



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 Community and Human Services
Attn: SHIP Rehabilitation Program
3339 East Tamiami Trail, Suite 211
Naples, Florida 34112**

Or email them to: CollierCountySHIP@colliergov.net

1. Name, address & account number of your Mortgage Company (if applicable) Mortgage Monthly Statement preferred.
2. Current tax returns (1040) and W-2's (For all parties over the age of 18 and living in the home)
3. 30-days of pay stubs, including name, address & phone number of your employer. (For anyone over the age of 18 that is employed and living the home)
4. Current Social Security Statement or any other Benefits received by yourself or family member living in the house. (401K, FRS, IRA, Retirement, Pension, etc.)
5. Six most current monthly checking's account bank statements-(For all parties living in the home, including minors)
6. One most current monthly savings account bank statement. (For all parties living in the home, including minors)
7. Self-employed information: 2 years of IRS 1040, W-2s or 1099, Schedule C, & Profit & Loss
8. Copy of your Homeowners Insurance Declaration Pages.
9. 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
10. Copies of each household members Social Security Card
11. Any divorce decree or child support court orders and the payment history from the Child Support Office-if applicable.

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,

Elizabeth Hernandez, SHIP Grant Support Specialist

Phone: 239-252-2338 Email: ElizabethHernandez@colliergov.net

COLLIER COUNTY
SHIP
OWNER-OCCUPIED REHABILITATION PROGRAM

The Collier County SHIP Owner-Occupied Rehabilitation Program is administered by the Collier County Community and Human Services Division and Community Assisted and Supportive Living, 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:

	2018 Income Limits					
Household Size:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
Very Low (50%)	\$26,250	\$30,000	\$33,750	\$37,500	\$40,500	\$43,500
Low (80%)	\$42,000	\$48,000	\$54,000	\$60,000	\$64,800	\$69,600

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 Community and Human Services Division (CHS). Once CHS determines the household is income eligible, we will refer your case to Community Assisted and Supportive Living, 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.*

Community Assisted and Supportive Living, 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 Community and Human Services Department located at **3339 Tamiami Trail E, BldgH #211 Naples, FL 34112.**

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



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 # _____

PROPERTY VALUE: _____ **90% AVG AREA PURCHASE PRICE:** \$422,892

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

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)	Date of Birth	Last 4 digits of SS#	Relationship to Applicant	Full Time College Student Yes/No
1.				
2.				
3.				
4.				
5.				
6.				

Is anyone in the household: Check all that apply:

- Elderly
 Farm Worker
 Disabled
 Homeless
 Developmentally Disabled

Are you or is any member of your family; an employee of the Collier County Board of County Commissioners?

Circle one: Yes or No If yes; provide name and department: _____

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:

Yes
 No

Collier County Community and Human Services

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.		
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 <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 (\$)
Total \$		Total \$	

Collier County Community and Human 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 and belief and are given under penalty of perjury. 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

_____/_____
Adult Member Print Name Date

ASSET ADDENDUM

(One form to be signed by each adult household member)

Assets include: Please check all that apply;

____ Cash held in savings accounts

____ Certificates of Deposit

____ Cash held in checking accounts

____ Money market funds

____ Trust funds

____ IRA accounts

____ Stocks, Bonds, Treasury bills

____ Retirement and pension funds

____ Equity in real estate and other capital investments

____ Whole Life Insurance

____ Lump sum receipts (i.e. lottery winnings, insurance settlements, etc.)

____ 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*

____ Other; please list: _____

____ Other; please list: _____

Sign either A. or Section B.

A. I hereby state that all sources of assets, as indicated above were provided as part of the SHIP Purchase Assistance application

Signature

Print Name

Date

B. I hereby state that I do not have any assets at this time.

Signature

Print Name

Date



**NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS
FOR GOVERNMENT PURPOSES**

Collier County collects your social security numbers under the SHIP program for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City/County to give you this written statement explaining the purpose and authority for collecting your social security number.

	Form	Purpose	Authorization
1.	Housing Assistance Application	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code SHIP Program Manual (rev.7/2015)
2.	Verification of Unemployment Benefits	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code SHIP Program Manual (rev.7/2015)
3.	Verification of Social Security Benefits	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code SHIP Program Manual (rev.7/2015)
4.	Verification of Employment	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code SHIP Program Manual (rev.7/2015)
5.	Verification of Child Support	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code SHIP Program Manual (rev.7/2015)
6.	Verification of Assets	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code SHIP Program Manual (rev.7/2015)

RECEIVED BY: _____ / _____
 PRINT NAME SIGNATURE DATE

_____/_____
 PRINT NAME SIGNATURE DATE

**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. CHS 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 120% 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; or
 - g) Presently have a reverse mortgage on the property.
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. The amount of rehabilitation may not exceed 65% of property Appraisers just value.
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. A 10% project delivery fee will be added to the total rehabilitation cost. 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 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.

**HOMEOWNER(S) ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF THE
COLLIER COUNTY
SHIP Owner-Occupied Rehabilitation Program**

9. 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).
10. Mortgage Terms and Repayment: 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.
4. 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 REHABILITATION 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

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
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Employer/Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ **Human Resources/Payroll Fax:** _____

*****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: _____ 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.

Return information to: FAX # 239-252-6432 or Email: CollierCountySHIP@colliergov.net

To: Grants Support Specialist Phone: 239-252-2338

Department: Collier County Community and Human Services Department

Address: 3339 East Tamiami Trail, Naples, FL 34112

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
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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
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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.