APPLICATION FORM

FOR OWNER-OCUPIED REHABILITATION PROGRAM

Hillsborough County Affordable Housing Department

Only for owner-occupied, single-dwelling residential property

Hillsborough County Florida

FOR OFFICE USE ONLY	
Application Date: _____	Release Date: _____
Total Household Income: _____	Family AMI: _____

Households that have received financial assistance from the Hillsborough County Affordable Housing Services through any other program except disaster or emergency funding within three (3) years from the date of the Application will not be accepted. Additionally, prospective Applicants must have owned and lived in their home for at least two (2) years prior to the Application date.

I certify that I have not received previous assistance through any program administered by any Hillsborough County department, including but not limited to the Code Enforcement Department, or the Affordable Housing Services within the last three (3) years.

_____ _____

Print Name Signature

_____ _____

Print Name Signature

A APPLICANT INFORMATION

Name of Applicant(s):					
Street Address:					
P.O. Box:		City:			
State:		ZIP Code:		Age:	
Home Phone:		Cell Phone:			
Alternate Phone(s):		Email Address:			
Demographics:	☐ Black	☐ Caucasian	☐ Asian		
	☐ American Indian	☐ Hispanic	☐ Other		
Marital Status	☐ Married	☐ Divorced	☐ Single	☐ Widow	☐ Other
Special Needs Status	☐ Disabled	☐ Veteran	☐ Elderly (Over 62)		☐ Other

A-1 PROPERTY INFORMATION

How long have you lived in this home?		Year built	
Type of Home:	☐ Mobile Home	☐ Manufactured Home	☐ Single Family Home
	☐ Row/Townhome	☐ Duplex/Triplex	☐ Condominium ☐ Other
Year Home Purchased :		Monthly Mortgage Payment:	$
Homeowner's Insurance Company:			
Policy #		Exp Date:	Phone#

A-2 FAMILY COMPOSITION: Please list other family members living in the home.

1	Full Name:			
	DOB:		Relation to Applicant:	
2	Full Name:			
	DOB:		Relation to Applicant:	
3	Full Name:			
	DOB:		Relation to Applicant:	
4	Full Name:			
	DOB:		Relation to Applicant:	
5	Full Name:			
	DOB:		Relation to Applicant:	

B HOMEOWNERSHIP QUESTIONNAIRE

Applicant Name:		Date:	

⚠ *Please check the statement(s) below that apply to your household:*

☐	Household without dependent children
☐	Household with dependent children
☐	I currently reside in the home.
☐	I am currently unable to live in the home due to unhabitable conditions.

☐	The home at _____ is not/has not been in foreclosure.
☐	I am/ I am not receiving any additional income from an outside source or business.
☐	There are/are no judgments against my home or myself. *If applicable, attach documents.*
☐	I am a homeowner with _____ dependents _____ Adults _____ children under 18.
☐	I have been homeless. Start Date: _____ End Date: _____
☐	My current assets do not exceed $52,787.
☐	I do not have any assets.
☐	I currently reside in Hillsborough County in an unincorporated area.
☐	My home is not under construction and has not been altered while in my possession.
☐	My home has not been altered from its original structure while in my possession. *(Attach permits)*
☐	I am currently unemployed.
☐	I am currently employed.

Weekly Income:	$	Monthly Income:	$	Annual Income:	$

☐	I do/do not have legal guardianship over a disabled child or adult residing in my home. *If applicable, please attach documents.*

C	DECLARATIONS						
Do you or any of your dependents own more than one property?		YES		NO			
Do you occupy the property as your primary residence?		YES		NO			
Have you owned the property for more than 2 years?		YES		NO			
Are your property taxes and mortgage current?		YES		NO			
Do you have a current homeowner's insurance policy on your home?		YES		NO			
How do you hold the title of home?		Individually		Jointly			
		Other: _____					
Are there any outstanding judgments against you?		YES		NO			
Are you court-ordered to receive alimony or child support?		YES		NO			

C-1 Agreement to Statements:

I ,_____ certify that the information above and any other information I have provided as I am applying for Owner Occupied Rehabilitation Program is true and accurate. I further give authorization to Hillsborough County Affordable Housing staff to contact all necessary parties to verify the above information.

C-2 Identity Verification Information

Applicant Name:					
Address:					
City:		State:		Zip Code:	

_____	_____
Applicant (print name):	Identification Number *(License or State ID #)*
_____	_____
Applicant Signature:	Date:
_____	_____
Applicant (print name):	Identification Number *(License or State ID #)*
_____	_____
Applicant Signature:	Date:

The above person(s) appeared personally before me is the person applying for the Hillsborough County Owner-Occupied Rehabilitation Program and has presented the following proof of identification that has been used to verify his/her identity.

_____	_____
Hillsborough County Representative (print name):	Date:

_____

Hillsborough County Representative Signature:

D LIEN ACKNOWLEDGEMENT

I _____ acknowledge and understand that the funds from Hillsborough County will be a 0% Deferred Payment Loan (DPL). The term of this DPL is determined by the amount of funds expended to the household. A lien will be placed on your property for the term of the Affordability Period.

LOAN FORGIVENESS – The loan is forgiven on a prorated basis so that the principal is forgiven annually based on the amount of assistance.

Example – Amount of Assistance Portion Forgiven Each Year

Amount	Term	Forgiveness
$15,000	5 Years	1/5 per year
$15,000 - $40,000	10 Years	1/10 per year
$40,000 - $65,000	15 Years	1/15 per year

I,_____ understand if I remain in the home as owner-occupant(s) for the term of the DPL, the DPL will be forgiven. However, if during the term of the DPL, the home is sold or I fail to comply with the owner occupancy requirements, the full amount of the DPL will be owed back to the County. I acknowledge that I understand a lien will be placed on the property to ensure the affordability period.

_____ _____

Applicant (print name): Date:

_____

Applicant Signature:

_____ _____

Hillsborough County Representative (print name): Date:

_____

Hillsborough County Representative Signature:

D-1 INFORMATION ON PROPERTY TO BE REHABILITATED

	First Mortgage	Home Equity Loan/2nd Mortgage
Name of Lender		
Street Address		
City, State, Zip		
Phone Number		
If there is someone else listed on the title of your property that does not live in the house, fill out the below:		

1	Name		Relationship	
	Address		City | State | Zip	
2	Name		Relationship	
	Address		City | State | Zip	
3	Name		Relationship	
	Address		City | State | Zip	
4	Name		Relationship	
	Address		City | State | Zip	

NOTE: If you responded that you have a second mortgage STOP here. You are not eligible for this program. Otherwise, you must submit all the required documents for your application to be considered complete. Incomplete applications **will not** be considered for the program, and all of the submitted information and documents will be returned to the applicant.

E VERIFICATION OF NO INCOME/FINANCIAL ACCOUNTS

VERIFICATION OF NO INCOME

This form must be completed by all household members ages 18 and older that is not receiving income.

The purpose of this form is to certify that I, _____(print) residing at

ADDRESS_____ ___verify I ***am not*** receiving any income.

SIGNATURE:_____DATE:_____

VERIFICATION OF NO CHILD SUPPORT INCOME

This form must be completed by any household member with minor children not residing with both biological parents and claiming no child support income.

The purpose of this form is to certify that I, _____(print), residing at

ADDRESS_____, verify I ***do not*** receive any child support income.

SIGNATURE:_____ DATE:_____

VERIFICATION OF NO FINANCIAL ACCOUNTS

This form must be completed by all household members aged 18 and older that do not have any financial accounts at this time.

The purpose of this form is to certify that I, _____ residing at

ADDRESS: _____, do not have any checking, savings, money market certificate of deposit accounts, IRA, Keogh, retirement accounts and any other type of financial accounts.

SIGNATURE:_____ DATE:_____

F	MONTHLY PROFIT & LOSS STATEMENT: Self Employed Business Owners ONLY	
Complete one form for the current year of:		Month and year current return completed:
Name of Business:		
Annual Income: $		
1.	Your Monthly Gross Business Income	$
2.	Monthly Business Expenses	$
3.	Advertising/Marketing	$
4.	Credit/Debit Card Fees	$
5.	Equipment Rental/Lease	$
6.	Insurance Expenses	$
7.	Licenses/Permits	$
8.	Office Supplies Expense	$
9.	Postage & Delivery	$
10.	Rent-Office/Storage Space	$
11.	Supplies/Materials Expense	$
12.	Travel/Entertainment	$
13.	Utilities Expense	$
14.	Vehicle Expense	$
15.	Other Monthly Business Expenses:	$
		$
		$
		$
		$
		$
TOTAL MONTHLY OPERATING EXPENSES ***(Add lines 2 through 15)***		$
16.	**PROFIT OR (LOSS) FROM MONTHLY NET BUSINESS INCOME**	$

G	QUALIFYING DOCUMENT CHECKLIST
☐	Completed Owner-Occupied Rehabilitation Program Application w below documents
☐	Consent for Release of Information Form
☐	Photo ID of all adults residing in the home, and of any non-residents on the deed
☐	Proof of Income of all adults residing in the home – two consecutive pay stubs or if monthly payments for past two-month period (consecutive) -60 days prior to the date of submission of this application (Employment, SSI, SSDI, Child support, Alimony, etc.)
☐	Copy of all current assets (household income)
☐	Self-Employed most recent 2 years of tax returns with a year-to-date profit and loss statement
☐	Past most recent 2 years of tax returns with all required documents attached (W-2 and 1099 (s))
☐	Current month's bank statement. 1-checking and 1-saving statement All pages must be attached even if they are blank.
☐	Most recent month's Mortgage Statement or Mortgage Satisfaction Letter
☐	Proof of any judgements against you, the home, or the property (liens, bankruptcies, discharges, dismissals, probate, etc.)
☐	Homeowner's Insurance Declaration Page
☐	Proof that property tax is paid for the current year (paid property tax statement)
☐	Proof of homeownership for the past 2 years (Attach a copy of your latest deed)
☐	Proof of Disability – signed verification form (self-certification) or Note from physician of your stated disability and limitations of daily living.
☐	Proof of qualifying home- attach property appraiser confirmation that property is homestead and your principal residence.
☐	Proof of enrollment in school for every full-time student residing in the household.

H VERIFICATION OF DISABILITY

Does anyone in the household have a defined disability that is either documented by Social Security or medically documented?	YES		NO	

- Special Needs defined in S.420.0004, Florida Statutes
- Developmental Disability defined in s.393.063 Florida Statutes
- Disabling Condition defined in s.420.0004(7), Florida Statutes

_____ _____

Print Name: Date:

_____

Applicant Signature:

Please check the items that you believe may apply to your housing rehabilitation needs:
(An assessment will be made and needs prioritized at a later date)

☐	Roof repair or replacement
☐	Heat A/C repair or replacement
☐	Water Heater repair or replacement
☐	Plumbing – Kitchen, bathroom, laundry room, septic, well pump
☐	Electrical – inside and/or outside
☐	Structural damage – inside and/or outside
☐	Window and door replacements
☐	Interior and/or Exterior deterioration
☐	Other Safety items – Improvements/ Technological enhancements for Handicapped Accessibility

I understand that all of the documents that were submitted are subject to Florida's Public Records Laws.

_____ _____

Applicant Signature: Date:

_____ _____

Household Member Signature: Date:

_____ _____

Household Member Signature: Date:

_____ _____

Household Member Signature: Date:

I understand that 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. I/We further understand that any willful misstatement of information will be grounds for disqualification.

I certify that the application information provided is true and complete to the best of my/our knowledge. 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.

I understand that Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresent any material fact in the use of or obtaining the use of federal funds. If you knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

I , _____ acknowledge that information stated above is true and accurate according to the best of my knowledge and at the time of my loan application.

_____ _____

Applicant Signature: **Date:**

I AUTHORIZATION AND CONSENT

Hillsborough County Florida

Affordable Housing Department
Owner-Occupied Rehabilitation Program

AUTHORIZATION AND CONSENT TO RELEASE PERSONAL INFORMATION

I _____, as a participant in the Hillsborough County Owner Occupied Rehabilitation Program (the "Program") hereby authorize Hillsborough County, by and through Affordable Housing Services, to share and disclose with _____ , a State of Florida non-profit agency (the "Non-Profit") receiving funding from Hillsborough County to implement the Program, any and all records concerning myself as related to my application to and participation in the Program, whether said records are of a public, private, or of a confidential nature.

I understand the purpose of this Authorization and Consent to Release Personal Information ("Authorization") is to assist Non-Profit in determining if I am qualified for any additional available funding for housing rehabilitation or repairs or mortgage, insurance or property tax assistance outside of the County's Program.

I understand I have the right to see the disclosed information at any time. I understand that I can revoke this Authorization in writing to both Hillsborough County and the Non-Profit. Any information already released may be used as stated on this Authorization. This Authorization is valid as long as I am receiving services; it will expire automatically at the service end period, unless I revoked the Authorization in writing sooner or before the services are complete.

I hereby release Hillsborough County, as custodian of such records, its officers, employees, and agents, and the Board of County Commissioners, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of disclosure of records to Non-Profit in compliance with this Authorization.

I affirm that I have read and understood this Authorization and that this Authorization is given voluntarily and is not a requirement for my participation in the Program.

Print Name: _____ Date: _____

Print Name: _____ Date: _____

Signature of Property Owner(s): _____

_____

J APPLICANT ELIGIBILITY REQUIREMENTS CHECKLIST

Affordable Housing Department
Owner Occupied Rehabilitation Program (OOR)

Hillsborough County Florida

APPLICANT ELIGIBILITY REQUIREMENTS:

Eligible applicants will be approved for assistance on a first-qualified, first-served basis subject to funding availability and priority ranking issues. This means we have a completed application and all the necessary documents available for review. If your application is incomplete or you have been unresponsive to our requests to complete your paperwork or the application, then your application will not move forward.

BASIC REQUIREMENTS FOR THE PROGRAM INCLUDE:

1	☐	You are the owner of only one property, and it is either a single family home, condominium or townhouse. Mobile Homes are not eligible unless you own the land, and repairs are limited as most mobile homes are not built to HUD standards. Mobile homes built prior to 1994 are not eligible.
2	☐	The applicant must have resided in the dwelling for at least two (2) years prior to the date of application, and declared the home as a homestead with Property Appraiser for same time period.
3	☐	The property must be deeded in fee simple or life estate only. We cannot consider properties that vest in a trust or Estate of _____ . The property ownership must be settled and vested in fee simple or life estate only. A quit claim deed transferring ownership at the time of death without the proper procedure may deem you ineligible for the program.
4	☐	Priority will be given to households displaced and/or damaged by a disaster that is declared by Executive Order of the President or Governor, Special Needs applicants and very low-income applicants.
5	☐	Must not have received assistance from funding received from Hillsborough County either through the program sponsor or the CDBG, HOME and/or SHIP funded programs or the Hillsborough County AHS Homeowner Rehabilitation program within the past five (5) years.
6	☐	Must be current on existing mortgage payments. Any occurrences of 30-day late payment within the previous 12 months as reported by the mortgage company or on a commercial credit report may serve as the basis for denial from the Director of AHS. Applicants could be denied assistance with any occurrence of any late payment from the past 60 days within the previous 12 months.
7	☐	Hillsborough County utility accounts and property taxes must be current. All utility liens must be paid and made current in order to be considered. Property with code enforcement violations may be assisted in order to eliminate substandard housing.

8	☐	The property must have only one voluntary lien or mortgage, a voluntary UCC lien energy related property improvement in the form of a UCC lien shall be an exception so long as the County is not in any more than a third position. The property may not have any involuntary liens in excess of $25,000, except for Code Enforcement liens related to the needed repairs. AHS will assist with the removal of Code Enforcement liens if the rehabilitation work satisfies the terms of the Code liens. Involuntary liens may be acceptable depending on the mortgage amount remaining unpaid on the home.
9	☐	A demolition- reconstruction applicant may not have a mortgage in excess of $50,000.
10	☐	If rehabilitation costs to the home are in excess of funds available and/or meet or exceed 50% of the appraised value as determined by our agency partner then the applicant will be determined to be a demolition/reconstruction project and repairs will not be undertaken. If demolition reconstruction funding is not available, the applicant will remain on the waiting list as a qualified candidate until further funding becomes available. At that time the applicant is invited to reapply and/or the County will reach out to the applicant to requalify the applicant. The applicant must be agreeable to a new forgivable mortgage and note to be recorded against the property for up to $350,000 depending on the costs of reconstruction.
11	☐	If repairs exceed the funding threshold, but do not exceed 50% of the appraised value then repairs may be prioritized to complete health and safety items first. The applicant will not have an option to choose repairs to be made, nor will the applicant determine the materials used in the repairs. The contractor and agency will use a minimum of contractor grade materials in making the renovations.
12	☐	The applicant will not have an option to choose the necessary repairs to be made, nor will the applicant determine the materials/colors used in the repairs unless provided by the agency or contractor. The contractor and agency will no less than contractor grade materials in making the renovations. Life, safety and health repairs are prioritized over all others.
13	☐	The owner must commit to maintaining homeowner's insurance through the duration of the affordability period (based on the loan amount) and include the County as a loss payee. The County may pay for the first year of homeowner's insurance.
14	☐	Each applicant must submit all the required documentation to complete their application in a timely manner.
15	☐	Each applicant is responsible to work in good faith with AHS staff to provide information in a responsible, truthful and timely manner. If an applicant receives 2 or more requests for information, any refusal or failure to provide the necessary information or any established pattern of untimely submittals shall result in closure of the case file, denial of services and/or removal from the wait list.

I have read and understand the requirements of the owner occupied rehabilitation program and desire to move forward with the attached application:

_____ _____

Print Name of Applicant Signature of Applicant

_____

Email Address