

# CITY OF DELTONA OWNER OCCUPIED REPAIR ASSISTANCE PROGRAM









For assistance please contact;

Becca Perdue  
Housing Coordinator  
Direct Line (386)878-8616  
[rperdue@deltonafl.gov](mailto:rperdue@deltonafl.gov)

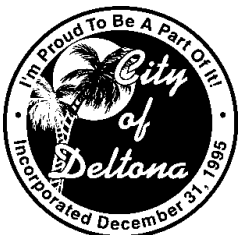
Or

Damaris Miranda  
Housing Coordinator  
Direct Line (386)878-8603  
[dmiranda@deltonafl.gov](mailto:dmiranda@deltonafl.gov)

## 2018-2019

-  This program is operated on a first come, first completed, and first served basis.
-  It takes approximately 60 days to process your application. A Housing Representative will contact you by mail, email or phone if additional information or further verification is needed.
-  Incomplete applications will delay the review process. All pages of application must be submitted.
-  Call and schedule an appointment for file review when the application is completed and all required documents gathered.
-  NO FAXED OR EMAILED APPLICATIONS.
-  Phone calls will be returned in the order received, on the following business day.

THANK YOU FOR THE OPPORTUNITY TO SERVE YOU!



CITY OF DELTONA  
PLANNING AND DEVELOPMENT SERVICES  
COMMUNITY DEVELOPMENT  
2345 Providence Boulevard, Deltona, FL 32725  
Telephone: (386) 878-8616 or (386)878-8603  
❖ Fax Number: 386-878-8601



# APPLICATION REQUIRED DOCUMENTS CHECKLIST

Here you will find a list of required documentation to be submitted for all household members who will be residing in the home

## **A. HOUSEHOLD IDENTIFICATION (ALL HOUSEHOLD MEMBERS) (Photo Copies Only) (No White Out)**

- 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.
- Court-Ordered Letter(s) of Guardianship or Custodial Parent,** In order to qualify for assistance adult household members must show proof that they are the custodial parent of any minors in the household or parents of any minors represented on any documentation submitted with the application, (i.e. tax returns, paystub deductions, bank statements, etc.) All applicants and/or custodial parents will be required to provide one of the following forms of documentation:
  - ✓ Proof of disposition of child support via a recorded dissolution of marriage and final divorce decree.
  - ✓ Proof of state sanctioned or court sanctioned / recorded child support agreement, or
  - ✓ Proof of child support enforcement decision / determination, etc.

All applicants and/or custodial parents listed on the application must provide proof that they have made a reasonable legal attempt to obtain child support for all children on the application, utilizing one of the methods listed above or a combination thereof. Applications without the above listed referenced documentation will not be accepted.

NO EXCEPTIONS!!

- Divorce decree and Marital Settlement Agreement,** if applicable.
- Letter(s) of adoption,** if applicable.

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

- Employment:** Employer to submit a letter, signed by the employer, stating the hourly rate of pay and number of hours worked per week, overtime rate of pay and number of overtime hours projected to work per week, and other documentation of wages from employment (including commissions, tips, bonuses, fees, etc.)
- Pay-stub:** Submit a copy of most recent (6) six paystubs.
- Tax Returns:** Submit copies of the 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".

### **Required Documents Checklist Continued:**

- Unemployed:** 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.
- 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.
- Checking and/or Savings:** Copies of the last 6 months, of Bank or Credit Union statements for Checking and /or Savings account(s). All household members. All pages, front and back. [Statements dated within 30 days of application submittal].
- Proof of Alimony:** Payments or a court order that you are not receiving payments (submit copies only).
- Court-ordered letter(s) of child support:** A court order stating that you are, or are not, receiving payment (submit copies only).
- Gifts:** Submit a statement of all periodic allowances of gifts from persons not living in your household. (See addendums for form).
- Proof of the Value of Equity:** For all properties owned by the applicant(s).
- Rental Real Estate:** If you have rental real estate, a copy of Schedule E of your Federal Income Tax Return, "Supplemental Income and Loss".
- Other Sources of Income:** Documentation of any other sources of income and/or assets. Including any public assistance.

### **C. PROPERTY VERIFICATION-HOMEOWNER:**

- Warranty Deed, Quit Claim Deed, or Life Estate** - proof of ownership.
- Mortgage and Note** – current
- Homestead Exemption**
- Mortgage Balance** - recent mortgage statement indicating current mortgage balance.
- Property Taxes** - proof that you are current on your property taxes to Volusia County.
- Insurance** - which may include a copy of your homeowner's or fire insurance policy.
- Documentation of any Liens** – 2<sup>nd</sup> mortgages, foreclosures and/or bankruptcy (current or previous).

## CONFLICT OF INTEREST DISCLOSURE

***As an applicant of SHIP Down Payment Assistance Program in the City of Deltona, I understand that I must disclose my relationship with persons associated with the City of Deltona. I, therefore, attest to the following:***

***Mark "Yes" or "No" to indicate your answer:***

\_\_\_\_\_ I **am not** a current City of Deltona official, employee, board member, Commissioner, agent and/or other representative of the City.

\_\_\_\_\_ I **am** a current City of Deltona official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title \_\_\_\_\_

\_\_\_\_\_ I **am** a former City of Deltona official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title \_\_\_\_\_

Date Employment/Term Ended \_\_\_\_\_

\_\_\_\_\_ To the best of my knowledge, I **am not** aware of any current City of Deltona official, employee, board member, commissioner, agent and/or other representative of the City who is related to me or with whom I am a business associate.

\_\_\_\_\_ I **am** related to or have a business relationship with a current City of Deltona official, employee, board member, commissioner, agent and/or other representative.

His/her name is \_\_\_\_\_

This person is associated with the City in the capacity as: \_\_\_\_\_

**The relationship of the person is as follows:**

\_\_\_ Parent \_\_\_ Spouse \_\_\_ Immediate family \_\_\_ Business associate other \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Name (Print)**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Mailing Address**

\_\_\_\_\_  
**Applicant's Email Address**

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false fictitious or fraudulent statement of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."

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

## Owner Occupied Repair Program Application

<p><b>Special Needs</b></p> <p><input type="checkbox"/> Farmworker <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> Elderly (62 or over) <input type="checkbox"/> Special Needs</p>	<p><b>Date Stamp</b> (City of Deltona Use Only)</p> <p><b>Income Category</b> _____</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

### HOUSEHOLD DATA

How did you hear about the program? \_\_\_\_\_  
Total number of household members: \_\_\_\_\_ Total Household Annual Gross Income: \$ \_\_\_\_\_

### APPLICANT'S INFORMATION (Head of Household)

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

Warning: Florida Statute 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 Statutes 775.082 or 775.83.

**OTHER ADULT HOUSEHOLD MEMBERS:**

(Name as shown on your Driver's License)

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

(Name as shown on your Driver's License)

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

**OTHER ADULT 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	Date of Birth	Age	Relationship to applicant(s)	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

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**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/We \_\_\_\_\_, the undersigned, hereby authorize all applicable institutions to release, without liability, information regarding my employment, income, and/or assets, to the City of Deltona for the purposes of verifying information provided as part of determining eligibility for assistance under the Owner Occupied Repair Program.

**Types of information to be verified:**

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

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

- Past/Present Employers
- Banks, Financial, or Retirement Institutions
- State Unemployment Agency
- Welfare Agency
- Alimony/Child/Other Support Providers
- Social Security Administration
- Veterans Administration
- Equifax Credit Report
- 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.

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Applicant Signature	Print Name	Date
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Co-Applicant Signature	Print Name	Date
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Adult Member	Print Name	Date
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Adult Member	Print Name	Date
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*NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Tax Return," and prepare and sign separately.*

**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 SHIP 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, etc.), and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.).

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

**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 \$** \_\_\_\_\_

**Certification:**

A. I/We hereby state that the combined value of my/our assets (must check one):

Does exceed \$5,000       Does not exceed \$5,000

B. \_\_\_\_\_ I/We do not have any assets at this time

\_\_\_\_\_  
Applicant Signature                                          Print Name                                          Date

\_\_\_\_\_  
Co-Applicant Signature                                          Print Name                                          Date

\_\_\_\_\_  
Adult Member                                          Print Name                                          Date

\_\_\_\_\_  
Adult Member                                          Print Name                                          Date

Warning: Florida Statute 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 Statutes 775.082 or 775.83.



**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 \_\_\_\_\_ or 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 Disposition
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 \$\_\_\_\_\_**

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Adult Member \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Adult Member \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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**PROGRAM RESTRICTIONS**

- Mobile homes and rental properties are not eligible. This program is open to all without regard to race, color, sex, handicap, religion, familial or marital status, or national origin.
- The program is a first come, first complete, first served basis. Those who supply the Program with all the information needed to process their application, while funds are available, will be processed first.
- The City of Deltona provides a 2<sup>nd</sup> mortgage, deferred payment, zero interest, forgivable loan for a term of up to 15 years. The maximum award is \$30,000.00
- Based on household size and income. Please refer to our website at **www.deltonafl.gov** for income limits.
- Other restrictions may apply

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Initial Here

**IMPORTANT- READ AND INITIAL BEFORE SIGNING**

1. I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, assets, or liability information relating to financial conditions is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Initial Here

2. I/We further understand that any willful misstatement of information will be grounds for disqualification.

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Initial Here

3. I/We certify that the application information provided is true and complete to the best of my/our knowledge.

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Initial Here

4. 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.

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Initial Here

5. I/We aware that all information and documents provided are a matter of public record.

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Initial Here

6. I/We understand that The City of Deltona collects your Social Security Number for the following purpose: Classification of accounts; Identification and Verification; Credit Worthiness; Billing and Payments; Data Collection; Reconciliation; Tracking; Benefit Processing; Tax Reporting and Verification of Benefits. Social Security Numbers are also used as a unique numeric identifier and may be used for search purposes.

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Initial Here

**\*7. I/We agree to provide ALL Income/Assets and supporting documentation needed to assist in determining eligibility or my/our application will be denied.**

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Initial Here

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Applicant Signature Print Name Date

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Co-Applicant Signature Print Name Date

Warning: Florida Statute 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 Statutes 775.082 or 775.83.

**THIRD-PARTY VERIFICATION OF EMPLOYMENT**

**APPLICANT:** Please have employer complete and forward to Community Development Staff.

We are required by State and/or Federal Regulations to verify employment history and income information for the applicant in order to determine their eligibility for program assistance. Your cooperation in providing the below requested information is most appreciated.

**Authorization:**

An "Authorization for the Release of Information" form has been signed by the applicant who indicates they are in agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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**TO BE COMPLETED BY EMPLOYER:** Please complete and return by fax or email to;

FAX - (386) 878-8601

[rperdue@deltonafl.gov](mailto:rperdue@deltonafl.gov)

City of Deltona Community Development

2345 Providence Blvd, Deltona, FL 32725

**Complete the (applicable) sections below:**

Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

Base Pay Rate: \_\_\_\_\_ Average Hours/Week: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly

Overtime Pay Rate: \_\_\_\_\_ Average Overtime Hours/Week: \_\_\_\_\_

Total Annual Base Pay Earning: \$ \_\_\_\_\_ Total Annual Overtime Pay Earnings: \$ \_\_\_\_\_

Amount and Frequency of Other Compensation (bonuses, raise, commission, tips): \$ \_\_\_\_\_

Vacation Pay  YES  NO If yes, number of days \_\_\_\_\_

Retirement Account  YES  NO Amount Accessible to Employee: \$ \_\_\_\_\_

Date of Next Pay Increase: \_\_\_\_\_ Anticipated Pay Increase Amount: \$ \_\_\_\_\_

Total Gross Annual Income (including other compensation for the next 12 months): \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative or Employer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

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**STATEMENT OF NONEMPLOYMENT**

Previous Employer: \_\_\_\_\_

I have been unemployed since \_\_\_\_\_

Please indicate by checking which applies to you:

(a)  I am not presently employed, but anticipating becoming employed within the next (12) months.

(b)  I am not presently employed and do not anticipate becoming employed within the next (12) months for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(c)  I am receiving unemployment compensation. If this is checked, please attach a copy of your approval letter with the stated income amount.

(d)  I am not receiving unemployment compensation. If this is checked, please explain why you are not: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** All eligible persons shall seek unemployment benefits when applying for Deltona SHIP assistance.

\_\_\_\_\_  
Signature Print Name Date

\_\_\_\_\_  
Witness Name Print Name Date

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.

**PROOF OF CHILD SUPPORT OR NON-SUPPORT**

In order to qualify for assistance adult household members must show proof that they are the custodial parent of any minors in the household or parents of any minors represented on any documentation submitted with the application, (i.e. tax returns, paystub deductions, bank statements, etc.) All applicants and/or custodial parents will be required to provide one of the following forms of documentation:

- ✓ Proof of disposition of child support via a recorded dissolution of marriage and final divorce decree.
- ✓ Proof of state sanctioned or court sanctioned / recorded child support agreement, or
- ✓ Proof of child support enforcement decision / determination, etc.

All applicants and/or custodial parents listed on the application must provide proof that they have made a reasonable legal attempt to obtain child support for all children on the application, utilizing one of the methods listed above or a combination thereof.

Applications without the above listed referenced documentation will not be accepted. NO EXCEPTIONS!!

**Please complete one form for each child listed on your application. Please make additional copies, if necessary.**

Parent or Legal Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Name of Child's Biological Parents: \_\_\_\_\_

I have sought and filed for court-ordered child support for this child:  YES  NO

If yes, please provide documentation of filing.

If no, please explain? \_\_\_\_\_

I am currently receiving court-ordered child support for this child:  YES  NO

If yes, the amount of court-ordered support received: \$ \_\_\_\_\_ (Attach court order or proof of support)

If no, please explain? \_\_\_\_\_

Do you receive any monies from the other parent or other source(s) on behalf of this child?  YES  NO

If yes, explain how much and why? \_\_\_\_\_

Are you planning to receive any monies from the other parent or source(s) on behalf of this child in the future?

YES  NO

Please provide any additional documentation and/or information that you feel may be helpful in determining support or non-support. \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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# **VERIFICATION OF STUDENT STATUS**

## **TOP PORTION TO BE COMPLETED BY APPLICANT**

**APPLICANT:** Please complete the top portion of this form for each household child enrolled in grade school and/or each household member enrolled in college and have it completed by a School Official.

**Please complete the (applicable) sections below:**

NAME OF APPLICANT: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ Social Security No: \_\_\_\_\_

ADDRESS OF STUDENT: \_\_\_\_\_

I hereby authorize the release of the information requested below.

\_\_\_\_\_  
Signature of Applicant/ Student (if over the age of 18)

\_\_\_\_\_  
Date

## **TO BE COMPLETED BY SCHOOL OFFICIAL**

We are required by State and/or Federal regulations to verify employment history and income information for the applicant in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may mail or fax it to the City of Deltona at (386) 878-8601.

### **Authorization:**

An "**Authorization for the Release of Information**" form has been signed by the applicant who indicates they are in agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Student's Home Address: \_\_\_\_\_

Parent/Guardian responsible for student: \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

### **This is to certify that the above listed student is enrolled at this school.**

Name of Educational Institution: \_\_\_\_\_

Address of Educational Institution: \_\_\_\_\_

Signature \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.

**AFFIDAVIT OF HOME INSPECTION**

Applicant(s) Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

I/We hereby acknowledge that a full home inspection will be performed on the above referenced home on my behalf. I/We hereby acknowledge that I/we understand that this report is a visual inspection of the readily accessible areas of this building, in accordance with the terms and conditions contained in the Pre-Inspection Agreement below.

**Pre-Inspection Agreement**

The inspector agrees to conduct an inspection for the purpose of informing the applicant(s) of major deficiencies in the condition of the property as well as the Housing Program’s Requirements. The inspection and report are performed for the possession of the applicant(s). The written report will include only the following:

- Structural conditions
- Heating and air conditioning
- General exterior, including roof, gutter, chimney, drainage, grading
- Electrical/plumbing
- General interior, including ceilings, walls, floors, windows,
- Quality, condition, and life expectancy of major systems
- Hot Water heater
- Kitchen and appliances
- insulation, & ventilation

It is understood and agreed that this inspection will be of readily accessible areas of the building and is limited to visual observations of apparent conditions existing at the time of the inspection only. Latent and concealed defects and deficiencies are excluded from the inspection: equipment, items, and systems will not be dismantled.

The inspection and report do not address, and are not intended to address, the possible presence of, or danger from, any potentially harmful substance and environmental hazards including but not limited to: radon gas, lead paint, asbestos, urea formaldehyde, toxic or flammable chemicals, and water or airborne hazards. Also excluded are inspections of, and report on, swimming pools, wells, septic systems, central vacuum systems, water softeners, sprinkler systems, fire and safety equipment, and the presence of rodents, termites, and other insects.

The parties agree that the inspector and the Housing Program’s employees and agents assume no liability or responsibility for the cost of repairing or replacing any unreported defect or deficiency, either current or arising in the future, or for any property damage, consequential damage, or bodily injury of any nature. THE INSPECTION AND REPORT ARE NOT INTENDED TO BE USED AS A GUARANTEE OR WARRANTY, EXPRESSED OR IMPLIED, REGARDING THE ADEQUACY, PERFORMANCE OR CONDITION OF ANY INSPECTED STRUCTURE, ITEM, OR SYSTEM. NEITHER THE INSPECTOR NOR THE HOUSING PROGRAM IS AN INSURER OF ANY INSPECTED CONDITIONS.

The parties agree that should the inspector or the Housing Program’s employees and agents be found liable for any loss or damages resulting from a failure to perform any of its obligations, including, but not limited to, negligence, breach of contract, or otherwise, then the liability of the inspector and the Housing Program’s employees or agents shall be limited to a sum equal to the amount of the fees paid by the applicant(s) for the Inspection and Report.

The parties further agree that Deltona’s Housing Program and its employees and/or agents are to be held harmless and be indemnified from any liability for the result of said Inspection Report.

The parties agree that the only required repairs to the property are those required to meet the minimum requirements of the Housing Program. All other repairs or corrections to the property as noted in said inspection and report, or otherwise noted, are to be negotiated with the owner of the property.

Acceptance and understanding of this Agreement is hereby acknowledged:

\_\_\_\_\_

Applicant Signature

Print Name

Date

\_\_\_\_\_

Co-Applicant Signature

Print Name

Date

**Warning:** Florida Statute 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 Statute 775.082 or 775.83.