

### APPLICANT'S DOCUMENT CHECKLIST

Dear Applicant:

On \_\_\_\_\_ you have an appointment with \_\_\_\_\_ to determine eligibility for \_\_\_\_\_ assistance.

For Existing Home Owner (Rehabilitation Assistance), please bring items A through E to your appointment. For Home Buyer Assistance, please bring items A and B only.

- A. Completed Application Form
- B. Proof of Property Ownership (this may include a copy or original of one of the items below):
- |                 |                     |
|-----------------|---------------------|
| Warranty Deed   | Homestead Exemption |
| Quit-Claim Deed | Tax Records         |
| Long-term Lease | Life Estate         |
- C. Proof that you are current in your property taxes to the city (this may include a copy or original of one of the items listed below):
- Property tax payment receipt from the city
  - Cancelled check to the city for property taxes
  - Affidavit certifying payment of property taxes
  - Mortgage statement from lenders indicating taxes were paid
- D. Proof of hazard insurance (which may include a copy of your home owner's insurance or fire insurance policy).
- E. Proof of Identity  
A social security card is not used as proof of identity. Instead, a driver's license, birth certificates, utility bills, and a voter's registration card are acceptable forms of proof of identity.  
Proof of number of dependents claimed by bringing your Federal Income Tax Return and one of the following:
- Birth certificate on which the parent/applicant's name is listed
  - School records which provide the parent/applicant's name and address
  - Court-ordered letter of guardianship
  - Divorce decree
  - Letter of adoption

Should you have any difficulty in obtaining any of the above documents, please contact \_\_\_\_\_ at phone number \_\_\_\_\_ or e-mail \_\_\_\_\_ for assistance.

**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. |             |                       |                            |
|    |             |                       | Total: \$ _____            |

**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. |                      |                    |                       |                            |
|    |                      | Total: \$ _____    |                       | Total: \$ _____            |

**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. |                         |                        |                     |                                 |
|    |                         |                        |                     | Total Annual Payments: \$ _____ |

**Ethnicity/Special Needs (For reporting purposes only, please check all that apply for Head of Household Only):**

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

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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.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member  
(over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member  
(over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member  
(over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member  
(over 18)

\_\_\_\_\_  
Date

### AUTHORIZATION FOR THE RELEASE OF INFORMATION

I \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_ to release without liability, information regarding my employment, income, and/or assets to \_\_\_\_\_, for the purposes of verifying information provided as part of determining eligibility for assistance under the \_\_\_\_\_ 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, 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 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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Signature of Applicant/  
Co-applicant

Printed Name

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.

**RESIDENT INCOME CERTIFICATION - HOME OWNER**

**FLORIDA HOUSING FINANCE CORPORATION**

227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301

**RESIDENT INCOME CERTIFICATION - HOME OWNER  
 State Housing Initiatives Partnership (SHIP) Program**

Effective Date: \_\_\_\_\_ Allocation Year: \_\_\_\_\_

**A. Recipient Information (select one)**

- a.  Current homeowner
- b.  Home buyer  Existing Dwelling  Newly Constructed Dwelling

**B. Subsidy Use (check all that apply)**

- Down Payment Assistance  Principal Buy Down
- Closing Costs  Rehabilitation
- Interest Subsidy  Emergency Repair
- Loan Guarantee  Other

**C. Household Information: Include all household members**

| Member | Full Name | Relationship to Head | Age |
|--------|-----------|----------------------|-----|
| 1      |           | HEAD                 |     |
| 2      |           |                      |     |
| 3      |           |                      |     |
| 4      |           |                      |     |
| 5      |           |                      |     |
| 6      |           |                      |     |
| 7      |           |                      |     |
| 8      |           |                      |     |

**D. Assets: All household members including assets owned by minors**

| Member   | Asset Description | Cash Value | Income from Assets |
|--|-------------------|------------|--------------------|
| 1  |                   |            |                    |
| 2  |                   |            |                    |
| 3  |                   |            |                    |
| 4  |                   |            |                    |
| 5  |                   |            |                    |
| 6  |                   |            |                    |
| 7  |                   |            |                    |
| 8  |                   |            |                    |
| Total Cash Value of Assets   |                   | D(a) \$    |                    |
| Total Income from Assets   |                   | D(b)       | \$                 |
| If line D(a) is greater than \$5,000, multiply that amount by the rate specified by HUD (applicable rate <u>.06</u> %) and enter results in D(c), otherwise leave blank. |                   | D(c)       | \$                 |

E. **Anticipated Annual Income:** Includes unearned income and support paid on behalf of minors.

| Member               | Wages / Salaries<br>(include tips, commission, bonuses and overtime) | Benefits / Pensions | Public Assistance | Other Income | Asset Income  |
|----------------------|--|---------------------|-------------------|--------------|---|
| 1                    |  |                     |                   |              | (Enter the greater of box D(b) or box D(c), above, in box E(e) below) |
| 2                    |  |                     |                   |              |   |
| 3                    |  |                     |                   |              |   |
| 4                    |  |                     |                   |              |   |
| 5                    |  |                     |                   |              |   |
| 6                    |  |                     |                   |              |   |
| 7                    |  |                     |                   |              |   |
| Totals               | (a)  | (b)                 | (c)               | (d)          | (e)   |
| Enter total of items | \$   |                     |                   |              |   |
|                      |  |                     |                   |              | \$  |

F. **Recipient Statement:** The information on this form is to be used to determine maximum income for eligibility. 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 S 775.082 or 775.83.

|   |            |
|---|------------|
| _____   | Date _____ |
| Signature of Head of Household                |            |
| _____   | Date _____ |
| Signature of Spouse or Co-Head of Household   |            |
| _____   | Date _____ |
| Signature of Household Member (over 18 years) |            |
| _____   | Date _____ |
| Signature of Household Member (over 18 years) |            |
| _____   | Date _____ |
| Signature of Household Member (over 18 years) |            |

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G. **SHIP Administrator Statement:** Based on the representations herein, and upon the proofs and documentation submitted pursuant to item F, hereof, the family or individual(s) named in item C of this Resident Income Certification is/are eligible under the provisions of Chapter 420, Part V, Florida Statutes, the family or individual(s) constitute(s) a: (check one)

\_\_\_\_\_ **Extremely Low Income (ELI) Household** means individuals or families whose annual income does not exceed 30% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.

Maximum Income Limit: \_\_\_\_\_

\_\_\_\_\_ **Very Low Income (VLI) Household** means individuals or families whose annual income does not exceed 50% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.

Maximum Income Limit: \_\_\_\_\_

\_\_\_\_\_ **Low Income (LI) Household** means individuals or families whose annual income does not exceed 80% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.

Maximum Income Limit: \_\_\_\_\_

\_\_\_\_\_ **Moderate Income (MI) Household** means individuals or families whose annual income does not exceed 120% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.

Maximum Income Limit: \_\_\_\_\_

Based upon the \_\_\_\_\_ (year) income limits for \_\_\_\_\_ (Metropolitan Statistical Area (MSA) or County), Florida.

**Signature of the SHIP Administrator or His/Her Designated Representative:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 (print or type) \_\_\_\_\_

H. **Household Data** (to be completed by Head of Household only)

|  |                          |          |         |                        |                        |                                    |         |         |      |
|--|--------------------------|----------|---------|------------------------|------------------------|------------------------------------|---------|---------|------|
| Household elects to not participate.                                       |                          |          |         |                        |                        | _____ (Initials of Household Head) |         |         |      |
| <b>Head of Household Data</b>  |                          |          |         |                        |                        |                                    |         |         |      |
| <b>By Race / Ethnicity</b>   |                          |          |         |                        |                        | <b>By Age</b>                      |         |         |      |
| White  | Black                    | Hispanic | Asian   | American Indian        | Other                  | 0 - 25                             | 26 - 40 | 41 - 61 | 62 + |
|  |                          |          |         |                        |                        |                                    |         |         |      |
| <b>Household Members Data</b>  |                          |          |         |                        |                        |                                    |         |         |      |
| <b>Special Target / Special Needs</b> (Check all that apply to any member) |                          |          |         |                        |                        |                                    |         |         |      |
| Farm worker  | Developmentally Disabled | Homeless | Elderly | Special Needs (define) | Special Needs (define) |                                    |         |         |      |
|  |                          |          |         |                        |                        |                                    |         |         |      |

NOTE: Information in this Section H is being gathered for statistical use only. No resident is required to give such information unless they desire to do so. Refusal to provide information in this Section will not affect any right household has as residents. There is no penalty for households that do not complete the form.