



**ST. LUCIE COUNTY
COMMUNITY SERVICES - HOUSING DIVISION**

437 North 7th Street * Fort Pierce, FL 34950
P: 772-462-1290 * F: 772-462-2855

Things You Need To Know Before Applying For Housing Assistance:

- ***Applications will be accepted only by appointment and only when fully complete. The department will not consider applications that are dropped off or are incomplete. Please do not have information sent to the office until your application has been submitted.***
- **Employment for all household members 18 years and older** for the next 12 months must be declared and verified.
- **Assets for all household members** must be declared and verified. Assets include bank accounts (checking, saving, CD's), safe deposit boxes, stocks, bonds, real estate, money market accounts, treasury bills, all retirement accounts (IRA, 401K, 403B, pension), whole life insurance, lump sum funds from inheritance/lottery, and revocable trusts.
- Prior to setting an appointment for **Down Payment** funds, applicants must attend a St. Lucie County **Home Buyer's Workshop** offered through Consumer Credit Counseling Service (call 800-251-2227 to sign up) and provide a Certificate of Completion. They must also have a **Pre-Qualification letter** for a mortgage by a member of the St. Lucie County Lending Consortium.
- **Rehabilitation** funds can only be used to correct code violations and/or health and safety violations.
- **All verification forms must be fully completed.** The bottom half must be completed by a representative of your employer, bank, social security, etc. so your application is processed quickly. Please complete the top portion of all forms regardless of whether you think they apply. **Social security and public assistance verification must be completed regardless of if you receive these benefits.**

All information on this application must be complete and true to the best of your knowledge and belief. **Any willful misstatement of information included in this application will be grounds for disqualification.** Any changes must be reported to the lending institution and St. Lucie County Community Services – Housing Division. All information collected will be maintained by the County and is subject to public disclosure.

For More Information Or To Schedule An Appointment Please Contact:

St. Lucie County Community Services - Housing Division
437 North 7th Street
Fort Pierce, Florida 34950
Phone: (772) 462-1290

PLEASE PROVIDE THE FOLLOWING INFORMATION WHEN APPLYING FOR ASSISTANCE*.

- Completed & signed application**
- Completed Unemployment Affidavit** if it applies to applicant, co-applicant, or any member in the household over 18 years of age. *(One copy is provided; please make more as necessary.)*
- ALL Verification forms** must be completed for each household member 18 years of age or older. *(One copy of each is provided; please make more as necessary.)* **Be certain to complete social security & public assistance verification forms for all children in the household regardless of benefits.**
- Copies of Florida State ID or driver's license** for all family members age 18 & over
- Copies** Social security cards of everyone in the household, including children.
- Copies** of all children's **state birth certificates** (under the age of 18 years), not hospital birth certificates.
- Copies of W2's/1099's & tax returns** for the last year for all family members age 18 and over. If self-employed, provide accountant or bookkeeper's statement, quarterly profit & loss statement, or 1040 self-employment wage statement. If applicant did not file taxes, staff will assist you to complete a non-file affidavit at your appointment.
- Copy of life insurance policies** with cash value indicated.
- Copy of retirement/pension** if you are unable to get the Pension Verification form completed
- Completed** Notice of Voluntary Participation
- Completed** FEMA Authorization to Release Confidential Information

For Down Payment Assistance:

- Certificate** from Home Buyer's Workshop (for down payment assistance only) due prior to certification
- Pre-approval letter** from Lender from the Lending Consortium, indicating amount of loan approved.

For Rehabilitation Assistance:

- Copy** of mortgage **deed** or warranty deed.
- Copy** of current **homeowner's insurance policy**.
- Copy** of **real estate taxes** (must indicate that taxes are paid) or homestead exemption card.
- Copy** of **recorded death certificate** *(If two names are listed on title & one is deceased).*
- Most recent mortgage statement, mortgage & note**

For Rental/Mortgage Assistance:

- Landlord understanding form** completed and signed, including contact information
- W-9 form** completed by the landlord or mortgage company
- Copy** of rental **lease** or last 12 months of canceled rent checks *(Checks must be copied front & back).*
- Most recent mortgage statement, mortgage & note**
- Budget Class Certificate**

*NOTE: Staff may ask for more information on case-by-case basis.
Staff can assist applicant by making copies of requested documentation if needed.



**ST. LUCIE COUNTY
APPLICATION FOR HOUSING ASSISTANCE**

I/we are applying for assistance with: <input type="checkbox"/> Down Payment <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Mitigation <input type="checkbox"/> Rent/Mortgage <input type="checkbox"/> Water/Sewer Assessment	
Date of Application:	
Applicant Name:	SSN:
Co-Applicant Name:	SSN:
Street Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Phone:	Cell:
Marital Status: Married__ or Unmarried__ or Separated__ or Divorced__	Household Type: Single__ or Two-parent__ or Single-parent__ or Other__

List ALL occupants of the household (including the applicant):

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

Number of each in Household:

Elderly (Over Age 62): #	American Indian or Alaska Native: #
Disabled: #	Asian: #
White: #	Hispanic/Latino: #
Black/African American: #	Farm worker: #

Answer yes or no to the following questions:

Do you have any outstanding unpaid judgments or collections? Yes__ No__ Amount \$	Have you cosigned for someone else? Yes__ No__
Are you a First Time Homebuyer? Yes__ No__	Do you currently own a home? Yes__ No__
Are you a member or relative of the County Commission, or a County government employee? Yes (Explain) _____ No _____	

Rent/Mortgage Paid to:	Monthly Payment	Balance
	\$	\$
Do you have an adjustable rate or balloon payment mortgage? Yes __ No __	Do you share title of your home? Yes __ No __ If yes, with whom? _____	

ASSETS:

Type	Institution Name and Mailing Address	Account #	Value
Checking Account			\$
			\$
Savings Account			\$
			\$
Stocks, Life Insurance:			\$
Own Other Property:			\$
Mortgage Balance:			\$
401K, IRA, CD			\$
Other: (List)			\$

Employment Information: Name: _____

Employer Name:	Position:
Address:	Length of time employed:
	Gross Annual Income: \$
Supervisor's Name:	Self Employed: Yes ___ No ___
Phone Number:	Alternate Phone Number:

Employment Information: Name: _____

Employer Name:	Position:
Address:	Length of time employed:
	Gross Annual Income: \$
Supervisor's Name:	Self Employed: Yes ___ No ___
Phone Number:	Alternate Phone Number:

Household Income Information:

Source	Gross Monthly Amount	Source	Gross Monthly Amount
Wages	\$	Rental Property	\$
Overtime, Tips, Bonuses, etc.	\$	Alimony	\$
Aid to Families with Dependent Children	\$	Social Security Benefit	\$
Supplemental Social Security Income (SSI)	\$	Self-Employment	\$
Unemployment Compensation	\$	Asset Income	\$
Veterans' Benefit	\$	Child Support	\$
Pensions/Insurances	\$	Other Income	\$
TOTAL	\$	TOTAL	\$

PLEASE READ BEFORE SIGNING

AGREEMENT: The undersigned applied for assistance indicated in this application. The amount provided will be secured be a mortgage or deed of trust on the property described herein (except for My Safe Florida Home and rental assistance), and represents that the property will not be used for any illegal and/or restricted purpose, and that all statements made in the application are true and are made for the purpose of obtaining a loan, combination loan and grant, or a grant. Verification may be obtained from any source names in the application. The 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: The Information provided above is true and complete to the best of my/our knowledge and belief. 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 Department of 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.

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 S 775.082 or 775.083.

Applicant Signature

Co-applicant Signature

Printed Name

Printed Name

SIGN THE BOTTOM PORTION IF APPLYING FOR REPAIRS OR DOWN PAYMENT ASSISTANCE

**ST. LUCIE COUNTY DEPARTMENT OF COMMUNITY SERVICES
HOMEOWNERSHIP/REHABILITATION PROGRAMS**

Mortgage Term Acknowledgment

***St. Lucie County's Subordinate Mortgage is NOT Forgivable.
It is a Loan.***

I/We, the undersigned, hereby acknowledge that St. Lucie County's Subordinate Mortgage is a loan and is to be paid back subject to the terms and conditions described in the said Mortgage and related Note.

Applicant Signature

Co-applicant Signature

Printed Name

Printed Name

Directions for Completing Verifications

Make additional copies of verifications as needed

Boxed areas are to be completed ONLY by agencies. The client is responsible for visiting the agencies and getting the forms completed prior to application appointment.

Employment Verification:

Entire form must be completed for EVERYONE living in the household of 18 year and over that are employed. Boxed areas are to be completed ONLY by agencies.

Assets on Deposits Verification:

Entire form must be completed for EVERYONE that has a bank account in the household. Boxed areas are to be completed ONLY by agencies.

Social Security Verification:

Entire form must be completed for EVERYONE living in the household INCLUDING MINORS.

Public Assistance Verification:

Entire form must be completed for EVERYONE living in the household INCLUDING MINORS. One form may be used to show benefits for the entire household.

Child Support Verification:

Entire form must be completed if both/neither parents are not living in the home.

Income of Business:

Entire form must be completed if you own a business.

Unemployment Affidavit:

Entire form must be completed for EVERYONE living in the household of 18 years and over that are unemployed.

Employment Verification

Applicant: _____ Social Security Number: _____

Address: _____

AUTHORIZATION: Federal and state regulations require us to verify employment income of all members of the household when applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information would be appreciated.

Return to: St. Lucie County Department of Community Services Housing Division, 437 N 7th Street Fort Pierce, Florida 34950 or Fax to (772) 462-2855.

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant _____ **Date** _____

Name of Employer: _____

Address: _____ City/State/Zip: _____

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 if 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.

Asset Income Verification

Applicant: _____ Social Security Number: _____

Address: _____

AUTHORIZATION: Federal and state regulations require us to verify asset income of all members of the household when applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information would be appreciated.

Return to: St. Lucie County Department of Community Services Housing Division, 437 N 7th Street Fort Pierce, Florida 34950 or Fax to (772) 462-2855.

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant _____ **Date** _____

Name of Bank: _____

Address: _____ City/State/Zip: _____

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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Social Security Benefits Verification

Applicant: _____ Social Security Number: _____

Address: _____

AUTHORIZATION: Federal and state regulations require us to verify Social Security Benefit income of all members of the household when applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information would be appreciated.

Return to: St. Lucie County Department of Community Services Housing Division, 437 N 7th Street Fort Pierce, Florida 34950 or Fax to (772) 462-2855.

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant _____ **Date** _____

**Area Below To Be Completed By
Social Security Administration
7151 South U.S. Highway 1
Port St. Lucie, Florida 34952**

Date of Birth: _____ Social Security #: _____

Type of Social Security Benefit: _____ Gross Monthly Amount: \$ _____

Type of Supplemental Security Benefit: _____ Gross Monthly Amount: \$ _____

Deduction of Medicare (Y or N): _____ If yes, Amount Deducted: \$ _____

Authorized Representatives Signature: _____

Name: _____ **Title:** _____

Date: _____ **Telephone:** _____

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Public Assistance Verification

Applicant: _____ Social Security Number: _____

Address: _____

AUTHORIZATION: Federal and state regulations require us to verify Public Assistance income of all members of the household when applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information would be appreciated

Return to: St. Lucie County Department of Community Services Housing Division, 437 N 7th Street Fort Pierce, Florida 34950 or Fax to (772) 462-2855.

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant _____ **Date** _____

**Area Below To Be Completed By
Department of Children and Families
Public Assistance Data
337 North 4th Street
Fort Pierce, Florida 34950**

Number in Family: _____	Rate per month:
Aid to Families with dependent Children:	\$ _____
General Assistance:	\$ _____
Does this amount include court award support payments?	Yes or No
Amount specifically designated for shelter and utilities:	\$ _____
Other assistance (type): _____	\$ _____
Total Monthly Grant:	\$ _____

Authorized Representatives Signature: _____

Name: _____ **Title:** _____

Date: _____ **Telephone:** _____

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Child Support Assistance Verification

Applicant: _____ Social Security Number: _____

Address: _____

AUTHORIZATION: Federal and state regulations require us to verify child support income of all members of the household when applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information would be appreciated.

Return to: St. Lucie County Department of Community Services Housing Division, 437 N 7th Street Fort Pierce, Florida 34950 or Fax to (772) 462-2855.

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant _____ **Date** _____

Name of Agency: _____

Address: _____

Name of person paying child support: _____

Address: _____

Children Name(s): _____

Children Name(s): _____

Area Below Is To Be Completed By Child Support Agency

Amount of Support: \$ _____ By Week / Month / Year ?

Authorized Representatives Signature: _____

Name: _____ **Title:** _____

Date: _____ **Telephone:** _____

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Pension Benefits Verification

Applicant: _____ Social Security Number: _____

Address: _____

AUTHORIZATION: Federal and state regulations require us to verify pension and annuities income of all members of the household when applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information would be appreciated.

Return to: St. Lucie County Department of Community Services Housing Division, 437 N 7th Street Fort Pierce, Florida 34950 or Fax to (772) 462-2855.

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant _____ **Date** _____

Area Below Is To Be Completed By Agency

Agency: _____

Address: _____

Eligible for Pension: _____ Yes or No

Applied for Pension: _____ Yes or No

Anticipated to be received for the next 12 months?: _____ Yes or No

Monthly Amount: _____ \$ _____

Other source of cash contribution: _____

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.

Income from Business Verification
(Self-Employment)

Applicant: _____ Social Security Number: _____

Address: _____

AUTHORIZATION: Federal and state regulations require us to verify business income of all members of the household when applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information would be appreciated.

Return to: St. Lucie County Department of Community Services Housing Division, 437 N 7th Street Fort Pierce, Florida 34950 or Fax to (772) 462-2855.

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant _____ **Date** _____

Complete the (applicable) Sections Below:

Name of Business: _____

Address: _____

Information below is based on business transacted from _____, 200__ to _____, 200__.

Gross Income: \$ _____

Expenses (Provide Amounts for Applicable Expenses):

(a) Interest on Loans: \$ _____

(b) Cost of Goods/Materials: \$ _____

(c) Rent: \$ _____

(d) Utilities: \$ _____

(e) Wages/Salaries: \$ _____

(f) Employee Contribution: \$ _____

(g) Federal Withholding Tax: \$ _____

(h) State Withholding Tax: \$ _____

(i) FICA: \$ _____

(j) Sales Tax: \$ _____

(k) Other: \$ _____

(l) Straight Line Depreciation: \$ _____

Total Expenses: \$ _____

Net Income: \$ _____

Authorized 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.

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

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

_____ Date of Birth _____ Social Security Card

Pre-Disaster Address: _____

Current Address: _____

Phone or Message #: _____ FEMA Registration #: _____

(Updated 02/05/2006)

Request for information for the indicated storm:

- Hurricanes Frances
- Hurricane Jeanne
- Hurricane Wilma
- Tropical Storm Faye

**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.
2. 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.
3. I understand that I am subject to immediate program disqualification, with existing 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.
4. 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

