

TOWN OF DAVIE BARRIER FREE PROGRAM

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

**INFORMATION AND
APPLICATION PACKAGE**



COMMUNITY SERVICES DIVISION

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

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COMMUNITY SERVICES DIVISION

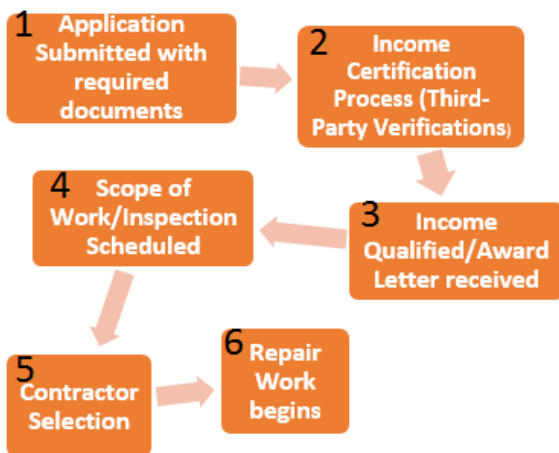
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SHIP PROGRAM DESCRIPTION

The Town of Davie’s SHIP Barrier Free Program is a way, through the use of federal and state funds awarded to the Town, to improve accessibility to elderly applicants (62 years or older) and households that include one or more persons in need of accessibility upgrades by installing and/or replacing wheelchair ramps on Mobile Homes that are windstorm rated, for very low and low households. **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.**

ELIGIBLE PROPERTIES TO RECEIVE ASSISTANCE

Properties eligible for the Town of Davie’s SHIP Barrier Free Program are solely Mobile Homes.



APPLICATION PROCESS SUMMARY

1. Applications will be accepted at the 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 installation or replacement. The grant amount cannot exceed \$15,000.00.**
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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Broward County Income Limits

The Broward County Income Category Chart is based on the Florida Housing Finance Corporation Income Limits Documentation System.

Broward County's Median Income is \$73,400.

Household Size	Extremely Low (30%)	Very Low (50%)	Low (80%)	Moderate (120%)
1 person	\$18,500	\$30,800	\$49,300	\$73,920
2 person	\$21,150	\$35,200	\$56,350	\$84,480
3 person	\$22,800	\$39,600	\$63,400	\$95,040
4 person	\$26,500	\$44,000	\$70,400	\$105,600
5 person	\$31,040	\$47,550	\$76,050	\$114,120
6 person	\$35,580	\$51,050	\$81,700	\$122,520
7 person	\$40,120	\$54,600	\$87,300	\$131,040
8 person	\$44,660	\$58,100	\$92,950	\$139,440

Effective: April 2021

Maximum Sales Price or Assessed Value \$352,371.00

PLEASE CONTACT THE TOWN OF DAVIE'S COMMUNITY SERVICES DIVISION AT 954-797-1173 TO VERIFY IF YOUR HOUSEHOLD ANNUAL INCOME IS AT THE ELIGIBLE INCOME LEVEL AT THE TIME OF YOUR APPLICATION. ASSISTANCE MAY ONLY BE AVAILABLE TO HOUSEHOLDS BELONGING TO A PARTICULAR INCOME BRACKET DUE TO SET-ASIDE PROGRAM REQUIREMENTS AND AVAILABLE FUNDS FROM FUNDING SOURCE.

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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REQUIRED DOCUMENTATION LIST

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

- **Completed Application Form:** All sections completed (no blank spaces)
- **Social Security Number Collection Statement Form** (included in the application package)
- **Authorization of Release of Information Form** (included in the application package)
- **Proof of Identification:** for Applicant, Co-Applicant. and ALL household members 18 and older
 - State issued picture ID
 - Proof of Citizenship or Legal Status for all household members: (Birth Certificate, Passport, Alien Registration Card, Naturalization Certificate etc.)
 - Marriage Certificate if you are married and have different last names
 - Divorce Decree (if applicable)
 - Death Certificate (if widowed)
- **Proof of Number of Dependents** (dependents 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
- **Proof of Enrollment in School for any Adult Students in the Household:**
 - A current copy of the household member's school schedule showing current enrollment
- **Proof of Income for All Household Members:**
 - Current pay stubs for the most recent three (3) consecutive months of employment for all household members
 - Self-employment – Profit & Loss Statement (IRS Schedule C) for last 2 years and statement projecting your anticipated net business income for the next twelve months.
 - 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 (if receiving Social Security)
 - Pension/Retirement statement – we need three most recent statements
 - Recurring Contributions and Gifts (Examples include: non-household member paying all or 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.



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- **Proof of Assets for All Household Members:**
 - Six (6) months of most recent and consecutive bank statements for all bank account (Include ALL pages of bank statements, even blank pages)
 - Most recent two (2) quarterly statements for your IRA, 401 (K), Retirement/Pension, stocks, bonds, annuities and life insurance (universal and whole life insurance policies are applicable)
 - Proof of the value of additional property that you own (land, homes, & boats)
- **Tax Returns:**
 - Copy of your latest income tax returns for the last two (2) years, including W-2's and 1099's.
- **Mortgage, HOA Payments, and Homeowner's Insurance:**
 - Copy of last three (3) mortgage statements
 - Copy of last three (3) HOA payment documents (if applicable)
 - Copy of Home Owners Insurance or Hazard Insurance, and Flood Insurance (if applicable)
- **Utility Bills:**
 - Copy of last three (3) FPL Bills
- **Proof of Homeownership:**
 - Copy of Property Deed (Warranty deed, personal representative deed or quit claim deed.)

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

Providing the above does not ensure approval for this program.

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

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



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Program: BARRIER FREE

A. APPLICANT/CO-APPLICANT INFORMATION

	Applicant	Co-Applicant
Full Name:		
Social Security Number:		
Phone Number:		
Email:		
Date of Birth/Age:		
Street Address:		
City:		
State/Zip Code:		

B. OTHER HOUSEHOLD MEMBERS

HOUSEHOLD DEFINITION: All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household.

Name:	Date of Birth/Age:	Relationship to Applicant:	Social Security Number:
1.			
2.			
3.			
4.			
5.			
6.			

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?

Yes: No:

If yes, please list: _____



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C. HOUSEHOLD INCOME/EMPLOYMENT INFORMATION:

Include all sources of anticipated income for the next 12 months: (gross salary, overtime/tips/bonuses, interest/dividends, business net income, social security income, pension/retirement income, rental net income, unemployment/worker's comp., alimony/child support, welfare payments/public assistance, other sources)

Name:	Type of Income:	Gross Annual Amount:
		\$
		\$
		\$
		\$
		\$
		\$

Total Household Anticipated Annual Income (from all income sources): \$ _____

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

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

NOTE: Copy this page and attach additional sheets as necessary for all household members 18 years and over.



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D. HOUSEHOLD ASSETS:

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

Name of Account Holder	Type of Asset	Cash Value	Institution Name	Bank Account Number	Annual Asset Income

E. DISABILITY/SPECIAL NEEDS INFORMATION:

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.



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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.

WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds. According to Title 18, Section 1001 of the U.S. Code, 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.

STATEMENT REQUIRED PURSUANT TO FLORIDA STATUTES SECTION 119.071(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. By voluntarily providing your social security number, this allows the Town to promptly process your application for public assistance. Pursuant to 42 U.S. Code § 405(c)(2)(c), local governments may require individuals to furnish their social security numbers for general public assistance. The Town of Davie shall follow the laws set forth in F.S. § 119.071 and any applicable Federal Laws regarding Social Security numbers.

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



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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 Barrier Free 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 | Alimony/Child Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration |
| State Unemployment Agency | Veteran’s Administration |
| Welfare Agency | 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

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.

WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds.



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PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify the Town, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the Town does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the Town in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that the Town does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the Town or any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

Signature of Applicant

Signature of Co-Applicant

Printed Name of Applicant

Printed Name of Co-Applicant

Signature of Adult Household Member

Signature of Adult Household Member

Printed Name of Adult Household Member

Printed Name of Adult Household Member