

CITY OF DELTONA
PLANNING AND DEVELOPMENT SERVICES
COMMUNITY DEVELOPMENT
2345 Providence Boulevard, Deltona, FL 32725
Telephone: (386) 878-8620
WWW.DELTONAFL.GOV

RESIDENTIAL CONSTRUCTION MITIGATION PROGRAM



2016 APPLICATION FUNDING CYCLE

- ✦ This program is operated on a first come, first completed, and first served basis.
- ✦ It takes approximately 30 days to process your application. A Housing Representative will contact you by mail, email or phone if additional information or further verification is required.
- ✦ Incomplete applications can result in a delay or a denial of the application review process.
- ✦ Applications must be mailed or placed in the City Drop Box at City Hall; NO FAXED OR EMAILED COPIES.
- ✦ Phone calls will be returned in the order received; either the same day or on the following business day.

THANK YOU FOR THE OPPORTUNITY TO SERVE YOU!

Required Documents

Here you will find a list of required documentation to be submitted for anyone who will be residing in the home.

A. HOUSEHOLD IDENTIFICATION (ALL HOUSEHOLD MEMBERS) (Photo Copies Only)

- Current Florida Driver's License or Florida Identification Card: All household members 18 years of age and older.
- Social Security Card: All household members.
- Birth Certificate: All household members under 18 years of age.

B. PROOF OF INCOME/ASSETS- (ALL HOUSEHOLD MEMBERS, if applicable):

- Pay-stub: Submit a copy of most recent paystubs in the last 60 days.
- Tax Returns: Submit copy of previous (2) two years Federal Income Tax Returns, including all schedules, and W-2's and/or 1099's.
- Self-employed: Submit a copy of the previous (3) three year's Federal Income Tax Returns, including Schedule C of the Federal Income Tax Return "Profit and Loss from Business".
- Benefits & Other Source(s) if Income: Copy of benefit letter verifying proof of social security, Pension/Retirement Benefits, IRAs, 401(k)s, annuities, death benefits, and/or insurance policies and a copy of most recent check or deposit. Copy of bank statement reflecting deposit will suffice for proof of most recent deposit.
- Unemployed: Provide proof of unemployment or disability payments or submit the original letter stating that the household member is unemployed and does not receive unemployment or any other benefits.
- Checking and/or Savings: Copy of Bank or Credit Union statements for Checking and /or Savings account(s) for the most recent 6 months month. All pages, front and back. [Within 30 days].
- Proof of Alimony: Payments or a court order that you are not receiving payments (submit copies only).
- Proof of child support: A court order stating that you are, or are not, receiving payment (submit copies only).
- Proof of ownership of the property: Copy of Deed.
- Proof of homeowners insurance: Copy of declarations page.
- Proof of property taxes to date: Copy of tax receipt.
- Proof mortgage is current: Copy of most recent mortgage statement.
- If any member of the household (18 years or older) is a full time student, provide supporting documentation.

NOTE: ALL INFORMATION MUST BE PRINTED AS CLEAR AND LEGIBLE AS POSSIBLE.

<p>Date Stamp (City of Deltona Use Only)</p>
<p>Income Category_____</p>

Warning: Florida Statue 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statues 775.082 or 775.83.

APPLICANT INFORMATION (Head of Household):

Applicant Name: _____		Date of Birth:	_____	Age:	_____
Married _____ Widowed _____ Single _____ Divorced _____ Race _____					
ADDRESS INFORMATION:			Gross Annual Income: \$ _____		
Current Address: _____		City:	_____	State:	_____ Zip: _____
Mailing Address: _____		City:	_____	State:	_____ Zip: _____
Telephone No. (Home) _____		(Message Phone) _____			
EMPLOYMENT INFORMATION:					
Employed By: _____			Employer Phone #: _____		
Your Position/Title: _____			Fax #: _____		
Employer Address: _____			Date Employed: _____		
Supervisors Name: _____			Title: _____		
<hr/>					
Co-Applicant Name: _____		Date of Birth:	_____	Age:	_____
Married _____ Widowed _____ Single _____ Divorced _____ Race _____					
ADDRESS INFORMATION:			Gross Annual Income: \$ _____		
Current Address: _____		City:	_____	State:	_____ Zip: _____
Mailing Address: _____		City:	_____	State:	_____ Zip: _____
Telephone No. (Home) _____		(Message Phone) _____			
EMPLOYMENT INFORMATION:					
Employed By: _____			Employer Phone #: _____		
Your Position/Title: _____			Fax #: _____		
Employer Address: _____			Date Employed: _____		
Supervisors Name: _____			Title: _____		

Please provide your email on the space below so that we may send you periodic updates, Thank you.

EMAIL ADDRESS: _____

OTHER ADULT HOUSEHOLD MEMBERS:

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

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

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OTHER HOUSEHOLD MEMBERS UNDER THE AGE OF 18:

List all minors who will reside in the home and provide proof of their income, assets and identification.

Legal Name	Birth Date	Age	Relationship to Applicant	Gross Income	Married (M) Widowed (W) Single (S) Divorced (D)

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

Legal Name	Type of Income	Gross Annual Amount

ASSET ADDENDUM TO APPLICATION

(Must be completed for All persons, including Minors, who will occupy Assisted Housing)

In order to properly qualify an applicant for assistance, the following asset information for **all persons, including minors, who will occupy the assisted housing**, must be obtained. This information will be used for qualification purposes only.

Assets include, but are not limited to:

Cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital Investment, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, Retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, ect.), and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, ect.).

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(Do not include necessary property such as clothing, furniture, cars, wedding bands, ect.)

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

Type of Asset	Asset Value	Bank/Account Numbers	Annual Asset Income

Total \$ _____

Total \$ _____

VERIFICATION OF ASSETS DISPOSED

I/We certify that during the two-year (24 months) period preceding the effective date of my certification or re-certification of eligibility for program participation, I/We _____ have _____ have not disposed of more than \$1,000 asset(s) for less than fair market value.

If asset(s) were disposed of for less than fair market value, describe:

Asset	Amount	Date of Desposition
1)		
2)		
3)		
4)		
5)		

HISTORY/LIABILITIES

Have you or your co-applicant (check all that apply):

- | | |
|--|--|
| _____ Had an outstanding judgment in the last 7 years? | _____ Had an auto/truck repossessed? |
| _____ Declared bankruptcy in the last 10 years? | _____ Had property foreclosed? |
| _____ Owned a site built home, condo or mobile home in the past 3 years? | _____ Received assistance from the SHIP Program. |

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

Type of Credit/Loan	Creditors Name	Balance Owed	Monthly Payment

Total Annual \$ _____

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