

**PUBLIC NOTICE – BAKER COUNTY
AVAILABILITY OF FUNDING
State Housing Initiatives Partnership (SHIP) Program**

Baker County announces that the Florida Housing Finance Corporation projects that it has award the County \$350,000 in State Housing Initiatives Partnership (SHIP) Program funds for State Fiscal year 2015-2016.

Funds are available to eligible low-income persons for the following strategy:

REHABILITATION OF OWNER-OCCUPIED HOMES: Rehabilitation of eligible low-income owner-occupied dwelling units. Maximum assistance per unit is \$35,000.

Baker County also announces that the Florida Housing Finance Corporation has award the County \$350,000 in State Housing Initiatives Partnership (SHIP) Program funds for State Fiscal year 2016-2017.

The County is requesting proposals for multi-year SHIP funding from eligible applicants for the following strategies:

PURCHASE ASSISTANCE:

The Purchase Assistance Program assists potential homeowners with the purchase of a newly constructed or an existing home. The maximum purchase price may not exceed \$170,000.00. It includes down payment, closing costs, and repair assistance to eligible low-income homebuyers in the purchase of new and existing homes located in the Baker County.

NEW CONSTRUCTION/REPLACEMENT:

Assistance will be provided to homeowners whose homes are beyond the allowable cost to rehabilitate.

REHABILITATION PROGRAM:

Financial assistance will be provided to homeowners whose homes are not in compliance with the State, local building codes or Section 8 Minimum Quality Standards, or are not accessible based upon special needs which are not financially able to fund the repairs from their own funds.

EMERGENCY ASSISTANCE (RAMPS)

This strategy is created to assist homeowners of site built homes or mobile homes with wheelchair ramps, roof repair, septic system repair, well work, HVAC work, or other repairs decided on a case by case basis.

APPLICATION PERIOD: Applications (or proposals) will be taken between the hours of 8:00 a.m. and 5:00 p.m. beginning December 15, 2016 until the funds are encumbered or June 30, 2018, whichever comes first.. Applicants currently on the waiting list will have priority status.

Interested persons 6850 Belfort Oaks Place, Jacksonville, FL 32216 for more information on selection criteria. Phone: (904) 279-0880.

APPLICATION FOR HOUSING ASSISTANCE

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Type of Assistance: _____ Annual Income: \$ _____
 Income Category (ELI, VL, LI, MI): _____

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Name:		
Social Security #:		
Date of Birth/Age:		
Street Address:		Phone:
City:		State/Zip:
Mailing Address:		Phone:
City:		State/Zip:

Other Household Members:

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?
 If yes, please list: _____

Does Applicant/Co-Applicant own a home? Yes ___ No ___ Monthly rent/mortgage: \$ _____

If No, type of unit to be purchased? ___ existing unit ___ newly constructed unit

Applicant/Co-Applicant Employment Information:

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ _____	

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ _____	

NOTE: Attach additional sheets as necessary for all household members 18 years and over

Other Sources of Income (For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Name	Type of Income	Gross Annual Amount
1.		
2.		
3.		
4.		
		Total: \$ _____

Assets and Asset Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
1.			
2.			
3.			
4.			
Total: \$ _____			Total: \$ _____

Liabilities (For ALL Household Members 18 and Over, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)

Type Credit/Loan	Creditors Name	Balance Owed	Monthly Payment
1.			
2.			
3.			
4.			
Total Annual Payments: \$ _____			

Ethnicity/Special Needs (For reporting purposes only, please check all that apply for Head of Household Only): White ___ Black ___ Hispanic ___ Asian/Pacific Islander ___
 Native American ___ Farm worker ___ Disabled or Disabled Minor ___ Elderly ___
 Homeless ___ Other: _____

I/we 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 and 775.083. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we 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.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to Baker County Commissioners, for the purpose of verifying information provided as part of determining eligibility for assistance under the Baker County S.H.I.P. program. I understand that only information necessary for determining eligibility can be requested.

Type of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker=s compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers
Banks, Financial or Retirement Institutions
State Unemployment Agency
Welfare Agency

Alimony/Child Support Providers
Social Security Administration
Veteran's Administration
Other: _____

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant

Signature of Co-Applicant

Print Name

Print Name

Date

Date

**STATE HOUSING INITIATIVES PARTNERSHIP
SHIP GRANT
NOTICE OF VOLUNTARY PARTICIPATION**

I / We, _____, do hereby acknowledge that I / We VOLUNTARILY request to be included in the SHIP Grant 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 the release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated as confidentially as the program permits.

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

1. The purpose of the program is to meet the housing needs of the very low, low and moderate-income households, to expand production of and preserve affordable housing, to further the housing element of the local government comprehensive plan specific to affordable housing.
2. I understand that the contract for Repairs / New Construction assistance is prepared between the contractor 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.
3. I understand that I am subject to immediate program disqualification, with existing financial responsibility for the incurred costs, if I:
 1. Provide any inaccurate or untruthful information,
 2. Fail to comply with existing guidelines,
 3. Perform any action to receive more assistance than I am required, 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. I understand that my participation may affect my ability to qualify for SHIP Grants in the future.

I agree to all the terms in this document.

Applicant Signature

Date

Witness Signature

Date

Co-Applicant Signature

Date

Witness Signature

Date

SHIP Documentation List

The following information is needed from all applicants for SHIP assistance.

- **APPLICATION** – Complete, sign, date and return
- **RELEASE CONSENT FORM** – Sign, date and return
- **ASSETS**
 - All types of accounts (send most recent statement)
 - Other assets (i.e., rental property – provide documentation)
- **EMPLOYMENT VERIFICATION**
 - Provide the name, address and telephone number of your current employer
- ~~**SOCIAL SECURITY CARDS**~~
 - ~~Provide Social Security cards for everyone in the household~~
- **COPY OF DEED**
 - Provide a copy of your deed if you are seeking home repair assistance
- **PROOF OF PAID PROPERTY TAXES**
 - Provide proof property taxes have been paid and are current
- **COPY OF DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION**
- **A CURRENT MORTGAGE STATEMENT PROVING THAT APPLICANT IS CURRENT ON MORTGAGE PAYMENT**