

TOWN OF DAVIE HOME REPAIR PROGRAM

**State Housing Initiatives
Partnership (SHIP) Funds**

***INFORMATION AND
APPLICATION PACKAGE***

SHIP PROGRAM DESCRIPTION

The Town of Davie's SHIP Home Repair Program is a way, through the use of federal and state funds awarded to the Town, to provide home repair assistance for very -low, low, and moderate income households in owner occupied housing units. **Of the Town's allocated funds, a minimum of 20% will be set aside for Special Needs Households and first priority will be given to persons with developmental disabilities as defined in section 393.063 of the Florida Statutes. Second Priority will be given to other eligible persons with special needs as defined in section 420.0004 of the Florida Statutes. Priority is also given to Low and Very-Low Income households.**

The Program repairs numerous components of a residence such as windows, roofing, plumbing, heating & cooling, and electrical. Repairs are prioritized to eliminate health and safety issues, correct code violations, and to make the home more energy-efficient. Repair work is not the same as remodeling. The primary purpose of our repair program is to improve the general condition of your home's structure.

ELIGIBLE PROPERTIES TO RECEIVE ASSISTANCE

Properties eligible for the Town of Davie's SHIP Home Repair Program are detached single-family homes, townhomes, condominiums, and villas. Mobile homes are not eligible. **Owners must occupy the unit as their primary residence.**

TYPE OF ASSISTANCE: HOW THE GRANT WORKS

Assistance is in the form of a 5 year, 0% interest deferred second loan that reverts to a grant if all program conditions are met. The program provides home repair assistance for eligible households in the form of a Deferred Payment Loan (DPL), a conditional loan arrangement in which the debt does not have to be repaid until sometime in the future. If a situation arises where repayment is required, the amount owed is reduced by equal amounts each calendar year.

Conditions Requiring Repayment of the Loan:

- Sale of property or transfer of ownership.
- No longer primary residence (rented).
- Refinancing for equity (cash out).

*In cases where the qualifying homeowner(s) die(s) during the loan term, the loan may be assumed by a SHIP income eligible heir who will occupy the home as a primary residence.

APPLICATION PROCESS SUMMARY

1. Applications will be accepted at the Office of Community Development – Community Services Division. **Only completed applications will be accepted.**
2. **Funding is limited and applications are processed on a first come, first qualified basis. All information presented is verified. All applicants must meet income guidelines. Income levels based on household size and household income limits listed on the Broward County Area Median Income Limits chart.**
3. **The amount of the grant will be based on the amount of assistance needed for home repair. The grant amount cannot exceed \$40,000.00.**
4. If you have received assistance from the Town previously and have an existing home repair mortgage from the Town of Davie on your property, you may not be eligible for additional assistance.
5. After being approved for assistance, a property inspection will be scheduled to develop a set of work specifications for your home.
6. All work specifications will be bid out to the Town's pool of contractors. The lowest, most responsive bidder will be awarded the project.
7. Homeowners will be required to maintain hazard and flood insurance for the duration of the Town's second mortgage.
8. Homeowners must be current with their mortgage(s), property insurance and HOA dues to receive assistance.
9. Homeowners will be required to comply with all program requirements to receive assistance.

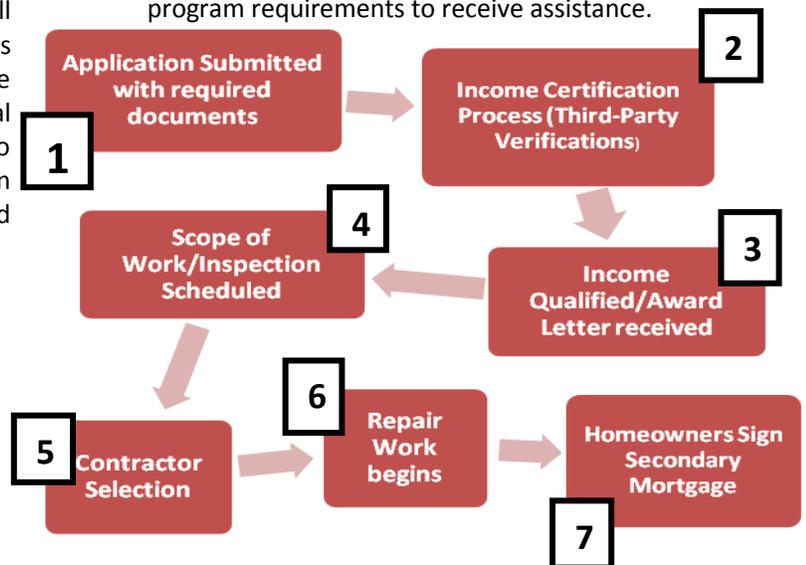


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OFFICE OF COMMUNITY DEVELOPMENT
COMMUNITY SERVICES DIVISION

4700 SW 64TH AVENUE- SUITE D , DAVIE, FLORIDA 33314
PHONE: (954) 797-1173 FAX: (954) 797-2058 WWW.DAVIE-FL.GOV

REQUIRED DOCUMENTATION LIST

The documents listed below must be submitted when applying for the
Town of Davie **SHIP HOME REPAIR PROGRAM**

**** STAFF WILL NOT MAKE COPIES OF REQUIRED DOCUMENTS ****

BE SURE TO HAVE YOUR COPIES ALREADY MADE UPON SUBMISSION OF APPLICATION

- Completed Application Form: All sections of the application must be completed (no blank spaces)
- Proof of Identification (for Applicant, Co-Applicant. and ALL household members 18 and older)
 - State issued picture ID
 - Marriage Certificate if you are married and have different last names
- Social Security Cards for All Household Members
- Proof of Citizenship or Legal Status (Birth Certificate, Passport, Alien Registration Card, Naturalization Certificate etc.) for all household members
- Proof of Number of Dependants (dependants must be listed on your tax return). Submit one of the below
 - Birth Certificate on which the parent/applicant's name is listed
 - School Record, which provide the parent/applicants name and address
 - Court ordered letter of guardianship
 - Divorce decree
 - Letter of Adoption
- Verification of enrollment for any adult students in the household (current class schedule)
- Copy of last 3 FPL Bills
- Copy of Property Deed (Warranty deed, personal representative deed or quit claim deed.)
- Copy of last 3 Mortgage Statements and, if applicable, last 3 HOA payment documents.
- Copy of Home Owners Insurance or Hazard Insurance, and Flood Insurance (if applicable)
- Copy of your latest income tax returns for the last 2 years including W-2's and 1099's.
- Proof of Income for All Household Members
 - Current pay stubs for the most recent 3 consecutive months of employment for all household members
 - Child Support – court order, divorce decree, or a printout from the agency ordering the child support
 - Alimony/Palimony – divorce decree or court order.
 - Social Security benefit award letter
 - Pension/Retirement statement – we need three most recent statements
 - Recurring Contributions and Gifts (Ex: non-household member paying all of part of bills, mortgages or contributing money on a regular basis). Need a notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts.
- Self-employment – Profit & Loss Statement (IRS Schedule C) for last 2 years and statement from your accountant projecting your anticipated net business income for the next twelve months.
- Assets (for all household members)
 - Six (6) months of most recent and consecutive bank statements for all bank accounts (Include ALL pages, even blank pages)
 - Most recent statements for your IRA, 401 (K), Retirement/Pension, stocks, bonds, annuities and life insurance
 - Proof of the value of additional property that you own (land, homes, & boats)

Should you have any questions regarding the application process, please contact the Office of Community Development – Community Services Division at (954) 797-1173.

Providing the above does not ensure approval for this program.



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Program: SHIP HOME REPAIR PROGRAM

DAVIE RESIDENT APPLICATION

A. Applicant Information:

Applicant Name: _____ Social Security: ____ / ____ / ____

Permanent Address: _____ Zip Code: _____

How long at this address? _____

Marital Status: Married Single Unmarried Partner Divorced Separated Widowed

Race: White Black Hispanic Asian Indian Other _____ Sex: Male Female

Birth Date: _____ Age: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Employer: _____ Phone Number: _____

Address: _____ Years Employed: _____

Position: _____ Supervisor: _____

Employer Fax Number: _____

Co Applicant Information:

Co-Applicant Name: _____ Social Security: ____ / ____ / ____

Permanent Address: _____ Zip Code: _____

How long at this address? _____

Marital Status: Married Single Unmarried Partner Divorced Separated Widowed

Race: White Black Hispanic Asian Indian Other _____ Sex: Male Female

Birth Date: _____ Age: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Employer: _____ Phone Number: _____

Address: _____ Years Employed: _____

Position: _____ Supervisor: _____

Employer Fax Number: _____



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Household Member over 18 Information:

Attach additional sheet, if needed for all household members over 18.

Name of Household Member over 18: _____ Social Security: ____ / ____ / ____

Permanent Address: _____ Zip Code: _____

Marital Status: Married Single Unmarried Partner Divorced Separated Widowed

Race: White Black Hispanic Asian Indian Other _____ Sex: Male Female

Birth Date: _____ Age: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Employer: _____ Phone Number: _____

Address: _____ Years Employed: _____

Position: _____ Supervisor: _____

B. Anticipated Annual Income: Includes unearned income and support paid on behalf of minors.

ANNUAL GROSS INCOME-ATTACH ADDITIONAL SHEET IF NEEDED

SOURCE	APPLICANT NAME:	CO-APPLICANT NAME:	OTHER MEMBER NAME:	TOTAL
Gross Salary				
Overtime, Tips, Bonuses, etc				
Interest/Dividends				
Business net Income				
Rental net Income				
Social Security, Pensions, etc.				
Unemployment, Workers Comp.				
Alimony, Child Support				
Welfare Payments, Public Assistance				
Other (List)				

Enter total of items

This amount is the **Anticipated Annual Household Income**

\$



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Please complete the following for ALL members of the household-Attach additional sheet, if needed.

C. Household Information:

Full Name	Date of Birth / Age	Race	Relationship	Social Security #
1.			SELF	
2.				
3.				
4.				
5.				
6.				

D. Assets: (For all household members.)

TYPE	Name of Account Holder	Cash Value	Annual Income From Assets	Bank Name	Account No.
Checking Account(s)					
Savings Account(s)					
Credit Union Account(s)					
Pension(s)					
Stocks, Life Insurance					



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E. Request for Assistance:

Assistance Type: _____

Total Grant Amount: \$ _____ (to be completed by CSD staff)

Disability / Special Needs:

Do you or any member of your immediate family have any disabilities or special needs? [] Yes [] No

- Developmental disability.
'Developmental disability' means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of eighteen (18); and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.
Other disability/special need.
'Person with special needs' means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; a young adult formerly in foster care who is eligible for services under s. 409.1451(5); a survivor of domestic violence as defined in s. 741.28; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veteran's disability benefits. OR A 'Disabling condition': A diagnosable substance abuse disorder; Serious mental illness.

Recipient Statement: The information on this form is to be used to determine eligibility based on income. I/we have provided, for each person set forth in Item D, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given 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 § 775.082 or 775.83.

I also give the Town of Davie the authorization to share any of the information contained herein with appropriate federal, state, and local organizations that may be called upon for assistance. I recognize that my Social Security number and the other information herein will not be shared publicly.

Signature of Applicant Date

Signature of Co-Applicant Date

Printed Name of Applicant

Printed Name of Co-Applicant

Signature of Adult Household Member Date

Signature of Adult Household Member Date

Printed Name of Adult Household Member

Printed Name of Adult Household Member

STATEMENT REQUIRED PURSUANT TO FLORIDA STATUTES SECTION 119.771(5) FOR THE COLLECTION OF SOCIAL SECURITY NUMBERS.

The Town of Davie collects your social security number and the social security numbers of all members of your household for the following purposes: identification and identity verification; income and employment verification; verification of assets; verification of number of persons in household; verification of receipt of federal housing assistance; and data collection and reconciliation to detect benefits fraud. Please note that social security numbers are also used as a unique numeric identifier and may be used for search purposes.



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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize the release of information without liability for information regarding my employment, income, mortgage (if applicable), and/or assets to the Town of Davie for the purposes of verifying information provided as part of determining eligibility for assistance under the Rehabilitation or Homebuyers Assistance program. I understand that only information necessary for determining eligibility can be requested.

Types 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, certification 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, alimony or child support payments, and mortgage verification.

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

Printed Name

Date



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Broward County Income Limits

The Broward County Income Category Chart is based on the U.S. Department of Housing and Urban Development (HUD) Income Limits Documentation System.

Broward County's Median Income is \$60,900

Household Size	Extremely Low (30%)	Very Low (50%)	Low (80%)	Moderate (120%)
1 person	\$15,250	\$25,400	\$40,600	\$60,960
2 person	\$17,400	\$29,000	\$46,400	\$69,600
3 person	\$20,160	\$32,650	\$52,200	\$78,360
4 person	\$24,300	\$36,250	\$58,000	\$87,000
5 person	\$28,440	\$39,150	\$62,650	\$93,960
6 person	\$32,580	\$42,050	\$67,300	\$100,920
7 person	\$36,730	\$44,950	\$71,950	\$107,880
8 person	\$40,890	\$47,850	\$76,600	\$114,840

Effective: March, 2016

Home Sale Prices Cannot Exceed:

- **New Construction - \$391,154**
- **Existing Construction - \$391,154**

Please note: Income Limits for the Section 8 program are no longer subject to HUD's Hold Harmless Policy; please refer to the following Federal Register Notice, available [here](#), for more information.



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TOWN OF DAVIE SELF-EMPLOYMENT AFFIDAVIT

APPLICANT:
ADDRESS:

DATE:

Business Name
Business Address
Date Business Opened
Have operations been continuous? Yes No
Type of Business

I, do hereby certify that I am self-employed and that for the most current tax year, my net earnings were \$. I hereby attach copies of my individual federal income tax returns for the three calendar years immediately proceeding the date referenced at the bottom of this form. I anticipate my annual earnings for the next calendar year to be \$. I certify that the information shown in such accompanying income tax returns is true and complete to the best of my knowledge. I understand that providing false or misleading information may subject me subject to criminal penalties.

Check all that apply:

- Previous year's tax return (Certified Form 1040)
Financial statements
Loan application listing business income from the preceding 12 months

Comments:

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

SIGNATURE OF APPLICANT

DATE

NOTARY
State of Florida

County of

THE FOREGOING INSTRUMENT was acknowledged before me this day of, 2016, by, personally know to me or who has produced as identification.

Notary Public State of Florida at Large

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 Statutes 775.082 or 775.83.

If "N/A" please Initial HERE:



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ATTENTION: _____

THIRD-PARTY VERIFICATION OF ASSETS

State and/or Federal Regulations require us to verify employment history, income, and asset information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

NOTE: Please initial any cross-outs. White out is not permitted on the verification form.

Authorization:

I hereby authorize the release of requested information. My signature indicates my agreement with the release of information requested for the sole purpose of determining my eligibility for program assistance.

Name of Applicant Signature Date Applicant Social Security Number

TO BE COMPLETED BY THIRD PARTY ONLY

Complete the (applicable) Sections below:

Institution Name: _____ Address: _____

Table with 6 columns: Type of Account, Account Number, Current Balance, Average Balance (6 Months), Interest Rate, Date Opened

Certificate of Deposit # _____ Amount: \$ _____

Withdrawal Penalty: \$ _____ Interest Rate: _____

IRA, Keogh, Retirement Account #: _____ Amount: \$ _____

Withdrawal Penalty: \$ _____ Interest Rate: _____

Other Account# _____ Amount: \$ _____

Withdrawal Penalty: \$ _____ Interest Rate: _____

Other Account#: _____ Amount: \$ _____

Withdrawal Penalty: \$ _____ Interest Rate: _____

Signature of authorized representative: _____

Printed Name of representative: _____ Title: _____

Date: _____ Phone: _____

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If "N/A" please Initial HERE: _____



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Social Security Administration

Form Approved
OMB No. 0960-0566

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (*signifies a required field).

TO: Social Security Administration

*My Full Name

*My Date of Birth
(MM/DD/YYYY)

*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME OF PERSON OR ORGANIZATION:

*ADDRESS OF PERSON OR ORGANIZATION:

*I want this information released because:

We may charge a fee to release information for non-program purposes.

*Please release the following information selected from the list below:

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

- 1. Social Security Number
2. Current monthly Social Security benefit amount
3. Current monthly Supplemental Security Income payment amount
4. My benefit or payment amounts from date to date
5. My Medicare entitlement from date to date
6. Medical records from my claims folder(s) from date to date

If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.

- 7. Complete medical records from my claims folder(s)
8. Other record(s) from my file (you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

*Signature: *Date:

*Address:

Relationship (if not the subject of the record): *Daytime Phone:

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

Table with 2 columns: 1. Signature of witness, 2. Signature of witness; Address(Number and street, City, State, and Zip Code); Address(Number and street, City, State, and Zip Code)



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Form 4506-T
Request for Transcript of Tax
Return

TO BE SIGNED AT OFFICE



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DAVIE GRANT RECIPIENT COOPERATION AFFIDAVIT

The below named recipient agrees and affirms that the Town of Davie is hereby authorized to request, for a period of up to five (5) years following the date of assistance under any of the Town's Programs, reasonable documentation in support of the recipient's eligibility for the assistance received. Failure to cooperate and provide such documents as reasonably requested by the Town of Davie may result in the repayment of the full amount of the grant to the Town of Davie.

Name of Recipient

Signature

Address

Date

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,
by _____, who is personally known to me or has
produced _____ as identification.

Notary Public, State of Florida

Print or type name: _____
Commission No.: _____
My Commission expires: _____