



St. Lucie County HOME Consortium
437 N 7th Street
Fort Pierce FL 34950
Phone: (772) 462-1290
Fax: (772) 462-2855

Things You Need To Know Before Applying For Housing Assistance:

- The house must be located *within* the unincorporated area of St. Lucie County, Martin County or Indian River County
- The income 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, annuities, pension), whole life insurance, lump sum funds from inheritance/lottery, and revocable trusts.
- **Rehabilitation** funds can only be used to correct code violations and/or health and safety violations.
- The amount of assistance is secured by a deferred payment loan. There will be a lien placed against the property in the amount of funding St. Lucie County HOME Consortium assists with.

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 HOME Consortium. All information collected will be maintained by St. Lucie County and is subject to public disclosure.

For More Information Or To Schedule An Appointment Please Contact:

St. Lucie County HOME Consortium
St. Lucie County
437 N 7th Street
Fort Pierce, Florida 34950
Phone: (772) 462-1290

Completed applications will be accepted **only by appointment**. 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.

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.)*
- Copies of Florida State ID or driver's license** for all family members age 18 & over
- Copies of all children's state birth certificates** (under the age of 18 years), not hospital birth certificates.
- Copies of most recent pay stubs, pension awards letter, and/or a social security letter.**
- Copies of last three months of checking and/or savings account bank statements.**
- Copies of W2's/1099's & tax returns** for the last two years 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, please call 1-800-829-1040 to request a letter stating no taxes were filed.
- Copy of life insurance policies** with cash value indicated.
- Copy of retirement/pension statement**, this includes 401K 403 B, IRA, etc.
- Copy of a First Time Homebuyer Workshop certificate (must be within year of issue date)**
- Completed Notice of Voluntary Participation**
- Completed Authorization to Release Confidential Information**
- Copy of pre-approval letter from bank lender (down payment clients only)**
- 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).*

*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 HOME CONSORTIUM
APPLICATION FOR HOUSING ASSISTANCE**

Date of Application:	
Rehabilitation _____ Down Payment _____	
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 your household:

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

Does anyone live with you now who are not listed? Yes__ (Explain) No__	Does anyone plan to live with you in the future who are not listed above? Yes__ (Explain) No__
Are you a member or relative of the County Commission, or a County government employee? Yes (Explain) _____ No ____	

Number of each in Household:

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

Check any of the following categories that apply to you or someone in your household:

Do you have any outstanding unpaid judgments or collections? Yes__ No__ Amount \$	Have you had a property foreclosed upon or given title or deed in lieu thereof? Yes__ No__
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LIABILITIES (Bills):

Type	Creditors Name and Address	Monthly Payment	Balance
Mortgage/Rent:		\$	\$
Credit Card		\$	\$
Credit Card:		\$	\$
Car Payment:		\$	\$
Student Loans		\$	\$
Alimony:		\$	\$
Child Support:		\$	\$
Other:		\$	\$

ASSETS:

Type	Institution Name and Mailing Address	Account #	Value
Checking Account			\$
			\$
Savings Account			\$
			\$
Credit Union Accounts:			\$
Stocks, Life Insurance:			\$
Other Property:			\$
Life Insurance:			\$
401K:			\$
IRA:			\$
CD:			\$
Annuity/Trust Payment:			\$
Other: (List)			\$

Applicant 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:

Co-Applicant 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:	\$	Alimony	\$
Tips:	\$	Bonuses:	\$
Aid to Families with Dependent Children	\$	Child Support	\$
Supplemental Social Security Income (SSI)	\$	Social Security Benefit	\$
Unemployment Compensation	\$	Self-Employment	\$
Veterans' Benefit	\$	Asset Income	\$
Pensions/Insurances	\$	Other Assistance	\$
TOTAL	\$	Other Income	\$
		TOTAL	\$

PLEASE READ BEFORE SIGNING

AGREEMENT: The undersigned applied for assistance indicated in this application to be secured by a mortgage or deed of trust on the property described herein, 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 grant. Verification may be obtained from any source names in the application. The original or a copy of this application will be retained by our office, even if the assistance is not granted.

The undersigned(s) intent is to occupy the property as their primary residence.

I/we authorize this office to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the program.

Federal collection Policies for Consumer Debts the Federal Government is authorized by law to take any or all of the following actions in the event your loan payments become delinquent or you default on your loan:

- Report your name and account information to a credit bureau
- Refer your account to the Department of Justice for litigation in the courts
- Access additional interest and penalty charges for the period of time that the payment is not made
- If currently a retired Federal employee, take action to offset your salary, or civil services retirement benefits
- Access charges to cover additional administrative costs incurred by the government to service your account
- Refer your debt to the Internal Revenue Service for offset against any amount owed to you as an income tax refund
- Offset amounts owed to you under other Federal programs
- Report any written off debt to the Internal Revenue Service as taxable income
- Refer your account to a private collection agency to collect amount due

All of the above actions can, and will be used to recover any debts owed when it is determined to be in the interest of the Government to do so.

I/We have read and understand the actions of the Federal Government can take in the event that I fail to meet my scheduled payments in accordance with the terms and conditions of my agreement.

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 local agency 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

Applicants Signature

Date

Co-Applicants Signature

Date



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 Members 18 years of age or older	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Members 18 years of age or older	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Members 18 years of age or older	_____ Print Name	_____ Date	_____ Social Security #

ST. LUCIE COUNTY HOME CONSORTIUM

NOTICE OF VOLUNTARY PARTICIPATION

I, _____, do hereby acknowledge that I VOLUNTARILY request to be included in the HOME Consortium program. 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.

PURCHASE ASSISTANCE PROGRAM: I acknowledge that I am responsible to follow the following program rules:

- 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, not to exceed \$25,000. I will not demand assistance greater than that, which is approved by the local government and regulated by St. Lucie County's Housing Programs;
- Housing units eligible for purchase assistance must not exceed 95% of the area median purchase value, as established by FHA, be seller-occupied or vacant at least six (6) months, and pass an inspection;
- Down Payment Assistance will be in the form of a no interest, **deferred payment loan for 5 to 10 years**, depending on the amount of the loan;
- I/We must maintain the assisted housing as my/our primary residence for the "loan affordability" period;
- Proof of primary residence is required on an annual basis;
- The loan will be forgiven at the end of the affordability period and the I/we will have no further obligation to the St. Lucie County HOME Consortium;
- I/We must complete an approved "homeownership counseling" seminar prior to execution of a contract to purchase an eligible housing unit;
- I/We must secure first mortgage for the purchase of a home, and the mortgage must have a fixed interest rate that cannot be any higher than 2 points above the current, prevailing FHA rate;
- Eligible properties can include 1 to 4 unit structures, a manufactured housing unit with ownership of the land, or a condominium;
- Eligible units must meet the minimum housing standards set forth by local codes and the program rules, including lead based paint rules.

REHABILITATION ASSISTANCE PROGRAM: I acknowledge that I am responsible to follow the following program rules:

- 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;
- I understand that the contract for rehabilitation payment assistance is prepared between the contractor agency and me 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;
- Rehabilitation Assistance will be in the form of a **no interest, deferred payment loan for the term of 30 years**;
- Applicants must maintain the HOME assisted property as their primary residence for the "loan affordability" period of 30 years or the loan amount will have to be paid in full; and
- The loan will be forgiven at the end of the affordability period and I/we will have no further obligation to the St. Lucie County HOME Consortium;
- Program participants are responsible for costs related to rent, utilities, moving expenses and other expenses related to relocation during the project if the repairs are large enough to require the occupant/s to move out. The homeowner is responsible for providing a clutter free and clean workspace so that work can be completed safely and efficiently by the contractor.

I recognize that purchase assistance and rehabilitation assistance are provided as good will of the St. Lucie County HOME Consortium and that my participation binds me to the rules and regulations of the program and to the maintenance of the property after assistance. I understand that my participation may affect my ability to qualify for housing assistance in the future.

I understand that I am subject to immediate 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.

I hereby authorize the local government's agent to inspect my property.

I agree to all terms contained in this document and agree to cooperate with all parties throughout the entire process and at all times. I acknowledge that the assistance received will be in the form of a deferred payment loan and will be forgiven upon completion of the terms specified in the mortgage and note.

Homeowner Signature/Date

Co-Homeowner Signature/Date