



St. Lucie County Community Services
Housing Division
437 North 7th Street
Fort Pierce, FL 34950
Ph: 772-462-1290 Fax: 772-462-2855

****Please read the following before completing application:**

All Applicants:

Applications will only be accepted at time of appointment. Please refrain from turning in or having any documents faxed until after the appointment. **Release and Consent form must be signed by all members of the household that are 18 years of age or older.** Assets for all household members must be declared and verified.

Down Payment Applicants:

Prior to scheduling appointment, you must be pre-qualified for a mortgage by one of the members of St. Lucie County Lending Consortium. Please have pre-approval letter at time of appointment.

Mortgage Assistance Applicants:

Please provide copy of mortgage statement indicating the amount due to bring the loan amount current or reinstatement letter.

Once this application is complete please call to schedule an appointment.
To schedule an appointment or for more information, please call: 772-462-1290

PLEASE PROVIDE THE FOLLOWING INFORMATION AT APPOINTMENT:

***All Applicants**

- Completed and signed application.
- Florida State ID or Driver's License for all household members 18 years of age or older
- Copies of Social Security Cards for everyone in the household, including children
- Copies of state birth certificates for all children under 18 years old.
- Release and Consent form signed by all household members 18 years of age or older.
- Copies of most recent bank statements for 3 months.
- Copy of tax return for current and previous year for applicant(s) only.
- Copy of 4 most current paystubs from employment
- Unemployment Affidavit must be completed if any members of the household, 18 years of age or older are unemployed.
- Completed Notice of Voluntary Participation, signed by applicant(s).
- Copy of life insurance policies with cash value indicated, if applicable.

***Rehabilitation Applicants:**

- Copy of Mortgage deed or warranty deed.
- Copy of homeowner's insurance policy, if applicable
- Completed FEMA Authorization to Release Confidential Information

***Down Payment Assistance Applicants:**

- Pre-Approval letter from a member of the St. Lucie County Lending Consortium, indicating amount of loan approved.

***Mortgage/Foreclosure Assistance Applicants:**

- Most recent mortgage statement or delinquency notice.
- Budget Class Certificate
- Copies of all outgoing monthly expenses.

PLEASE READ BEFORE SIGNING

AGREEMENT: The undersigned applied for assistance indicated in this application. The amount provided will be secured by a mortgage on the property described herein (except for My Safe Florida Home), and represents that the property will not be used for any illegal and/or restricted purpose. All statements made in this application are true and are made for the purpose of obtaining a loan, combination loan and grant, or a grant. Verification must be obtained from any source names in the application. The St. Lucie County Community Services office will retain a copy of this application, even if the assistance is not granted. The applicants are authorizing Housing Staff to collect social security numbers and use the number to verify information required to qualify the applicant.

The applicant/s' intent is to occupy the property as their primary residence.

APPLICANT/S' CERTIFICATION: I/we consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. I/we understand that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. I/we also agree to provide any other documentation needed to verify eligibility. I/we understand that the lending institution and St. Lucie County Community Services-Housing Division must be notified of any information changes. This information will be maintained by the County and is subject to public disclosure. If approved, I/we agree to allow St. Lucie County Community Services-Housing Division to communicate with any party involved in the assistance.

The information on this form is to be used to determine maximum income for eligibility. I/We have provided for each person set forth in the above acceptable verification of current anticipated annual income. I/We certify that the statements are true and complete to the best of my/our knowledge and belief under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S77.082 or 772.083.

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

FEMA: AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, the undersigned, authorize the Federal Emergency Management Agency (FEMA), the State of Florida, and appropriate agencies of the State of Florida responsible for providing disaster assistance to release information relating to my eligibility for monetary or other forms of assistance arising from the major disasters declared to those agencies that provide disaster-related assistance. This authorization permits the release of information that is deemed confidential under Federal and State Privacy Acts.

This authorization is given to obtain and/or provide assistance I need as a result of the prior referenced federal disaster(s) to insure that benefits are not duplicated. It includes the sharing of information about my application in FEMA's possession or under FEMA's control.

This authorization includes only information necessary to allow the appropriate agency or organizations to determine if I am eligible for assistance from that agency or organization. This information is not to be used for any other purpose.

I also understand and acknowledge that signing this does not guarantee that I will get assistance from Voluntary Agencies and/or appropriate Federal and State agencies. However, without my permission, my information cannot be shared with other agencies or organizations for consideration. I understand that I will still receive all FEMA assistance for which I am eligible.

This Authorization is submitted pursuant to 28 U.S.C. § 1746 under penalty of perjury.

OPTIONAL- I close to exclude the following agencies from access to this information.

I understand that it is my choice to sign this Release:

Name (Printed) Date

Signature

Pre-Disaster Address: _____

Current Address: _____

Phone or Message #: _____ FEMA Registration #: _____

(Updated 04/16/2009)

**HOUSING PROGRAM
NOTICE OF VOLUNTARY PARTICIPATION**

I, _____, do hereby acknowledge that I **VOLUNTARILY** request to be included in the housing program for either down payment, rehabilitation, rent or mitigation assistance. I acknowledge that such inclusion will require me to provide personal data, such as income information, which is a private matter, but that by signing I acknowledge that release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated as confidentially as the Housing Program permits.

I further acknowledge that I am responsible to follow the following program rules:

1. The purpose of the rehabilitation program is to place my residence in a condition equal to minimum housing standards. I consent to attainment of this standard and will not demand assistance greater than that which is approved by the local government and regulated by St. Lucie County's Housing Programs.
2. The purpose of the down payment assistance program is to provide only the amount of funding necessary to make the monthly mortgage payments affordable based on my income. I will not demand assistance greater than that which is approved by the local government and regulated by St. Lucie County's Housing Programs.
3. I understand that the contract for rehabilitation payment assistance is prepared between the contractor agency and myself as an administrative matter, but that the local government as the funding agency reserves the right of decision making. While I have the right to provide my view, I will not dispute the final decision made by the local government or their agent. I understand the County is not a party to the contract.
4. I understand that I am subject to immediate program disqualification, with financial responsibility for the incurred costs, if I:
 - a. Provide any inaccurate or untruthful information,
 - b. Fail to comply with existing program guidelines,
 - c. Perform any action to receive more assistance than I am entitled, unless I can prove or disprove the cause contributing to the situation.
5. I hereby authorize the local government's agent to inspect my property.

I recognize that this assistance is provided as good will of the local government and that my participation binds me to the rules and regulations of the program and to the maintenance of the property after rehabilitation.

I understand that my participation may affect my ability to qualify for housing assistance in the future. I agree to all terms contained in this document.

Applicant Signature/Date

Co-applicant Signature/Date



St. Lucie County Community Services
 Housing Division
 437 N 7th Street Fort Pierce, FL 34950
 Ph:772-462-1290 Fax:772-462-2855

I/We are applying for assistance with:

<input type="checkbox"/> Down Payment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Mitigation <input type="checkbox"/> Water/Sewer Assessment <input type="checkbox"/> Mortgage/Foreclosure
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Date of Application:		
Applicant Name:		SSN:
Co-Applicant Name:		SSN:
Street Address:		
City, State, Zip:		
Mailing Address, if different from above:		
Phone:	Cell:	Work:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Household Type: <input type="checkbox"/> Single <input type="checkbox"/> Two Adults <input type="checkbox"/> Two Parent <input type="checkbox"/> Single Parent <input type="checkbox"/> Other		

List ALL occupants of the household (include applicant):

Full Name	Relationship to Applicant	Date of Birth	Social Security Number	Annual Income

Please indicate number of each in household:

Elderly(Over age 62): #	American Indian or Alaska Native: #
Disabled: #	Asian: #
White: #	Hispanic/Laino: #
Black/African American: #	Farm Worker: #
Other(please specify): #	

*This information is requested solely for determining the county's compliance with Federal civil rights laws, and the response will not affect consideration of their application.

Are you a member or relative of the County Commission, or a county governeemt employee?

Yes or No

If yes, explain: _____

Rent/Mortgage Paid to:	Monthly Payment	Balance
	\$	\$

Assets:		
Type	Institution Name	Value
Checking Account		
Savings Account		

* Please enter the last four digits of your account(s).

Household Income Information		
Household Member	Source of Income	Gross Monthly Amount
	Employment/Wages	\$
	Overtime, Tips, Bonuses, etc.	\$
	Aid to Families w/ Dependent Children	\$
	Supplemental Social Security	\$
	Unemployment Compensation	\$
	Veteran's Benefit	\$
	Pensions/Insurance	\$
	Rental Property	\$
	Alimony	\$
	Social Security Benefit	\$
	Self-Employment	\$
	Asset Income	\$
	Child Support	\$
	Other Income	\$
	Total Monthly Income:	\$

Employment Verification

Applicant: _____ Social Security Number: _____

Address: _____

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Return to: St. Lucie County Community Services, Housing Division at 437 N. 7th Street Fort Pierce, FL 34950 or fax to 772-462-2855.

Employer Name: _____ Fax Number: _____

Employer Address: _____

Area Below To Be Completed By Employer

Occupation: _____ Date of Employment: _____

Pay Rate: \$ _____ Is this pay rate by (check one): Hourly, Weekly
 Bi-Weekly, Monthly

Average amount of hours worked per week: _____

Gross Amount Received last year: \$ _____

Gross Amount Received to date this year: \$ _____

Overtime Pay Rate: \$ _____

Expected average number of overtime hours worked per week during the next 12 months: _____

Total overtime earning for past 12 months: _____

Amount and Frequency of Other Compensation (bonus, raise, commission tips): \$ _____

Vacation Pay (circle one): Yes or No

If "yes", number of days: _____

Retirement Account (circle one): Yes or No

Amount Accessible to Employee: \$ _____

Total Gross Annual Income, including other compensation, for the next 12 months: \$ _____

Authorized Representatives Signature: _____

Name: _____ **Title:** _____

Date: _____ **Telephone:** _____

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 States 775.082 or 775.83.

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Date: _____ **Telephone:** _____

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Asset Income Verification

Applicant: _____ Social Security Number: _____

Address: _____

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Area Below To Be Completed By Banking Institution

Checking Account #: _____ Current Interest Rate: _____ %
Average Monthly Balance (last 6 months): \$ _____

Savings Account #: _____ Current Interest Rate: _____ %
Current Balance: \$ _____

Certificate of Deposit #: _____ Current Interest Rate: _____ %
Amount: \$ _____ Withdrawal Penalty: \$ _____

IRA, Keogh, Retirement Account #: _____ Current Interest Rate: _____ %
Amount: \$ _____ Withdrawal Penalty: \$ _____

Other Account #: _____ Current Interest Rate: _____ %
Amount: \$ _____

Authorized Representatives Signature: _____

Name: _____ **Title:** _____

Date: _____ **Telephone:** _____

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Address: _____

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Current Balance: \$ _____

Certificate of Deposit #: _____ Current Interest Rate: _____ %
Amount: \$ _____ Withdrawal Penalty: \$ _____

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UNEMPLOYMENT AFFIDAVIT

I, _____, acknowledge that:

1. I have made application for housing assistance from St. Lucie County.
2. Check (a) or (b) as applicable:

_____ (a) I am not presently employed but anticipate becoming employed within the next twelve (12) months.

_____ (b) I am not presently employed and **do not** anticipate becoming employed within the next twelve (12) months.
3. Based on my past work experience, skills, and income history as reflected in my income tax return for the most recent tax year (copy attached) and with adjustments to reflect circumstances anticipated within the next twelve (12) months, I expect to earn \$ _____ per year when I become employed.

Signature



Release and Consent Form

I/We the undersigned, hereby authorize the release, without liability, information regarding my/our employment, income and/or assets to St. Lucie County Community Services Department for the purpose of verifying information provided as part of the application for financial assistance.

I/We agree that a photocopy of this form may be used for the purposes stated above. The original of this authorization is on file with St. Lucie County Community Services.

I/We certify that the information provided in the Application is correct and may be verified as a part of the review process. I understand that misrepresentation of facts may result in prosecution to the fullest extent of the law. I understand that this information will be maintained by the St. Lucie County Community Services Department and is subject to public disclosure.

Information may be requested from, not limited to, the following groups or individuals: past and present employers, welfare agencies, Veterans Administration, unemployment agencies, retirement systems, support and alimony providers, Social Security Administration, utility providers, insurance companies and financial institutions.

_____ Applicant Signature	_____ Print Name	_____ Date	_____ Social Security #
_____ Co-Applicant Signature	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member 18 years or older	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member 18 years or older	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member 18 years or older	_____ Print Name	_____ Date	_____ Social Security #
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