

TOWN OF DAVIE FIRST TIME HOMEBUYER 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

TABLE OF CONTENTS

Table of Contents	2
Program Description and Features	3
A Quick Look at the Process	4
Instruction for Lenders	5
Lender Financing Guidelines	6-7
Down Payment Assistance Worksheet	8
List of Registered Lenders	9
List of HUD Approved Counseling Agencies in Broward County	10
Broward County Income Limits Chart	11
Application Form (Town of Davie)	12-15
List of Required Documentation	16

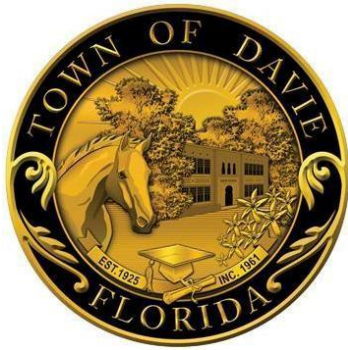


COMMUNITY SERVICES DIVISION

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

First Time Homebuyer Program

State Housing Initiatives Partnership (SHIP) Funds



Currently, the Community Services Division is accepting applications for the SHIP First Time Homebuyer Program. However, **priority** is given to those applicants who meet the income criteria (**very-low or low-income**) and **who have special needs or disability**. A maximum deferred payment loan of up to \$50,000 is applied towards the closing costs, first mortgage reduction, and/or down payment assistance for the purchase of eligible owner-occupied housing. The second mortgage shall be deferred for a period of ten (10) years at zero (0%) percent interest.

Program Features:

- **Applicants will be selected on a first come, first qualified, first served basis within income groups. To insure compliance with income set-asides, 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.**
- Existing unit – The second mortgage shall be deferred for a period of ten (10) years at zero (0%) percent interest.
- Applicants must not own any other residential property for the past three (3) years as evidenced by previous three (3) years tax returns.
- Applicants must receive a certificate of housing counseling upon completion of an eight (8) hour education and counseling workshop conducted by a HUD certified housing counselor. The certificate is required prior to loan closing.
- All SHIP proceeds must be used to pay closing costs; down payment; principal reduction and must not be used for debt consolidation, or cash-out to applicant.
- Down Payment: In all cases, buyer must contribute a minimum of one percent 1% of the purchase contract price, sales prices, of their own funds toward the transaction.
- **Applicant may choose any lender** (recommended list of registered lenders on page 4). However, applicant must make a mortgage application with an approved lender who shall meet any lender's qualifying criteria as established by the Town of Davie.



COMMUNITY SERVICES DIVISION

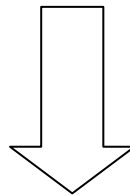
4700 SW 64TH AVENUE- SUITE D , DAVIE, FLORIDA 33314
PHONE: (954) 797-1173 FAX: (954) 797-2058 WWW.DAVIE-FL.GOV

A Quick Look at the Process

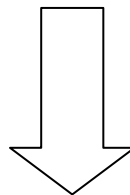
8 Hour Course with
HUD Approved
Counseling Agency

Find your lender
&
Get Pre-approval

Find your Home



**APPLICATIONS
ACCEPTED ONLY FROM
YOUR LENDER**



Town Reviews
Application/Documents.

Please note: Process may
take up to 4 weeks

Town will then notify of
award amount.



COMMUNITY SERVICES DIVISION

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

INSTRUCTION FOR LENDERS

(Please provide these guidelines to your lender)

****Please refer to Page 16 for the Required Documentation List that is required for ALL household members****

1. Please carefully review the First Time Homebuyer Program guidelines on the following pages to ensure the borrower's file will be underwritten according to these guidelines. This program is designed to provide an affordable housing mortgage loan to all who meet the program guidelines. The Loan must be fully (income and assets) documented.
2. If your borrower would like to apply for Town of Davie down payment assistance (SHIP) -please submit the following:
 - Loan approval/commitment signed by lender and borrower
 - FNMA 1003 - typed, signed by lender and borrower
 - FNMA 1008 – completed
 - Photocopies of all VOE's, VOD's and financial statements
 - Photocopy of signed Good Faith Estimate
 - Real estate sales contract – signed by all parties
 - Property Appraisal – photocopy
 - Home Inspection report – photocopy
 - Lead Based Paint Inspection (for homes built prior to 1978)
 - Educational Home Buyer Workshop – photocopy of certificate
 - Down Payment Assistance Worksheet, completed and signed by lender
 - Tax Return (all pages) and forms W2/1099 covering the past 3 years. If self-employed, YTD P&L statement
 - Most recent pay stubs covering three (3) months for all adults in the household
 - Six (6) most recent bank statements (all pages) for each bank account
 - Awards letter for social security and pension
 - Financial Institution must be registered to conduct business in the State of Florida and provide evidence of such
 - Closing Agent name , contact person and phone number

Town of Davie contact

Jaime Torres

4700 SW 64th Ave., Suite D

Davie, FL 33314

Office: (954) 797-1658

If ALL of the above required documents are not received simultaneously, the file will not be processed.

Note: Upon receipt of the above documents, we will contact the borrower to begin the certification process within 48 hours. We require 4 weeks processing time.

Additionally, we require 5 business days to request a Wire Transfer from our Budget & Finance Department. These time frames are strongly adhered to.

Lender shall provide a contact name, phone number and e-mail addresses. We will notify lender that loan package has been received and the staff processing the file.

Down payment assistance is available on first come, first qualified, first served basis.

Down payment assistance is available to persons purchasing a home in Davie.



COMMUNITY SERVICES DIVISION

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

**Town of Davie
Community Services Division
SHIP FIRST TIME HOMEBUYER PROGRAM
LENDER FINANCING GUIDELINES**

Applicants must obtain a commitment/pre-approval letter from a lending institution.

The following are program requirements associated with the implementation of the Town of Davie's SHIP First-Time Homebuyer Program:

RECIPIENT SELECTION CRITERIA:

- ✓ Applicants will be selected on a first come, first qualified, first served basis within the income groups. To insure compliance with income set-asides, priority is given to low and very-low income households and to persons with special needs or developmental disabilities.
- ✓ Applicants must not own any other residential property at time of application and prior to closing for the past three (3) years as evidenced by previous three (3) years tax returns.
- ✓ Applicants must receive a certificate of housing counseling upon completion of an eight (8) hour education and counseling workshop conducted by a HUD certified housing counselor. This certificate is required prior to loan closing.
- ✓ All SHIP proceeds must be used to pay closing costs; down payment; principal reduction and must not be used for debt consolidation, or cash-out to applicant.
- ✓ The maximum loan-to-value is not to exceed 97% (with no mortgage insurance (MI)). Value is determined by an appraisal acceptable by the first mortgage lender and prepared by a Florida licensed residential property appraiser. For combined first and second mortgages the maximum LTV shall be 105% for very low, low and moderate income applicants.
- ✓ Applicant must make mortgage application with a Town of Davie approved lender who shall meet any lender's qualifying criteria as established by the Town.

SHIP PROGRAM REQUIREMENTS:

1. The principal reduction mortgage amount is based upon the purchase price of the desired property, however; the down payment/closing cost and purchase assistance provided by the Town of Davie will not exceed a maximum deferred payment loan up to \$50,000 for very-low, low and moderate income applicants.
2. The principal reduction mortgage will be in the form of a zero percent interest second position deferred payment loan. The full amount of the second mortgage will be forgiven if the homeowner meets all of the SHIP requirements including occupying the dwelling being purchased for the period specified in the mortgage and promissory note as their primary residence.
3. The first mortgage lender financing must be a thirty year fixed interest rate loan.
4. Private Mortgage Insurance is not allowed to be charged by the primary lender if the down payment and second mortgage assistance being provided by the borrower and the Town's SHIP are equals to more than 20% of the appraised value of the property.
5. Applicant's Income/Debt Ratio should be 38% / 45% maximum. Exceptions can be made on a case by case basis.



COMMUNITY SERVICES DIVISION

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

- 6. Origination/Discount/Administrative Fees: 2.0%
- 7. Appraisal and Credit Fee: Maximum not to exceed \$600.00. Due at time of application, credited at closing.
- 8. Closing Costs: Up to maximum 5% purchase price, including origination fee. Does not include pre-paid items such as insurance, taxes and pre-paid interest. (Exceptions can be made on a case by case basis for loan amounts under \$100,000).
- 9. Purchase Price: As of April 2021, the Broward County maximum sales price for existing and new construction dwellings is \$352,371.00. Annually the Florida Housing Finance Corporation (FHFC) establishes the maximum sales price, which meets the US Housing and Urban Development's (HUD) price limits.
- 10. Terms: 30 year Fully Amortizing mortgage. (No prepayment penalty.) Balloon mortgages are not acceptable. No Sub-Prime loans permitted under SHIP program.
- 11. Co-Borrowers (non-occupying): Not permitted under SHIP.
- 12. Down Payment: In all cases, buyer must contribute a minimum of one percent 1% of the purchase contract price of their own funds toward the transaction.
- 13. Closing Cost: Can be a gift as well as SHIP funds. Gift must be properly sourced with backup documentation.
- 14. Assumable: No.
- 15. Maximum Assistance: A maximum deferred payment loan up to \$50,000 for very-low, low and moderate income applicants, is applied towards closing costs, down payment costs and/or principle write-down assistance for the purchase of eligible owner-occupied housing.
- 16. Refinance Subordination Restrictions: Rate/Term only. No cash out. Homes must have evidence of homestead exemption. All other instance of refinance triggers repayment.
- 17. Lien Position: Lender holds first lien, Town of Davie holds second lien.
- 18. Escrow: Required for taxes, homeowners insurance and flood insurance if property is located in a flood zone.

You should retain a copy of this to provide to your lender.

For questions related to the Town of Davie's SHIP First Time Homebuyer Program, please contact us at (954) 797-1658.

*** PLEASE NOTE THAT THE "LENDER FINANCING GUIDELINES" MAY BE CHANGED AT ANY TIME AT THE DISCRETION OF THE COMMUNITY SERVICES DIVISION.**

Acknowledgment of Receipt by Lending Institution:

PRINT NAME/TITLE

DATE

SIGNATURE



COMMUNITY SERVICES DIVISION

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

DOWN PAYMENT ASSISTANCE WORKSHEET

Borrower Names(s): _____

Lender: _____

Anticipated Closing Date: _____

Closing Agent Name: _____

Closing Agent Phone Number: _____

Contract Sales Price \$ _____

Primary Loan Amount \$ _____

Escrow Deposits \$ _____

List all sources of funds being requested:

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

Total Funds Applied For: \$ _____

This worksheet must accompany each fully documented approved mortgage package where the client is applying for down payment assistance from the Town of Davie. Failure to submit this form, completed in its entirety, will result in the file being returned unprocessed. As a reminder, income certification processing can take up to four (4) weeks to process with an additional week to order and receive the check for closing from accounting.

Lender representative name printed and signed

Date



COMMUNITY SERVICES DIVISION

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

Registered Lenders

<p>BB&T Bank 1999 University Drive, Suite #101 Coral Springs, FL 33071 Contact: Cathy Albamonte Phone: 954-753-7714, Fax: 954-753-7703 E-mail: calbamonte@BBandT.com</p>	<p>City National Bank 1995 E. Hallandale Beach Boulevard Hallandale Beach, FL 33013 Contact: Michele A. Edwards-Collie Phone: 954-455-1156, Fax: 786-313-5932 Email: Michele.Collie@CityNational.com</p>
<p>CitiBank, N.A. 2789 N. University Drive Coral Springs, FL 33065 Contact: Laurie Mindlin Phone: 954-243-5907, Fax: 855-451-2781 Email: Laurie.Mindlin@Citi.com</p>	<p>VanDyk Mortgage 3 SW 129th Avenue, Suite 203 Pembroke Pines, FL 33027 Contact: Gabriela "Gabbie" Yulis, Loan Officer Phone: 954-540-5048, Fax: 866-234-5676 Email: GYulis@VanDykMortgage.com</p>
<p>Florida Community Bank 2500 Weston Road, Suite #300 Weston, FL 33331 Contact: Robin Holley Phone: 954-984-3314, Fax: 954-861-4589 E-mail: rholley@fcb1923.com</p>	<p>Caliber Home Loans 550 W. Cypress Creek Road, Suite 100 Fort Lauderdale, FL 33309 Contact: Veronica Sylvester Phone: 954-240-0140, Fax: 844-232-6009 E-Mail: Veronica.sylvester@caliberhomeloans.com</p>

The lender will explain the program and pre-qualify you based on the First Time Home Buyer Program guidelines to determine if you are eligible to participate. As part of the pre-approval process, the lender will review your eligibility for down payment assistance as well. The lender will advise you of the availability of down payment assistance.

Disclaimer: The Town of Davie is not responsible for the borrower’s selection of lender, financing terms, actions or decisions made by lenders. Lender decisions are final.





COMMUNITY SERVICES DIVISION

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

**HUD Approved Counseling Agencies here in
 Broward County...**

CRISIS HOUSING SOLUTIONS	Phone: 954-587-0160 Fax: 954-587-0170 E-mail: info@crisishousingsolutions.org	4700 SW 64 th Avenue – Suite C DAVIE, Florida 33314-4433
URBAN LEAGUE OF BROWARD COUNTY – MAIN OFFICE	Phone: (954) 625-2512 Fax: 754-200-5750 E-mail: Rsigler@ulbcfl.org Website: www.ulbroward.org	560 NW 27 th Ave. FORT LAUDERDALE, Florida 33311-8654
NEW VISIONS COMMUNITY DEVELOPMENT CORPORATION	Phone: 954-768-0262 Toll-free: 954-768-0262 Fax: 954-768-0964 E-mail: jjrobo@bellsouth.net Website: www.newvisionscdc.com	1004 NW 1 st Street Suite 3 FORT LAUDERDALE, Florida 33311-8856
BROWARD COUNTY HOUSING AUTHORITY	Phone: 954-739-1114 Fax: 954-497-3726 E-mail: housingcounselor@bchafll.org Website: www.bchafll.org	4780 N State Road 7 LAUDERDALE LAKES, Florida 33319-5860
NEIGHBORHOOD HOUSING SERVICES OF SOUTH FLORIDA- BROWARD COUNTY	Phone: 954-564-4037 Toll-free: 888-912-3953 Fax: 305-751-2228 E-mail: info@nhssf.org Website: www.nhssf.org	2880 W Oakland Park Boulevard, Suite 115 Oakland Park, FL 33311
HOUSING FOUNDATION OF AMERICA	Phone: 954-923-5001 Fax: 954-924-1225 E-mail: hfatoday@gmail.com Website: www.approvedbyhud.org	2400 N University Drive # 200 PEMBROKE PINES, Florida 33024-3629
CONSOLIDATED CREDIT SOLUTIONS, INC.	Phone: 954-484-3328 Toll-free: 866-435-1876 Fax: 954-377-9661 E-mail: housing@consolidatedcredit.org Website: www.consolidatedcredit.org	5701 W Sunrise Blvd Plantation, Florida 33313-6269
DREAM HOME ORGANIZATION, INC.	Phone: (954) 474-4884 E-mail: info@dreamhomeorganization.org Website: www.dreamhomeorganization.org	201 N University Drive, Suite 105 Plantation, FL 33324
DEBT MANAGEMENT CREDIT COUNSELING CORP.	Phone: (866) 724-3328 Fax: (954) 208-1213 Email: contact@dmcconline.org Website: http://www.dmcccorp.org/	3310 N Federal Hwy Lighthouse Point, FL 33064



COMMUNITY SERVICES DIVISION

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

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	\$23,800	\$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.



COMMUNITY SERVICES DIVISION

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

Program: SHIP FIRST TIME HOMEBUYER PROGRAM

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:



COMMUNITY SERVICES DIVISION

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

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	



COMMUNITY SERVICES DIVISION

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

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					



COMMUNITY SERVICES DIVISION

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

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 C, 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.

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



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 – First Time Homebuyer Program**

**** STAFF WILL NOT MAKE COPIES OF REQUIRED DOCUMENTS ****
BE SURE TO HAVE YOUR COPIES ALREADY MADE UPON SUBMISSION OF APPLICATION

- Proof of Identification (for Applicant, Co-Applicant. and household members 18 and older)
 - State issued picture ID
 - Marriage Certificate if you are married and have different last names
- Proof of Citizenship or Legal Status (Birth Certificate, Passport, Naturalization Certificate, etc.) for ALL household members
- 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 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 – three most recent statements
 - Self-employment – Profit & Loss Statement (IRS Schedule C) for last 3 years and a 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)
- Verification of enrollment for any adult students in the household (current class schedule)
- Tax Return (all pages) and forms W2/1099 covering the past 3 years. If self-employed, YTD P&L statement



COMMUNITY SERVICES DIVISION

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

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.