

# MONROE COUNTY STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) APPLICATION DOCUMENT CHECKLIST (REQUIRED – MUST BE SUBMITTED WITH APPLICATION)

This checklist is a required component of the SHIP application submission. Submission of this checklist alone does not constitute an application and does not guarantee funding.

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

**SHIP Program:** (Select One) \_\_\_Rehab \_\_\_Homebuyer \_\_\_Other: \_\_\_\_\_

**IMPORTANT PROCESSING NOTICE**

- Submission of documents does not constitute receipt for processing.
- Incomplete submissions will not be assigned a processing position.
- Only complete and eligible applications are reviewed for approval on a first qualified, first served basis in accordance with the approved 2025–2028 Local Housing Assistance Plan (LHAP) and subject to the availability of SHIP funds.

**ALL HOUSEHOLD MEMBERS – AGE 18 AND OVER**

Required Document	Applicant Initials	Staff Rec'd	Staff Init.	Date
Completed SHIP Application Form – all sections completed, no blanks				
Proof of Identity (Government-issued ID and/or Birth Certificate)				
Proof of Dependent - (Birth Certificate/School Records - Guardianship/Adoption Documentation (if applicable))				
Signed Release of Information / Eligibility Release (each adult)				
Most recent Income Tax Return filed				
Proof of Income – last 2 months				
Self-Employed: Profit & Loss (P&L;) Statement (if applicable)				
Checking account statements – last 3 months, all pages				
Savings account statements – most recent full month				
Verification of Employment – signed by employer				
Verification of Bank Assets – signed by bank official				
Verification of Assets (retirement, investments, crypto, etc.)				
Property Tax Information (Owner-Occupied Rehabilitation only)				
Property Ownership Documentation (Deed, Homestead Exemption, Tax Records, Other)				
Mortgage Pre-Approval Letter (Homebuyer only)				
Executed Sales Contract (Homebuyer only)				
First Mortgage Underwriting – Forms 1003 & 1008 (Homebuyer only)				

**SUBMISSION & CONTACT INFORMATION**

**Email Submission (Preferred)**

Please email your completed SHIP application, the initialed SHIP Application Document Checklist, and all required documents to both of the following addresses:

Downing-Katica@monroecounty-fl.gov  
Cline-Jonathan@monroecounty-fl.gov

**In-Person Intake Steps**

Email submission is preferred. For in-person intake steps, please contact: 305-292-4408 (Primary)  
305-292-4585 (Alternate)

**IMPORTANT APPLICATION NOTICE**

Following receipt of your application, a SHIP Application Number will be issued. This number is different from an Intake Application Number and must be referenced in all future correspondence.

If you do not receive correspondence from SHIP staff within 48 business hours, please email both addresses listed above to confirm receipt of your application and request your SHIP Application Number.

***Following submission of the items listed on this checklist, additional documentation may be requested for qualification purposes.***

# 2025 MONROE COUNTY SHIP INCOME LIMITS

HUD RELEASED Effective: APRIL 1, 2025

<b>2025 Monroe County, Median Income</b>	<b>\$118,000</b>
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## SHIP Program Income Maximums, Adjusted for Family Size

<i>Household Size</i>	50% <i>Very Low</i>	80% <i>Low</i>	120% <i>Moderate</i>	<i>121-140%</i>
One Person	\$ 45,650	\$ 73,000	\$ 109,560	\$ 127,820
Two Persons	\$ 52,100	\$ 83,400	\$ 125,040	\$ 145,880
Three Persons	\$ 58,650	\$ 93,850	\$ 140,760	\$ 164,220
Four Persons	\$ 65,150	\$ 104,250	\$ 156,360	\$ 182,420
Five Persons	\$ 70,350	\$ 112,600	\$ 168,840	\$ 196,980
Six Persons	\$ 75,550	\$ 120,950	\$ 181,320	\$ 211,540
Seven Persons	\$ 80,800	\$ 129,300	\$ 193,920	\$ 226,240
Eight Persons	\$ 86,000	\$ 137,650	\$ 206,400	\$ 240,800

## State Housing Initiatives Partnership (SHIP) Program 2025 Rental Maximums

<i>Unit Size</i>	50% <i>Very Low</i>	80% <i>Low</i>	120% <i>Moderate</i>	<i>121 – 140%</i>
Efficiency	\$ 1,141	\$ 1,825	\$ 2,739	\$ 3,195
1 Bedroom	\$ 1,221	\$ 1,955	\$ 2,932	\$ 3,421
2 Bedroom	\$ 1,466	\$ 2,346	\$ 3,519	\$ 4,105
3 Bedroom	\$ 1,693	\$ 2,710	\$ 4,065	\$ 4,742
4 Bedroom	\$ 1,888	\$ 3,023	\$ 4,533	\$ 5,288

Each county's median income and the numbers derived from median are used to implement a variety of federal, state and local affordable housing programs. Please check with the agency responsible for implementing specific programs to determine how these figures may impact your project.

Median income is published annually by the U.S. Department of Housing and Urban Development. The Florida Housing Finance Corporation (FHFC) expands on the federal determination relative to the implementation of state programs.

Prepared by:  
 Monroe County SHIP Program  
 c/o Monroe County Social Services Dept.  
 1100 Simonton Street, Suite 190, Key West, Florida 33040  
 (305) 292-4405

Categories:	Very Low	=	0% to 50% of Median Income
	Low	=	51% to 80% of Median Income
	Moderate	=	81% to 120% of Median Income
	121-140%	=	121% to 140% of Median Income

**STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) PROGRAM  
APPLICATION FOR HOUSING ASSISTANCE**

Type of Assistance: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_  
Income Category (VL, LI, MI): \_\_\_\_\_

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Name:		
E-mail:		
Date of Birth/Age:		
Street Address:		Phone:
City:		State/Zip:
Mailing Address:		Phone:
City:		State/Zip:

**Other Household Members:**

Name(s)	Date of Birth/Age	Relationship to Applicant

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student? If yes, please list: \_\_\_\_\_

Does Applicant/Co-Applicant own a home? Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly rent/mortgage: \$ \_\_\_\_\_

If No, type of unit to be purchased? \_\_\_\_\_ existing unit \_\_\_\_\_ newly constructed unit

**Applicant/Co-Applicant Employment Information:**

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

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

**NOTE: Attach additional sheets as necessary for all household members 18 years and over.**

**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.)**

	<u>Name</u>	<u>Type of Income</u>	<u>Gross Annual Amount</u>
1.			
2.			
3.			
4.			
<b>Total \$</b>			_____

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

	<u>Type of Asset</u>	<u>Asset Value</u>	<u>Bank/Account #</u>	<u>Annual Asset Income</u>
1.				
2.				
3.				
4.				
<b>Total \$</b>		_____	<b>Total \$</b>	

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

	<u>Type Credit/Loan</u>	<u>Creditor's Name</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>
1.				
2.				
3.				
4.				
<b>Total Annual Payments \$</b>			_____	

<b>Ethnicity/Special Needs (For reporting purposes only, please check all that apply for Head of Household Only):</b>				
White _____	Black _____	Hispanic _____	Asian/Pacific Islander _____	
Native American _____	Farmworker _____	Disabled or Disabled Minor _____	Elderly _____	
Homeless _____	Special needs _____	other _____		

I/we understand that 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 775.083. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that

the application information provided is true and complete to the best of my/our knowledge. 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. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

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Applicant Signature	Date
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Co-Applicant Signature	Date
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Household Member (Over 18)	Date
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Household Member (Over 18)	Date
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Household Member (Over 18)	Date
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Household Member (Over 18)	Date
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**STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) PROGRAM  
AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/we \_\_\_\_\_ / \_\_\_\_\_, the undersigned, hereby authorize SHIP Representatives to release without liability, information regarding my employment, income, and/or assets to Monroe County Community Services for the purposes of verifying information provided as part of determining eligibility for assistance under the Monroe County program. I understand that only information necessary for determining eligibility can be requested.

***Types of Information to be verified:***

I/we 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, certificated 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, and alimony or child support payments.

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

Past/Present Employers  
Banks, Financial or Retirement Institutions  
Unemployment Agency  
Welfare Agency

Alimony/Child Support Providers  
Social Security Administration State  
Veteran's Administration  
Other: \_\_\_\_\_

***Agreement to Conditions:***

I/we agree that a photocopy of this authorization may be used for the purposes stated above. I/we understand that I/we have the right to review this file and correct any information found to be incorrect.

\_\_\_\_\_/\_\_\_\_\_  
Signature(s) of Applicant / Co-applicant

\_\_\_\_\_/\_\_\_\_\_  
Printed Name(s)

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

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, or go online for Form 4506-T, "Request for Copy of Tax Return" and prepare and sign separately.



**STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) PROGRAM  
THIRD-PARTY VERIFICATION OF EMPLOYMENT**

State and/or Federal Regulations require us to verify employment history and income information for the person who has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may return this form in person or by mail at the address below, or by E-mail to [downing-katica@monroecounty-fl.gov](mailto:downing-katica@monroecounty-fl.gov).

**Authorization:**

I hereby authorize the release of requested information. A copy of the executed "Authorization for the release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household Member

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

\_\_\_\_\_  
Date

**Please return information to:**

Name: Kathy Downing Title: Administrator, Grant Services

Department: Monroe County Social Services Phone: (305) 292-4585

Address: 1100 Simonton Street, Suite 1-190, Key West, Florida 33040

**Institution information:** *Note to employer: Please provide information about anticipated income during the next 12 months only.*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Probability of continued employment (Y or N)

Current Pay Rate: \_\_\_\_\_ Pay Frequency (Hr., Wk., Mo.): \_\_\_\_\_ Per: \_\_\_\_\_

Overtime Pay Rate: \_\_\_\_\_ Expected overtime hours during the next 12 months: \_\_\_\_\_

Total anticipated Annual Base Pay Earnings for the next 12 months: \_\_\_\_\_

Total anticipated Overtime Base Pay Earnings for the next 12 months: \_\_\_\_\_

Probability and expected date of any pay increase: \_\_\_\_\_

Amount of increase: \_\_\_\_\_ New rate of pay: \_\_\_\_\_

Amount of Other compensation anticipated during the next 12 months: \_\_\_\_\_  
(Bonus, Commission, and/or Tips)

Vacation Pay (Y or N): \_\_\_\_\_ if Yes, Number of days: \_\_\_\_\_

Retirement Account (Y or N) Amount accessible to employee: \_\_\_\_\_

Penalty for Withdrawal (Y or N) Penalty amount: \_\_\_\_\_

Total anticipated Gross Annual Income, including other compensation, for next 12 months: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

***NOTE:** For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate employment source; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.*

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