

S H I P

State Housing Initiative Program

For assistance please contact;

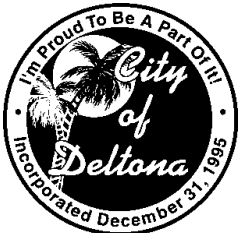
<p>Becca Perdue Housing Coordinator Direct Line (386)878-8616 rperdue@deltonafl.gov</p>	<p>Damaris Miranda Housing Coordinator Direct Line (386)878-8603 dmiranda@deltonafl.gov</p>
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PURCHASE ASSISTANCE WITH REHABILITATION

2018-2019 APPLICATION FUNDING CYCLE

- ☛ 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 the application must be submitted.
- ☛ Call and schedule an appointment for file review when the application is completed and all required documents gathered. No applications will be accepted without a file review.
- ☛ 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



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 to be purchase through the SHIP Program.

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".
- 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.

Required Documents Checklist Continued:

- 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. FIRST MORTGAGE APPROVAL LETTER

- First mortgage approval:** must be obtained from a Lender or Bank stating amount of mortgage and interest rate. Applicant must be credit-ready and have sufficient income required to obtain financing from a participating lender.
- Provide a copy of your "free annual" credit report:** from all three credit bureaus. You can obtain these by going to www.creditkarma.com or www.quizzel.com .

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.

SHIP Purchase Assistance Program Application

Special Needs <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	Date Stamp (City of Deltona Use Only) Income Category _____
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INCOME CATEGORY:

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

APPLICANT INFORMATION (Head of Household):

Applicant Name: _____ Date of Birth: _____ Age: _____ (Name as shown on your Driver's License)	
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: _____ (Name as shown on your Driver's License)	
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: _____

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 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

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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 employment, income, and/or assets to the City of Deltona SHIP Program for the purposes of verifying information provided as part of determining eligibility for assistance under the S.H.I.P. 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
- Veteran's Administration
- 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.

Initial here Initial here

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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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

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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 SHIP Program is operated on a first come, first completed, first serve basis. Those who supply the Program with all the information needed to process their application while funds are available will be processed first and fastest.
- The City of Deltona provides a deferred payment loan and /or combination of deferred payment and low interest loans for a term of up to 30 years.
- Based on household size and income. Please refer to our website at www.deltonafl.gov for income limits.
- The maximum purchase price is \$138,000 for households with income that do not exceed 80% of **Area Median Income (AMI)**. The maximum purchase price for households with income between 81% and 120% AMI is \$225,000.
- Other restrictions may apply.

Initial Here

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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 Assets and supporting documentation needed to assist in determining eligibility or my/our application will be denied.**

Initial Here

Initial Here

Applicant Signature

Print Name

Date

Co-Applicant Signature

Print Name

Date

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.

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

Attn: Housing Coordinator
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
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Witness Name	Print Name	Date
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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: _____

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