



FLAGLER COUNTY

**RENTAL/HOME PURCHASE APPLICATION: INCOME QUALIFICATION
THROUGH THE FLAGLER COUNTY NEIGHBORHOOD STABILIZATION (NSP3)
VERY LOW/LOW INCOME SET ASIDE PROGRAM**

Date: _____ Application Reviewed By: _____ Reviewer Signature: _____

This program will assist eligible tenants who are interested in leasing a home as their primary residence in Flagler County or eligible applicants wishing to purchase a home in Flagler County by providing long term housing opportunities at an affordable market rate. Units and tenants must be reviewed and qualified by the County before approval and award.

The following requirements and activities apply under this NSP3 funded leasing program:

- A. Potential recipients must become a primary resident of Flagler County, Florida.**
- B. All applicants must meet the minimum Section 8 HUD approved income limits and provide documentation to prove eligibility.**
- C. All units will be purchased through a Developer. The home must be foreclosed and bank owned (REO).**
- D. Home ownership only. A second mortgage note and lien will be required for the assistance (no interest, no payments).**
- E. A soft-second deferred payment loan (DPL) of up to \$25,000 will be available through a deferred payment loan agreement with a lien.**
- F. Homebuyer counseling will be required for all qualified applicants.**
- G. Homebuyers must contribute at least \$1,000 towards the purchase costs.**
- H. Home ownership only. You must apply, qualify and obtain a preapproval letter for financing for a primary mortgage in order to receive approval of homebuyer assistance**

Very Low Income Limits (50% of Area Median Income): Flagler County FL MSA..

FY 2013 Income Limit Category	1	2	3	4	5	6	7	8
<u>Very Low (50%)</u>	<u>\$ 21,150</u>	<u>\$24,150</u>	<u>\$27,150</u>	<u>\$30,150</u>	<u>\$32,600</u>	<u>\$35,000</u>	<u>\$ 37,400</u>	<u>\$ 39,800</u>

APPLICANT/CO-APPLICANT GENERAL INFORMATION:

Applicant Name _____ Soc. Sec. # (provide on last page) D.O.B ___ / ___ / ___

Street Address _____

City, State and Zip Code: _____

Phone _____ Alternate Phone (Cell/Other) _____

Email _____

Check One: Single _____ Married _____ Divorced _____ Widow _____

Co-Applicant Name _____ Soc. Sec. # (provide on last page) D.O.B ___ / ___ / ___

Street Address _____

City, State and Zip Code: _____

Phone _____ Alternate Phone (Cell/Other) _____

Email _____

Check One: Single _____ Married _____ Divorced _____ Widow _____

Other Household Members/Dependents living in the home (under 18 years of age or legally disabled/dependent with proof):

Proof of number of dependents claimed-Bring your Federal Tax Return AND one of the following:

- Birth Certificate on which parents/applicants name is listed
- School records that provide the parents/applicants name and address
- Court ordered letter of guardianship
- Divorce decree that list dependents
- Letter of adoption
- Social Security Card
- Valid Driver License or
- other acceptable for of Picture ID.

HOUSEHOLD COMPOSITION:

(LIST EVERY PERSON THAT IS CURRENTLY LIVING IN YOUR HOME)

	NAME	AGE	SEX	SS#
1				(Provide on last page)
2				- -
3				- -
4				- -
5				- -
6				- -
7				- -
8				- -

INCOME AND EMPLOYMENT:

Applicants Employer: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

Co-Applicant Employer: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

MOST CURRENT INCOME FOR ALL MEMBERS OF THE HOUSEHOLD

(EXCLUDING DEPENDENT MINORS)

SOURCE OF INCOME (PER MONTH)	APPLICANT	CO-APPLICANT	OTHER Household Members Total Income	TOTAL
1. Employment				
2. Soc. Sec./S.S.I				
3. Unemployment Wages				
4. Retirement/Pension(s)				
5. Public Assistance				
6. Rental Income				
7. Interest/Dividends				
8. Support Payments/Alimony				
9. Disability Wages				
10. Other				
TOTAL MONTHLY INCOME				

TOTAL HOUSEHOLD COMBINED ANNUAL INCOME: \$ _____

ASSETS:

() Checking () Savings: Bank: _____ Amount: \$ _____

() Checking () Savings: Bank: _____ Amount: \$ _____

() Checking () Savings: Bank: _____ Amount: \$ _____

Other
Describe: _____ Amount: \$ _____

Other
Describe: _____ Amount: \$ _____

Other
Describe: _____ Amount: \$ _____

PLEASE INCLUDE A COPY OF THE FOLLOWING:

1. Completed application and disclosures with signatures and date.
2. Picture Identification for applicant and any co-applicants.
3. Homeownership only - Proof of Ownership Recorded Copy of Property Deed (if applicable for current home).
4. Homeownership only - Property Tax Receipt (if applicable for current home).
5. Valid Drivers License and social security card.
6. Most current year's Tax return.
7. Paycheck Stub (Last 2 pay stubs for each working member) or most current Social Security Verification (Statement of Benefits).
8. Most current other assets - 401(k), retirement/pension, IRA, CDs, annuities, etc.
9. Most current Self-employment income statement with schedule C, E, or F.
10. Six months current bank statements for all open checking, savings, or other interest bearing accounts at the time of application and contract signing.
11. Third party contact information and release to obtain third party verification of employment signed by employer and notarized. This documentation must be received for eligibility. (This document will be signed at the initial meeting with completed application).
12. Certificate of completion of 8 hours of HUD certified homebuyer counseling. (Class will be arranged after initial meeting with application).
13. Homeownership only. Letter of approval from a lender for primary mortgage financing.

LIABILITIES / DEBTS (FOR ALL HOUSEHOLD MEMBERS 18 AND OVER):

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

Creditor's Name / Company	Type	Balanced Owed	Monthly Payment
1. _____	/ _____	/ _____	/ _____
2. _____	/ _____	/ _____	/ _____
3. _____	/ _____	/ _____	/ _____
4. _____	/ _____	/ _____	/ _____
5. _____	/ _____	/ _____	/ _____
6. _____	/ _____	/ _____	/ _____

List Additional Liabilities / Debts on back of this page, include in total.

Total: Liabilities \$ _____

HOME AND APPLICANT INFORMATION:

Handicap Status (Please lists any household member(s) who has a physical handicap and describe handicap)

1. _____
2. _____

CONFLICTS OF INTEREST:

Are you related to any member of the County Commission, County Advisory Committee, County employees? ___Yes ___ No If yes, please list the names of all that you are related:

1. _____	3. _____
2. _____	4. _____

OFFICIAL USE ONLY

The undersigned has examined this application for assistance as described herein. The application meets the requirements for eligibility for the local housing program.

Housing Specialist

Date

HH Size _____ / # Male _____ Female ___ / White _____ / BI _____ / Hisp _____ / Other
/ Over 62 _____ / Handicap

**AUTHORIZATION TO RELEASE INFORMATION TO FLAGLER COUNTY FOR THE
PURPOSE OF VERIFYING DATA FOR HOUSING ASSISTANCE**

The applicant understands that the intent of this application is for purposes of certification only. It does not guarantee acceptance or approval, and no commitment is hereby made on the part of any party.

The County of Flagler is authorized to verify any of the above information. I/We hereby waive any and all claims for defamation, violation of privacy, or other claims against any person, firm, or corporation by reason of any statement or information released to the County in its verification of the subject information.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS: U.S.C. Title 18, Sec. 1001, provides that whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes false, fictitious or fraudulent statements or entries shall be fined not more than \$10,000.00 or imprisoned not more than five years or both.

Any intentionally false or fraudulent statements or supporting documents can constitute cancellation of my/our application.

APPLICANT CERTIFICATION

Please Initial each:

_____ The application information, which I have provided, is true and complete to the best of my knowledge.

_____ I consent to the disclosure of any information for the purpose of verification of income and expenses related to making a determination of my eligibility for program assistance.

_____ I agree to provide any documentation needed to assist in determining my eligibility for program assistance.

_____ I understand that this application form will only be valid through the current 2012 calendar year that runs through December 31, 2012, unless otherwise extended by the County of Flagler in writing. If this application for assistance is approved, such approval is conditioned upon my eligibility on the day that assistance is provided.

_____ I understand that my application and supporting documentation, including income documentation, are open to the public in accordance with Florida's Public Records Law, Chapter 119, Florida Statutes (however those items which are expressly exempt from the public record by statute, such as your social security number, will be separately maintained).

_____ I understand that if I am found to be qualified to participate in the County NSP3 Rental program and I am eligible to receive assistance, I and any member of my family or any

CONFIDENTIAL SHEET – ADDENDUM PAGE
COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

Notice of Privacy Act

"The Privacy Act regulates the use of Social Security Numbers by government agencies. When a Federal, State, or local government agency asks an individual to disclose his or her Social Security number, the Privacy Act requires the agency to inform the person of the following: the statutory or other authority for requesting the information; whether disclosure is mandatory or voluntary; what uses will be made of the information; and the consequences, if any, of failure to provide the information."

Flagler County Disclosure Statement

FLAGLER COUNTY COLLECTS YOUR SOCIAL SECURITY NUMBER, OR A PORTION THEREOF, FOR ONE OR MORE OF THE FOLLOWING PURPOSES: VERIFICATION OF FINANCIAL; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, AND TRACKING; PAYROLL AND BENEFIT INFORMATION; TAX, UTILITY ACCOUNT INFORMATION; BANK INFORMATION; FOR BACKGROUND CHECKS; AND VERIFICATION OF IDENTITY.

Applicant's Name: _____

Applicant's Social Security Number: _____ - _____ - _____

Co-Applicant's Name: _____

Co-Applicant's Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

(Please attach a second sheet if necessary)

