement, IRA accounts, Pension funds, Personal Property, Capital Investments, Stocks, Bonds, Treasury Bills )</small>	Name of Institution/Bank/Agency	Account #	Current Cash Value (S)
<b>Total \$</b>		<b>Total \$</b>	



**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                            | 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
---------------------	------------	------

---

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.**





**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. **Homestead Requirement:** Homeowners property receiving rehabilitation must be their principal residence and be recorded as a homestead property in the Property Appraisers Office.
5. Homeowner(s) **will not** 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 15<sup>th</sup> 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.





## 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 be delayed or rejected.

### Part I – Request

<b>1. To (Name and address of employer)</b>  Payroll/ HR Fax #: _____	<b>2. From (Name and address of lender)</b> Collier County Housing, Human & Veteran Services 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
---	--

<b>3. Name and Address of Applicant</b>	<b>4. Signature of Applicant</b>
---	----------------------------------

### Part II – Verification of Present Employment

<b>5. Applicant's Date of Employment</b>	<b>6. Present Position</b>	<b>7. Probability of Continued Employment</b>
<b>8A. Current Gross Base Pay (Enter Amount and Check Period)</b>  <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Weekly  \$ _____ <input type="checkbox"/> Direct Deposit		<b>10. If overtime or bonus is Applicable,</b>  Is its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8B. Gross Earnings</b>		<b>11. If paid hourly- average hours per week.</b>

<b>Part III-</b>				<b>12. Are Employees hours adjusted by season?</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Type Year to Date</b>	<b>Current Year</b> Thru _____	<b>Past Year</b> \$ _____		<b>13. Date of applicant's last raise &amp; amount</b>
<b>Base Pay</b>	\$ _____	\$ _____		<b>14. Date of applicant's next raise &amp; projected amount</b>
<b>Overtime</b>	\$ _____	\$ _____		
<b>Commissions</b>	\$ _____	\$ _____		
<b>Bonus</b>	\$ _____	\$ _____		
<b>Total</b>	\$ _____	\$ _____		

**12B. Remarks (If employee is off work or experiences reduced hours for any length of time during the year please indicate time period and reason).**  
 From: \_\_\_\_\_ (month) to \_\_\_\_\_ (month)

**Reason:**

**Part III Authorized Signature** – Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the USDA, FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

<b>15. Signature of Employer</b>	<b>16. Title (Please print or type)</b>	<b>17. Date</b>
<b>18. Print or type name signed</b>	<b>19. Phone Number</b>	

**COLLIER COUNTY  
HOUSING HUMAN AND VETERANS SERVICES**

**CHILD SUPPORT/ALIMONY AFFIDAVIT**

Please check the boxes that apply below:

**CHILD SUPPORT**

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

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

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 not** have a court order for child support.

I **do not** receive child support for the following dependents:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

**ALIMONY**

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.

**\*\*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

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



**PART II**

**LENDER INFORMATION**

**(To be completed by Lender)**

**FAX BACK COMPLETED FORM TO: 239-252-6432**

**or**

**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      \$ \_\_\_\_\_

Type of Mortgage: \_\_\_ Conventional \_\_\_ FHA \_\_\_ VA \_\_\_ Other: \_\_\_\_\_

Lien Position: \_\_\_ 1<sup>st</sup> Mortgage \_\_\_ 2<sup>nd</sup> Mortgage \_\_\_ Other: \_\_\_\_\_

**Are payments current?** \_\_\_ Yes \_\_\_ No

**Please indicate number of late payments made within 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.