



WAP/SHIP Application Information

The data listed below are needed to process your application for participation in the Weatherization Assistance Program. Please complete all application forms and attach all necessary documents. Please bring all this documentation to your scheduled appointment or send in to Monroe County Social Services at the address below.

**NO APPLICATION CAN BE APPROVED WITHOUT ALL DOCUMENTATION
ALL DOCUMENTS MUST BE SIGNED IN BLUE INK**

Things to bring:

1. **APPLICATION** all forms must be completed and signed as appropriate in **BLUE INK**.
2. **IDENTIFICATION** Photo ID's for all adults; Proof of dependents i.e. birth certificates with parents/applicants listed, school records with parents/applicants listed, court ordered guardianship letter, divorce decree, or adoption letter
3. **TAX RETURNS** Most recent tax return listing all dependents.
4. **INCOME** Proof of income for the **projected 12 months** for each member of the household.
 - i. Past 3 months' of pay stubs, Social Security letter, worker comp statements, veterans benefits letter, private pensions, gifts

OR

A third-party income verification letter (available upon request)

5. **ASSETS** Proof of assets to include checking and savings account statements for the **past 6 months of your statements balance sheet/cover letter**), IRA's, stocks, bonds, CD's, Equities in properties, etc. for all members of household.
6. **MORTGAGE STATEMENT** or Deed.
7. **INSURANCE** Proof of home owner's insurance or fire insurance policy.
8. **UTILITY BILLS** A copy of your most recent electric bill.

Please note that receipt of application and information does not guarantee qualification for the program. Monroe County Social Services or its designated appointee reserves the right to postpone services if the premises are deemed unsafe or funding limits have been reached.

Monroe County Social Services, 1100 Simonton Street, Room 1-190, Key West, FL 33040
E:mail: massoud-matt@monroecounty-fl.gov, 305-292-4405

County of Monroe
The Florida Keys



WAP/SHIP APPLICATION
SPECIAL INSTRUCTIONS

The forms *Application for Housing Assistance*, and *Resident Income Certification-Home Owner*, are to be completed in the following manner. It may be best to enter all facts and figures in pencil, or on a rough draft copy, to be sure they are correct. All signatures must be original and in **BLUE INK**.

Application for Housing Assistance Form

Applicant- Primary owner of home; person applying for assistance

Co-Applicant- Secondary owner of home; spouse, trustee, other owner

Other Household Members- All other persons whom reside in the home not previously listed. Students away at school whom would otherwise reside in the household must be included in the application.

Applicant/Co-Applicant Employer information- Income is based on projected annual income based on past six consecutive pay statements (which you must provide) or a third-party verification of income from an employer (available upon request).

Other Sources of Income- Provide all other sources of income for each family member, regardless of age or source of income in the same manner. Any income derived from a paid benefit may be documented with the most recent award letter.

Assets and Asset Income- List all financial assets of each household member. Asset Value will be the average monthly balance for each account base on the PAST 6 MONTHS of statements. You must provide the Balance Sheet/Face Sheet/ Cover Sheet for each monthly statement for the past 6 months. Do not include subsequent statement transaction history pages.

Liabilities- List all to date balances of any debt to include mortgage principle, credit cards, loans, or any other debt accrued to date.

Ethnicity/ Special Needs-Please check all that apply.

Signatures- All members of the household over the age of 18 must sign this application in blue ink.

Resident Income Certification –Home Owner Form

Complete Sections C, D, E, and F of this form. Sign Section F in **BLUE INK**. In Section C you will assign each member of the household a number. Use that number to refer to each member in the following block. Information for this document can be taken directly from the *Application for Housing Assistance Form*. Sections G & H are to be completed by SHIP Staff.

Authorization for the Release of Information- Must be signed by each member of the household over the age of 18 in **BLUE INK**.

WAP/SHIP Declaration of Income Eligibility and Wavier of Confidentiality- Must be signed by each member of the household over the age of 18 in **BLUE INK**.



**MONROE COUNTY
FLORIDA**

**J. Matthew Massoud
CASE MANAGER**

Monroe County Social Services/ WAP
Historic Gato Building
1100 Simonton Street Room 1-190
Key West, FL 33040
massoud-matt@monroecounty-fl.gov

PH: (305) 292-4405
FAX: (305) 292-~~4479~~ 4479
Cell: (305) 797-2514

2017 MONROE COUNTY SHIP INCOME LIMITS

HUD RELEASED Effective: APRIL 17, 2017

2017 Monroe County, Median Income	\$68,700.00
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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>
One Person	\$ 32,200	\$ 51,450	\$ 77,280
Two Persons	\$ 36,800	\$ 58,800	\$ 88,320
Three Persons	\$ 41,400	\$ 66,150	\$ 99,360
Four Persons	\$ 45,950	\$ 73,500	\$ 110,280
Five Persons	\$ 49,650	\$ 79,400	\$ 119,160
Six Persons	\$ 53,350	\$ 85,300	\$ 128,040
Seven Persons	\$ 57,000	\$ 91,150	\$ 136,800
Eight Persons	\$ 60,700	\$ 97,050	\$ 145,680

State Housing Initiatives Partnership (SHIP) Program 2017 Rental Maximums

<i>Unit Size</i>	50% <i>Very Low</i>	80% <i>Low</i>	120% <i>Moderate</i>
Efficiency	\$805	\$1,286	\$1,932
1 Bedroom	\$862	\$1,378	\$2,070
2 Bedroom	\$1,035	\$1,653	\$2,484
3 Bedroom	\$1,195	\$1,911	\$2,868
4 Bedroom	\$1,333	\$2,132	\$3,201

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 Housing Authority
 1400 Kennedy Drive, Key West, Florida 33040
 (305) 296-5621

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

APPLICATION FOR HOUSING ASSISTANCE

Type of Assistance: Weatherization

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 775.83. 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

*SHIP Program
Procedures Manual (rev. 7/2015)*

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.

_____ Date _____
Applicant Signature Date Co-Applicant Signature Date

_____ Date _____
Household member Date Household member Date
(over 18) (over 18)

_____ Date _____
Household member Date Household member Date
(over 18) (over 18)

Please sign in blue ink only

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

Effective Date: _____ Recipient Information (select one)

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

B. Subsidy Use (check all that apply)

<input type="checkbox"/>	Down Payment Assistance	<input type="checkbox"/>	Principal Buy Down
<input type="checkbox"/>	Closing Costs	<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Interest Subsidy	<input type="checkbox"/>	Emergency Repair
<input type="checkbox"/>	Loan Guarantee	<input checked="" type="checkbox"/>	Other Weatherization

C. Household Information

Member	Names - All Household Members	Relationship	Age

D. Assets: All household members including minors

Member	Asset Description	Cash Value	Income from Assets
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 .06%) 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 (include tips,	Benefits / Pensions	Public Assistance	Other Income	Asset Income
Totals					

Enter total of items E (a) through E (e). This amount is the <u>Annual Anticipated Household Income</u>	
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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.

Signature _____ Date _____

Name _____

Signature _____ Date _____

Name _____

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.

G. SHIP Administrator Statement: Based on the representations herein, and upon the proofs and

Please sign in blue ink only

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)

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 140% 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
J.M. Massoud	Weatherization Inspector
Print or type name	Title

H. Household Data (to be completed by Administrator or designee)

Number of Persons									
By Race / Ethnicity						By Age			
White	Black	Hispanic	Asia	Amer	Other	0 - 25	26 -	41 -	62 +

Special Target / Special Needs					
Farmworker	Developmentally Disabled	Homeless	Elderly	Special Needs	Other

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize
Monroe County Social Services to release without liability, information regarding my
employment, income, and/or assets to Monroe County SHIP, for the
purposes of verifying information provided as part of determining eligibility for assistance
under the WAP/SHIP 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.

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.

**** Each household member over the age of 18 must sign one of these forms

Please sign in blue ink only



WAP/SHIP

DECLARATION OF INCOME ELIGIBILITY

AND

WAIVER OF CONFIDENTIALITY

I hereby certify to the best of my knowledge I am the only member of the household designated on this application that has applied for the WAP/SHIP PROGRAM administered by MONROE COUNTY SOCIAL SERVICES.

I certify that my household has not been previously weatherized by MONROE COUNTY SOCIAL SERVICES.

I certify that my household meets the income guidelines for this program.

I certify that all information on the Client Intake Form is true and correct. I understand that misrepresentation is illegal and that violations will be pursued.

I hereby waive my rights under the Privacy Act and authorize the release of information concerning my home and the verification of any information presented by me.

CLIENT SIGNATURE

DATE

COUNTY WEATHERIZATION REPRESENTATIVE

DATE

APPEALS PROCESS

In the event of a complaint/appeal the complaint/appeal shall first be heard by the County Weatherization Representative. Should the County Weatherization Representative be unable to resolve the difficulty, the complaint/appeal will be referred to the Social Services Director. If the complaint/appeal is not resolved a final determination will be addressed by the Department of Community Affairs.

****** Each household member over the age of 18 must sign one of these forms.**

Please sign in blue in only



WAP/SHIP Work Postponement Policy

The formal course of action for placing services on hold until a situation has been rectified by either the dwelling owner or another fund source or program begins with a written notification sent by certified letter to the dwelling owner (or landlord and client) by Monroe County Social Services.

Reasons for initiating:

1. The inspection process reveals that there are structural problems or the condition of the dwelling warrants rehabilitative services beyond the capabilities of the program.
2. The integrity of the weatherization measures to be installed will be compromised.
3. The client refuses any items listed on the Pre-Work Order Agreement (PWOA).
4. The client refuses to sign the PWOA.
5. A dangerous Carbon Monoxide situation exists.
6. Extensive (obvious) flaking or chalky painted surfaces (indicative of lead paint).
7. Existing health or safety issues (unsanitary conditions, pests, etc.) that would endanger workers.
8. While performing work the client is non-cooperative or abusive (documented by two individuals).

Correspondence to include:

1. The results of the dwelling inspection.
2. Description of the situation that prohibits work from proceeding.
3. Detailing what needs to be done before weatherization can proceed.
4. Noting that the situation may not be addressed in the program.
5. Requesting that the agency be contacted after situation has been rectified.
6. Indicate that the situation must be resolved within 180 days.
7. File placed in a pending or work postponed status.
8. After 180 days the file may be administratively closed.

Client Signature Date

Inspector Signature Date

Please sign in blue ink only



Monroe County Social Services
The Historic GATO Building
1100 Simonton Street
Key West, FL 33040
305.292-4408 office
305.295-4376 fax

Monroe County WAP/SHIP Client Grievance Policy

The grievance procedure is a process through which a client can bring concerns to the agency. Complaints will be resolved fairly and timely. Many grievances can be resolved quickly by correcting a misunderstanding, or with a simple negotiation. Having the issue handled by those immediately involved is a benefit as well, as they know more about the problem at hand than do people at higher levels. The Weatherization Inspector determines the relevance of the client's dissatisfaction to determine plausibility and possible activity within the program guidelines to rectify the situation.

However, a given grievance may involve a more difficult issue, or one or more of the parties may refuse to settle with a simple negotiation. The availability of appeals to a higher level not only provides an end to what might otherwise become frustrating bickering, but often serves to remind a given representative at any level that reasonableness at this stage will eliminate the need for review of his or her actions by someone higher up. An unresolved grievance at this first level will be brought to the Weatherization Inspector for resolution.

Any dispute which may arise shall be subject to the following Grievance Procedure. This is the final step in the appeal process.

1. The grievance must be put in writing within 30 days after work was performed and turned in to the Coordinator. Grievance should be mailed to Monroe County Weatherization Program, 1100 Simonton St., Key West, FL 33040. An explanation should be provided detailing the nature of the specific complaint, work to be done including date, or the problem with the work performed and why it was not satisfactory.
2. Monroe County Social Services, upon receipt of the written grievance from the client will review the grievance through the agencies internal review process. Once the course of action has been determined, Monroe County Social Services will then:
 - A. Send a certified letter to the client and a copy to the State Consultant with the following information:
 - i. Outlining the issue,
 - ii. Clarifying applicable program guidelines,
 - iii. Indicate the action required by the client (if applicable), or
 - iv. Indicate action the agency will take to either resolve the issue or justify its position.
 - v. The client must respond within 2-4 weeks.
 - B. After the time frame has expired, if no response is received, a follow-up second certified letter and with a copy to the State Consultant is sent indicating the file will be administratively closed. The dwelling may then be reported as completed in the next Financial State Report with notation in BWR comments box as an administrative close-out.

Client Signature Date

Inspector's Signature Date

Please sign in blue ink only



WAP/SHIP

MEMORANDUM OF UNDERSTANDING

By signing this memorandum of understanding I agree to the following:

1. I understand that it is the intent of the WAP/ SHIP to reduce the amount of electricity I consume and that it is held to the procedures and guidelines set forth by the State of Florida. I realize that it is not a blanket rehabilitation or remediation program and that all measures will be recommended by the Weatherization Inspector and/or the recommendation of the NEAT/MEAH audit program.
2. I understand that a permit maybe required to perform weatherization work and I am required to inform the Weatherization Inspector of any current home improvement projects that I have taking place in my home and, if they interfere with weatherization, I agree to complete them before weatherization can begin. I also agree not to begin any other new projects until weatherization is complete without the permission of the Weatherization Inspector.
3. I understand that the contracting firm hired to perform weatherization services to my home is in contract with Monroe County and they are only required to perform the measures set forth in the Pre-work Order Agreement. Any variations with this document must be approved by the Weatherization Inspector and a Change Order for Services must accompany any and all amendments to the PWOA.
4. I agree to correspond with the contracting firm in a timely manner and meet any reasonable request in order to effectively and efficiently perform the weatherization measures included in the PWOA. I understand that I must provide access to my home on the agreed upon dates and times of scheduled work. I understand that the contracting firm is not responsible to move any of my furnishing or personal effects in the competition of the weatherization project.
5. I understand that funding availability is based on a grant, while funding lasts. I understand that funding is assistance up to the amount of \$35,000 per qualifying household. The first \$20,000 is a grant with no re-payments required. The balance of \$15,000, if needed, is a deferred payment, no interest mortgage which is forgiven after 5 years as long as the homeowner owns and resides in their home as their primary residence

Client Signature

Date

Weatherization Official Signature

Date

Please sign in blue ink only



Monroe County Weatherization Assistance Program
Owner Questionnaire and Building History

1. Applicant's name: _____
2. Physical address of Property: _____
3. Year built _____ 3a. Is there any lead paint present? Y N
4. Do you have Monroe County approved shutters? Y N
5. Has your home ever been treated for wood destroying insects? Y N When? _____
6. Has any unpermitted work been performed on your house? Y N What? _____
7. What modifications or additions have been made to the original structure?

7a. Name of contractor who performed work _____
8. Has your home experienced a flooding event? Y N How deep? _____ When? _____
9. What type of air conditioning do you use?
Central: size _____ age _____ or # of window units _____ sizes _____
ages _____
10. What type of water heater do you have? Nat. Gas LP Electric Solar Other _____
10a. How old is water heater? _____
10b. Is it located in a conditioned space? Y N
11. Do you have any gas appliances? Circle: stove water heater furnace other: _____
12. Are there any health concerns or structural damage to the home? Circle all that apply
- rot cracks in walls sagging floors sagging ceiling termite damage
- mold hazardous chemicals sewer gases gas leaks holes in walls holes in ceiling
- spalling fire aluminum wiring knob and tube rodents storm damage
- COPD/asthma roof leaks broken joists/studs leaking gutters burst pipes

Client's Signature

Date

Inspector's Signature

Date

Please sign in blue ink only