

## **Instructions to Applicant(s)/First Time Homebuyer(s)**

*Contact our office to determine if funds are available prior to completing an application. If your total annual household (gross) income is within the income limits set by the program then proceed with the steps below.*

### **1. Homebuyer Training**

You are required to attend a County approved HUD Homebuyer training course before closing on the loan. To register for a course in Naples, contact **Housing Development Corporation of SW Florida**, Inc. at 239-434-2397 or visit [www.collierhousing.org](http://www.collierhousing.org). To register for a course in Immokalee, contact the **Empowerment Alliance of SW Florida** at 239-658-3325 or visit [www.easfonline.org](http://www.easfonline.org)

### **2. First Mortgage Loan Approval**

You must qualify for a first mortgage loan from a County approved lender. You may select the lender of your choice so long as they agree to execute a Memorandum of Understanding with Collier County. The lender will tell you approximately how much you can afford in combination with SHIP/HOME Purchase Assistance funds and will give you an estimate of your monthly payments based on your income.

### **3. Pre-qualification Process**

A Housing Assistance Application must be completed to participate in the SHIP/HOME Purchase Assistance Program. You can pick up an application from our office or download a copy from our website [www.colliergov.net/housing](http://www.colliergov.net/housing). Once you have completed steps 1 & 2 above you can submit a completed application along with the all documents listed on the checklist and deliver to our office located at:

**Collier County Community & Human Services Department  
3339 East Tamiami Trail, Suite 211,  
Naples, FL 34112.**

Please include a copy of your pre-approval letter from the lender and copy of Homebuyer Certificate of Completion if you have already completed the course with your application.

The Housing department will review your application and contact you if any additional documents are required. A pre-approval/denial letter of your income eligibility/ineligibility will be provided to you at this time. Please understand that this is **not a final approval**.

### **4. Select Realtor & Sales Contract**

Select a Realtor of your choice and locate home to purchase. Sign the Purchase Contract; a deposit will be required for an Escrow at this time.

### **5. Home Inspection**

Once a sales contract is executed by Seller and Buyer a home inspection must be completed by a **Certified Home Inspector that is certified by the State of Florida** and a copy of that inspection must be provided to the County.

Any item that is a **safety hazard** identified as harmful or dangerous to its occupants due to its presence or absence in the structure or any item identified as a **major concern** that is either significantly affecting the habitability and/or can be considered a possible expensive repair or replacement, will be denied for assistance or will require that the item be fixed by a professional in the appropriate trade prior to the closing.

### **6. Lender**

After you select a home, provide the lender with a copy of your Purchase Contract so they can begin the underwriting process. You will receive a Good Faith Estimate of the cost associated with your loan. The Housing Department will work with your lender on getting all the pertinent information required to complete your file.

**7. Documents required by Homebuyer**

There are certain documents that must be executed before/after you sign a contract for purchase. Once you sign a contract for purchase you must provide a copy of the following documents to the Housing Office:

- a. Executed sales contract.
- b. Signed lead based paint notice if property built prior to 1978.
- c. Home Inspection Report completed by a Certified Home Inspector.
- d. Homebuyer Training Certificate of Completion.

**8. Final Application Review**

A review can take 3-4 weeks after an application is determined complete. Please work with your realtor to schedule the closing of the home with this timeframe in mind.

**9. Final Approval and Loan Award**

Once your file has been approved by our office, we will contact you to schedule an appointment to sign a Final Income Certification form and to explain the details of the County Promissory Note and Mortgage you will sign at your closing.

**10. Check**

We will notify your lender, realtor and/or the Title Company when the check is ready for pick up. They will pick up the check and County Promissory Note and Second Mortgage from our office and deliver to closing.

**Report Changes**

If at any time your employment, income, family size, or your financial situation changes you should immediately notify our office. The supporting income and asset information you provided with your application is only good for **120 days** so you may have to re-submit verification documents.

**Other Important Information**

- Funds are provided on a first-come, first-serve, first-qualified basis
- Amount of award will vary depending on the grant source and if more than one funding source is used to assist the purchase of the home.

**If you need help**

If you have any questions during the process feel free to contact our office or your loan officer and we will try to answer all your questions.

Collier County Community & Human Services  
3339 Tamiami Trail E, Bldg. H, Suite 211, Naples, FL 34112  
Contact Person: Mandy Moody  
Email: [mandymoody@colliergov.net](mailto:mandymoody@colliergov.net) Phone: [\(239\) 252-2338](tel:(239)252-2338)

Thank you for your cooperation



**Re: Collier County SHIP Purchase Assistance Program**

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 program requirements.

Once all other checklist items are completed you can submit the SHIP Purchase Assistance application for a final review and qualification determination. The SHIP application review process may take up to 3-4 weeks depending on how quickly all pertinent information is provided and the application considered complete.

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 Community and Human Services**

**Attn: SHIP Rehabilitation Program**

**3339 East Tamiami Trail, Suite 211**

**Naples, Florida 34112**

- Name, address & phone number of your Lender & Real Estate Agent (if applicable) and pre-approval letter from lender.
- 30-days of pay stubs, including name, address & phone number of your employer. (For anyone employed and living the home)
- Current Social Security Statement or any other Benefits received by yourself or family member living in the house. (401K, FRS, IRA, Retirement, Pension, etc.)
- Six most current monthly checking's account bank statements- Account number and current balances. (For all parties living in the home, including minors)
- One most current monthly savings account bank statement. (For all parties living in the home, including minors)
- Self-employed information: 2 years of IRS 1040, W-2s or 1099, Schedule C, & Profit & Loss
- Copy of your Sales Contract and Escrow check.
- US Citizens- Copy of homeowners drivers license and birth certificate or US Citizenship Certificate. If you are a permanent resident please provide a U.S Passport or a Permanent Resident Card
- Copies of each household members Social Security Card
- Any divorce decree or child support court orders and the payment history from the Child Support Office

**Applications will only be accepted if all of the above documents are turned in at the initial appointment.** Once again, thank you for your interest and please do not hesitate to call me if you should have questions, or require additional information and to make an appointment to turn in your application.

**Note: Third- Party Verifications** must be completed and signed by all adult household members, where applicable.

**Note: Dependents:** If you show a child as household member, but do not claim them on your tax returns, you must provide a court order showing that you are the primary custodian of that child and provide school records that the child resides with you at your residence.

**Note: Explanation of Deposits:** If there are additional deposits identified on your bank account statements that do not directly relate to your employment income, CHS staff will require an explanation of deposit form to be completed for each deposit.

**Note: Self employed/ 1099 employee:** HHVS will require you complete a profit and loss statement in addition to a Verification of Employment form. You must provide all business bank accounts for the last six months and two years of your business and personal filed tax returns (all schedules).

Sincerely,  
**Mandy Moody, Grant Coordinator**  
[MandyMoody@colliergov.net](mailto:MandyMoody@colliergov.net)  
Phone: (239) 252-2338  
E-Fax: (239) 252-6432

Received:

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|--|

# Collier County Community and Human 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                  |              |          |
| Other/Multi-racial                |              |          |

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

# Collier County Community and Human Services

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### 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<br>(Checking's, Saving, Money Market, 401K, Retirement, IRA accounts, Pension funds, Personal Property, Capital Investments, Stocks, Bonds, Treasury Bills ) | Name of Institution/Bank/Agency | Account #       | Current Cash Value (\$) |
|--|---------------------------------|-----------------|-------------------------|
|  |                                 |                 |                         |
|  |                                 |                 |                         |
|  |                                 |                 |                         |
|  |                                 |                 |                         |
|  |                                 |                 |                         |
|  |                                 |                 |                         |
|  |                                 |                 |                         |
|  |                                 |                 |                         |
| <b>Total \$</b>  |                                 | <b>Total \$</b> |                         |



# 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. 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/ Spouse Signature | Print Name | Date |
|--------------------------------|------------|------|

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|                                  |            |      |
|----------------------------------|------------|------|
| Adult Household Member Signature | Print Name | Date |
|----------------------------------|------------|------|

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|                                  |            |      |
|----------------------------------|------------|------|
| 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.**



Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

This person is applying for funding from a program which requires documentation of income as part of the qualification process for household residency.

TO: (Name and Address of Employer) \_\_\_\_\_  
 RETURN TO: (CHS)  
 Collier County Community & Human Services  
 Attention: Mandy Moody  
 Fax: 239-252-6432/ Email: MandyMoody@colliergov.net

**I hereby authorize release of the information requested below** in order to determine my eligibility for residency at the above rental community in the upcoming year.

Signature \_\_\_\_\_ Social Security # \_\_\_\_\_

The following information is requested as part of the household qualification process. The information provided will remain confidential. Your assistance by completing this form and returning it in a timely manner will be greatly appreciated. Please call if you have questions.

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

Presently Employed?  Yes Date First Employed \_\_\_\_\_  No Last Date Employed \_\_\_\_\_

**Current** Wages/Salary \$ \_\_\_\_\_ (check one)  hourly  weekly  biweekly  semi-monthly  
 Monthly  yearly  Other \_\_\_\_\_

Average # regular hours per week \_\_\_\_\_

Overtime Rate \$ \_\_\_\_\_ per hour Average # of overtime hours per week \_\_\_\_\_

Shift Differential Rate \$ \_\_\_\_\_ per hour Average # of shift differential hours per week \_\_\_\_\_

Commissions, tips, bonuses \$ \_\_\_\_\_ (check one)  hourly  weekly  biweekly  semi-monthly  
 Monthly  yearly  Other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within next 12 months \_\_\_\_\_ Effective Date \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate layoff period(s) \_\_\_\_\_

Additional Remarks \_\_\_\_\_

I hereby certify that the information supplied in this section is true and complete.

Signature \_\_\_\_\_ Completion Date \_\_\_\_\_

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

Firm Name \_\_\_\_\_ Telephone \_\_\_\_\_

To be completed by each adult household member who does not receive income.

Household Member \_\_\_\_\_ Last Employed \_\_\_\_\_

Last Employer Name \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Social Security payments, annuities, insurance policies, retirement funds, pensions, Supplemental Security Income (SSI), or death benefits;
  - e. Unemployment or disability payments;
  - f. Public assistance payments;
  - g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - h. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - i. Any other source not named above.

2. During the next 12 months there is no change expected in my financial or employment status.

3. I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Household Member

\_\_\_\_\_  
Printed Name of Household Member

\_\_\_\_\_  
Date

## Household Assets Sworn Declaration

Complete only one form per household; include assets of children.

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_

Co- Applicant Name \_\_\_\_\_ City \_\_\_\_\_

**Complete all that apply for 1 through 6:**

1.  I (we) do not have any net family assets (as defined in 24 CFR 813.102) at this time.
2.  I (we) hereby state that the combined value of net family assets does not exceed \$5,000 and the anticipated annual income from these assets is \$ \_\_\_\_\_ .
3.  I (we) hereby state that the combined value of net family assets exceeds \$5,000 and the anticipated annual income from these assets is \$ \_\_\_\_\_ .
4. My (our) assets include:

| (A)<br>Cash<br>Value* | (B)<br>Int.<br>Rate | (A*B)<br>Annual<br>Income | Source            | (A)<br>Cash<br>Value * | (B)<br>Interest<br>Rate | (A*B)<br>Annual<br>Income | Source                |
|-----------------------|---------------------|---------------------------|-------------------|------------------------|-------------------------|---------------------------|-----------------------|
| \$ _____              | _____               | \$ _____                  | Checking Account  | \$ _____               | _____                   | \$ _____                  | Trust Funds           |
| \$ _____              | _____               | \$ _____                  | Savings Account   | \$ _____               | _____                   | \$ _____                  | Safety Deposit Box    |
| \$ _____              | _____               | \$ _____                  | Cash on Hand      | \$ _____               | _____                   | \$ _____                  | Money Market Funds    |
| \$ _____              | _____               | \$ _____                  | Cert. Of Deposits | \$ _____               | _____                   | \$ _____                  | Land Contracts        |
| \$ _____              | _____               | \$ _____                  | Stocks            | \$ _____               | _____                   | \$ _____                  | Capital Investments   |
| \$ _____              | _____               | \$ _____                  | IRA Accounts      | \$ _____               | _____                   | \$ _____                  | Lump Sum Receipts     |
| \$ _____              | _____               | \$ _____                  | 401K              | \$ _____               | _____                   | \$ _____                  | Equity in Real Estate |
| \$ _____              | _____               | \$ _____                  | Bonds             | \$ _____               | _____                   | \$ _____                  | Keogh Accounts        |

PLEASE NOTE: Life Insurance Policies (excluding Term insurance) \$ \_\_\_\_\_

Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to household members. Include only those amounts which are fully available. Other Retirement/Pension Funds not named above (identify): \$ \_\_\_\_\_

Personal property held as an investment (identify)\*\*: \$ \_\_\_\_\_

Other (identify): \$ \_\_\_\_\_

\* Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

5.  I (we) have not sold or given away assets (including cash, real estate, etc.) for less than fair market value (FMV) during the past two (2) years.
6.  Within the past two (2) years, I (we) have sold or given away assets for more than \$1,000 below their fair market value (FMV). The difference between FMV and the amount received, for each asset on which this occurred is included above and is equal to a total of \$ \_\_\_\_\_ .

Under penalty of perjury, I/we certify that the information presented in this declaration is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

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

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

**Student Declaration**

Date \_\_\_\_\_

Applicant/Resident Name \_\_\_\_\_

Development Name \_\_\_\_\_

Unit Number/Identification \_\_\_\_\_

This rental community has received funding from a program which does not generally allow occupancy by households comprised entirely of full-time students.

A "Student" is an individual who is a fulltime student at an educational organization which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on, for at least five calendar months during a calendar year.

The following information is requested as part of the household qualification process. Please mark the applicable item(s).

- A.  I am not a student and do not anticipate enrolling as a student in the upcoming year.
- B.  I anticipate enrolling as a student in the upcoming year.
- C.  I am a part-time student and expect to remain a part-time student in the upcoming year.
- D.  I am a full-time student.
- E.  I am a full-time student and offer the following explanation for eligibility consideration:
  - 1.  I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act.
  - 2.  I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar Federal, State, or local laws.
  - 3.  I am a single parent with dependent children and none of the household members are dependents of another party other than a parent of the children.
  - 4.  I am married and file a joint federal tax return with my spouse.
  - 5.  I am a former foster child in transition to independence.

NOTE: Developments that participate in only the pre-1986 MMRB program shall apply explanation 4 only.

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I will provide proof of credit hours or other documentation that may be required for each school term during my occupancy of a unit at this rental community.

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member Printed Name

Sworn Declaration of Child Support

Applicant/ Household Members Name \_\_\_\_\_

Child #1 \_\_\_\_\_ Child #3 \_\_\_\_\_

Child #2 \_\_\_\_\_ Child #4 \_\_\_\_\_

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions have been taken to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

|   |                               |                                 |   |
|---|-------------------------------|---------------------------------|---|
| A. Do you receive child support?  |                               | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                        |
|   |                               | Go to B                         | Go to C.1   |
| B. I receive:   |                               |                                 |   |
| 1.  | Payment amount                | \$ _____                        |   |
| 2.  | Frequency                     | _____                           |   |
| 3.  | Children's names              | _____                           |   |
| 4.  | Name of source                | _____                           |   |
| <i>Complete multiple declaration forms if there are multiple sources.</i>   |                               |                                 |   |
| 5.  | Go to C.1                     |                                 |   |
| C. 1. Have you been awarded child support by court order?   |                               | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                        |
|   |                               | Go to C.2                       | Sign Form   |
| 2. Provide copy of entire document, enter amount of award \$ _____, and frequency _____; go to C.3.   |                               |                                 |   |
| 3. Is payment being received as awarded?  |                               | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                        |
|   |                               | Go to 3.a                       | Go to 3.b   |
| a. Indicate the manner by which payment is received and sign form.  |                               |                                 |   |
| i.  | Enforcement agency            | Name agency _____               | and provide agency print out                          |
| ii.   | Court of Law                  | Name court _____                |   |
| iii.  | Direct from responsible party | Name source _____               | and provide declaration or statement from the source. |
| iv.   | Other (Explain)               | _____                           |   |
| b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.   |                               |                                 |   |
| _____   |                               |                                 |   |
| Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. |                               |                                 |   |
| Applicant/Resident Signature _____  |                               | Date _____                      |   |

**PURCHASER(S) ACKNOWLEDGEMENT OF TERMS AND CONDITIONS TO  
COLLIER COUNTY  
STATE HOUSING INITIATIVES PARTNERHIP PROGRAM**

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

- ❖ 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.
- ❖ 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.
- ❖ Purchaser(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).
- ❖ The mortgage may be subordinated only with prior 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 awarded will be due and payable as follows:
  - Payment in full is due upon sale of the property if sold within the fifteen year term or no longer remains owner-occupied as the primary residence.
  - No repayment of the mortgage or note is required at the end of the fifteen year period even if the property is sold.

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Applicant Signature

Print Name

Date

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Co-Applicant Signature

Print Name

Date

**PURCHASER(S) ACKNOWLEDGEMENT OF TERMS AND CONDITIONS TO  
COLLIER COUNTY  
STATE HOUSING INITIATIVES PARTNERHIP PROGRAM**

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Applicant Signature

Print Name

Date

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Co-Applicant Signature

Print Name

Date

## Collier County SHIP Purchase Assistance Fact Sheet

The Collier County Community and Human Services (CHS) 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. Homebuyer must also meet the following:

- ❖ Complete a County approved HUD certified Homebuyer Education Workshop
- ❖ Must be pre-qualified for a first mortgage loan
- ❖ Must be a first-time homebuyer as defined; an individual and his or her spouse who have not owned a home during the three-year period prior to purchase of a home with assistance under the State Housing Initiatives Partnership Program (SHIP). The term first-time homebuyer also includes an individual who is a displaced homemaker or single parent.
- ❖ Occupy the home being purchase as their primary residence during the term of the loan.

In order to receive this assistance the gross total household income (anticipated for next 12 months) cannot exceed the income limits adjusted for household size set forth below:

| 2014 Income Limits   |  |  |
|--|--|--|
| Family Size & Very Low Income  | Family Size & Low Income   | Family Size & Moderate Income  |
| 1 Person \$23,050<br>2 Person \$26,350<br>3 Person \$29,650<br>4 Person \$32,900<br>5 Person \$35,550<br>6 Person \$38,200 | 1 Person \$36,900<br>2 Person \$42,150<br>3 Person \$47,400<br>4 Person \$52,650<br>5 Person \$56,900<br>6 Person \$61,100 | 1 Person \$55,320<br>2 Person \$63,240<br>3 Person \$71,160<br>4 Person \$78,960<br>5 Person \$85,320<br>6 Person \$91,680 |

*\*\*Funds for Moderate Income level are limited. Contact County office to determine the availability of funds prior to submitting application\*\**

If approved as very-low, low or moderate-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 are available on a first come/ first qualified basis, upon funding availability, for first-time homebuyers who meet the program requirements.

*Award amount can change if more than one funding source is used to assist with the purchase of the home.*

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 or transfer 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 (15) years.

**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 CHS and /or designated agents of such. Any records submitted to the SHIP program will become public record and subject to disclosure.*

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Applicant Signature Print Name Date

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Co-Applicant/Spouse Signature Print Name Date