Form 1: SHIP DISTRIBUTION SUMMARY
Section 420.9075(10), F.S.

Submittal Date: 09/15/08
Fiscal Year: 2005-2006

FLORIDA HOUSING FINANCE CORPORATION - SHIP PROGRAM ANNUAL REPORT

NAME OF LOCAL ENTITY: Saint Lucie County

TABLE A:

	STRATEGY DESCRIPTION	SHIP FUNDS EXPENDED A		SHIP FUNDS ENCUMBERED B		SHIP FUNDS UNENCUMBERED C				
Code	HOMEOWNERSHIP STRATEGIES	Amount	Units	Amount	Units	Proposed Amount	Proposed Units			
2	Purchase Assistance - withour Rehab	226,059.50	4							
3	Rehabilitation	288,364.23	8							
	Total Homeownership Strategies	514,423.73	12	0.00	0	0.00	0			
								514,423.73	0.00	0.00
	RENTAL STRATEGIES							HO Expended	HO Encumbered	HO Unencum
								0.00	0.00	0.00
	Total Rental Strategies	0.00	0	0.00	0	0.00	0	Rental Expended	Rental Encumbered	Rent Unencum
	Subtotal	514,423.73	12	0.00	0	0.00	0	514,423.73	= Subtotal $ of Columns A, B, C	
	Administration	54,956.69								
	Home Ownership Counseling	2,000.00								
	Admin from Program Income	2,796.41								
	Admin from Disaster Funds									
	Total	574,176.83	12	0.00	0	0.00	0	574,176.83	Equals Total $ of Columns A, B, C	

TABLE B:

Total Revenue (actual and/or anticipated) for Local SHIP Trust Fund				
A	B			
Source of SHIP Funds	Amount of Funds	Percentage of Funds		
State Annual Distribution	525,566.00	89.29%		
Program Income (Interest)	19,582.81	3.33%		
Program Income (Payments)	36,345.31	6.17%	55,928.12	Equals Total Program Income
Recaptured Funds		0.00%		
Disaster Funds		0.00%		
Other Funds		0.00%		
Carry over funds from previous year (can be a positive or negative number)	7,128.34	1.21%		
Total Funds Deposited into Local Affordable Housing Trust Fund	588,622.46	100.00%		

TABLE C:

Enter Total $$ from Table A, Columns A, B, & C:	574,176.83
***Enter amount to be carried forward to next year:	14,445.63
TOTAL	588,622.46

***Carry forward is used only in a closeout year when the amount of funds remaining are not sufficient to fully assist one unit.
The unit assisted is counted in the next fiscal year.

FORM 2: Rents and Compliance Summary
Section 420.9075(b), (c), (d), (g), F.S.

Submittal Date: 09/15/08
Fiscal Year: 2005-2006

FLORIDA HOUSING FINANCE CORPORATION - SHIP PROGRAM ANNUAL REPORT

Name of Local Entity: Saint Lucie County

Table A: Rental Unit Information

STRATEGY DESCRIPTION	RENTAL RATES - ACTUAL (If rents vary for the same unit, enter greatest amount)				
	A	B	C	D	E
	Eff.	1 Bed	2 Bed	3 Bed	4 Bed

Table B: Recap of Funding Sources for Units Produced

Source of $$ Produced thru June 30th for Units	Amount of Funds Expended to Date	% of Total Value
A	B	C
SHIP Funds Expended	514,423.73	99.12%
Public Moneys Expended		0.00%
Private Funds Expended		0.00%
Owner Equity	4,571.48	0.88%
Total Value of All Units	518,995.21	100.00%

Table C: SHIP Program Compliance Summary - Home Ownership/Construction/Rehab*

Compliance Category	SHIP Funds*	Trust Fund **	% of Trust Fund	FL Statute Minimum %
A	B	C	D	E
HOME OWNERSHIP	514,423.73	525,566.00	97.88%	65%
CONSTRUCTION/REHABILITATION	514,423.73	525,566.00	97.88%	75%

* Include amounts expended, encumbered, & unencumbered (projected) in this table
**Trust Fund equals Distribution plus Recaptured Funds

Table D: Program Compliance - Income Set-Asides
Program Compliance by Funds Expended, Encumbered, Unencumbered (projected)

Income Category	SHIP $ Expended	SHIP $ Encumbered	SHIP $ Unencumbered	Total A+B+C	Total Available Funds %	*Total Available Funds
	A	B	C	D	E	F
ELI				0.00	0.00%	588,622.46
Very-Low Income	197,864.23			197,864.23	33.61%	588,622.46
Low Income	277,859.50			277,859.50	47.21%	588,622.46
Moderate Income	38,700.00			38,700.00	6.57%	588,622.46
TOTAL	514,423.73	0.00	0.00	514,423.73	87.39%	588,622.46

"Total Available Funds" equals State Distribution + Recaptured Funds + Program Income + Carry Over Funds + Other Funds. 514,423.73 (From Form 1 Table A
*From Form 1 Table B Column B total 514,423.73 0.00 0.00 Error If not same as Form 1 Table A Column A,B,C
53 C,D,E and 55 C,D,E should match
ELI and VLI must equal 30% or higher
and ELI, VLI and LI must equal 60% or higher

Table E: Special Target Groups for Funds Expended (i.e. teachers, nurses, law enforcement, fire fighters, etc.) Set Aside

Strategy Description	Special Target Group	Expended Funds	Total # of Expended Units
A	B	C	D
Total		0.00	0

Table F: Project Funding for Expended Funds Only

Income Category	Total SHIP Mortgages, Loans & DPL's	SHIP Mortgages, Loans and DPL's #	Average Loan Amount	Total of SHIP Grants	SHIP Grants #	Average Grant Amount	Total SHIP Funds Expended	Total Units #
	A	B	C	D	E	F	G	H
ELI			#DIV/0!			#DIV/0!	0.00	0
Very-Low Income	197,864.23	6	32,977.37			#DIV/0!	197,864.23	6
Low Income	277,859.50	5	55,571.90			#DIV/0!	277,859.50	5
Moderate Income	38,700.00	1	38,700.00			#DIV/0!	38,700.00	1
TOTAL	514,423.73	12	42,868.64	0.00	0	#DIV/0!	514,423.73	12

This total must equal Table D Expended by income category

NOTE: Must match Form 3 Column D45,E45&F45

Table G: Allowable Administration Set Aside from Program Income

Total Amount of Program Income	*5% Maximum	**10% Maximum	Total % Program Income Allowed for Administration	Total Administration
A	B	C	D	E
55,928.12	2,796.41	5,592.81		2,796.41

* Counties and Eligible Municipalities which receive more than the minimum distribution.
** Counties and Eligible Municipalities which receive the minimum distribution or less.
Use either the 5% or 10% $ amount.
see Form1 Table A Line 39

Table H: Allowable Administration Set Aside from Disaster Funds

Total Amount of Disaster Funds	*5% Maximum	**10% Maximum	Total Disaster Funds Allowed for Administration	Total Administration
A	B	C	D	E
0.00	0.00	0.00		0.00

* Counties and Eligible Municipalities which receive more than the minimum distribution.
** Counties and Eligible Municipalities which receive the minimum distribution or less.
Use 5 or 10% as applicable
Form 1 Table A D40

FORM 3: Household Characteristics

Section 420.9075(10)(a), F.S.

FLORIDA HOUSING FINANCE CORPORATION

SHIP PROGRAM ANNUAL REPORT

Fiscal Year: 2005-2006 **Submittal Date:** 09/15/08

NAME OF LOCAL ENTITY: Saint Lucie County

Provide information only on units for which Program funds have been expended.

Provide information for head of household only.

Strategy Description List Unincorporated and Each Municipality (With Activity)	Number of Households/Units Produced					Characteristics/Age (Head of Household)					Family Size				Race (Head of Household)							Special Needs (Any Member of Household)						
	ELI	VLI	Low	Mod.	Total	0-25	26-40	41-61	62+	Total	1 Person	2-4 People	5+ People	Total	White	Black	Hispanic	Asian	Amer. Indian	Other	Total	Farm Worker	Devel. Disabled	Homeless	Elderly	Special Needs:(define)	Special Target Group:(define) First Time Homebuyer	Total
A	B					C					D				E							F						
Rehabilitation - unincorporated		6	2		8		3	1	4	8	1	5	2	8	5	2	1				8				4			4
Purchase Assistance - without Rehab			3	1	4		3	1		4		3	1	4		4					4		1				4	5
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TOTAL	0	6	5	1	12	0	6	2	4	12	1	8	3	12	5	6	1	0	0	0	12	0	1	0	4	0	4	9
TOTALS	0	6	5	1	12					12				12							12							

(Use additional pages as necessary)

D,E,F,G 42 should mirror Form 2 Table F (Total # units) and all Totals should match.

Form 4 Program Summary **Submittal Date:** 09/15/08

Florida Statutes: Section 420.9075 **Fiscal Year:** 2005-2006

FLORIDA HOUSING FINANCE CORPORATION
SHIP PROGRAM ANNUAL REPORT

Name of Local Entity: Saint Lucie County

1. Please provide information on the status of the implementation of the Local Housing Incentive Plan or Incentive Strategy adopted by the local Affordable Housing Assistance Plan.

   A. Incentive Strategy:
   Expedited Permitting and an Ongoing Review Process.

   B. Adopting Ordinance or Resolution Number or identify local policy:
   There are none at this time

   C. Implementation Schedule (Date):
   There have not been any problems that would trigger the implementation of any strategies.

   D. Has the plan or strategy been implemented? If no, describe steps that will be taken to implement the Plan.
   In the event that it took more than four (4) weeks, or 100 building permit applications for affordable housing are submitted at one time, such affordable housing permits will be processed ahead of other projects to be considered for issuance of permits.

   E. Status of Strategy - (Is the strategy functioning as intended, i.e., are time frames being met, etc.)
   No delays have been reported that would trigger implementation of the strategies.

2. Attach a concise description of the support services that are available to the residents of affordable housing.

3. Attach such other data or unique affordable housing accomplishments considered significant by your Agency. (Success Stories, newspaper clippings, etc.)

4. Describe how the Annual Report was made available for public inspection and comments. Attach copies of all comments that were received and provide the local government's response.

5a. Life to Date Mortgage Foreclosure :

   A. _____ mortgages have been made to very low income households with _____ in foreclosure.

   B. _____ mortgages have been made to low income households with _____ in foreclosure.

   C. _____ mortgages have been made to moderate income households with _____ in foreclosure.

   D. Total foreclosure rate for all mortgages _____.

5b. Mortgage Default as of June 30th:

   A. _____ mortgages have been made to very low income households with _____ in default.

   B. _____ mortgages have been made to low income households with _____ in default.

   C. _____ mortgages have been made to moderate income households with _____ in default.

   D. Total Default rate for all mortgages _____.

6. Describe how eligible sponsors (if applicable) that employed personnel from welfare to work programs.

7. List strategies and give the average cost of production.

8. Counties and eligible municipalities utilizing SHIP program funds must provide a list of recipients by strategy including names, addresses and zip codes for each fiscal year reporting to Florida Housing Finance Corporation. NOTE: This is for each FY's EXPENDED FUNDS. **Must be completed on tab #8.**

9. Administrative expenditures separately stated for the costs of the local government and any sub recipients administering the program.
Note: Must equal Form 1, Table A and total must not exceed 10% 57,753.10 Must be completed on tab #9.

10. A list of sub recipients and consultants that will administer any portion of the SHIP program. The list shall include name of person or organization, business type, a description of the strategies and responsibilities for each sub-recipient or consultant. Must be completed on tab #10

11 a. Recaptured Funds-separately stated by event type (foreclosure, sale of property, refinance, default) Must be completed on tab #11a

11 b. Program Income-separately stated for each transaction type, i.e. dollar amount of loan repayments, recycled funds, refinance, and all other income derived from the use of funds.
Must be completed on tab #11b

Expended Funds
Form 4, #8

Name of Local Entity: Saint Lucie County **Fiscal Year:** 2005-2006

Form 4 #8 Expended Funds

Strategy	Full Name	Address	City	Zip	Funds Expended
Purchase Assistance - w/o Re	Melissa Thompson	2601 Avenue R	Fort Pierce	34946	59,526.82
Purchase Assistance - w/o Re	Laycon & Melissa Watkins	1504 Valencia Avenue	Fort Pierce	34946	38,700.00
Purchase Assistance - w/o Re	Sandrine Taylor	2309 San Diego Ave.	Fort Pierce	34946	58,513.26
Purchase Assistance - w/o Re	Darren Gibson	3900 Avenue P	Fort Pierce	34947	69,319.42
Rehabilitation	Jean Schneider	3039 Pioneer Cir.	Fort Pierce	34982	10,000.00
Rehabilitation	Robert LaChar	5070 W. Virginia Ave.	Fort Pierce	34981	57,316.00
Rehabilitation	Betty Brown	619 Beach Avenue	Fort Pierce	34952	9,624.93
Rehabilitation	Elizabeth York	2810 S. 28th Street	Fort Pierce	34981	55,500.00
Rehabilitation	Laura Lovett	3610 Avenue Q	Fort Pierce	34947	35,000.00
Rehabilitation	Jeanne & Vihomme Destile	3612 Avenue Q	Fort Pierce	34947	35,000.00
Rehabilitation	Donald Sallette	5306 Bowling Green Dr.	Fort Pierce	34951	5,557.00
Rehabilitation	Lelia Chandler	352 Palms Ave.	Fort Pierce	34982	80,366.30

Funds must be reported in year expended.

Expended Funds
Form 4, #8

Expended Funds
Form 4, #8

Expended Funds
Form 4, #8

Expended Funds
Form 4, #8

Expended Funds
Form 4, #8

Name of Local Entity: Saint Lucie County Fiscal Year: 2005-2006

Form 4 #11a Recaptured Funds

Foreclosure $$	
Sale of Property $$	
Refinance $$	
Other (Undetermined)	
Total Amount	0.00

Form 4 #11b Program Income

Loan Repayment $$	5,360.00
Refinance $$	30,985.31
Interest Earned $$	19,582.81
Other $$	
Total	55,928.12

Recaptured Funds and Program Income

Income Category	Foreclosure $	Units	Sale of Property $	Units	Refinance $	Units	***Other/Interest Earned $	Total Units	Total Recap + PI
ELI									**
Very-Low Income			5,360.00	1	30,985.31	5			**
Low Income									**
Moderate Income									**
Interest Earned	**	**	**	**	**	**	19,582.81	**	**
TOTAL	0.00	0	5,360.00	1	30,985.31	5	19,582.81	0	55,928.12

***Loan repayments from Rental (Developer) and other funds received that can not be tied to an income category.
**Do not complete.