



LEE COUNTY HOME DOWN PAYMENT ASSISTANCE PROGRAM

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District One

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District Three

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District Four

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District Five

Dave Harner, II
County Manager

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County Attorney

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Hearing Examiner

Dear Future Lee County Homeowner / Interested Lender or Realtor:

Thank you for inquiring about the HOME Down Payment Assistance Program. Please note that the application process may take up to **4 to 6 weeks** depending on completeness of the application. Funds are available on a first come-first ready basis for homebuyers who meet the program requirements.

• **This program is for the purchase of existing homes located anywhere in Lee County.** A unit which has obtained a Certificate of Occupancy at least one year prior to making application is eligible (no new construction).

• The home being purchased must be a single family home, condo/PUD or double-wide mobile/manufactured home (if 1978 or newer and situated on owned land). Duplexes, homes with attached or detached mother-in-law units, and homes with pools are **not** eligible. Maximum purchase price for the property is \$309,000 (effective 7/1/2023).

• Homebuyers must agree to occupy the property as their principal homesteaded residence and not own any other homes at the time of application.

• Homebuyers are required to attend a Homebuyer Education Workshop from a HUD approved housing counseling agency. The following agencies may offer such courses:

- Lee County Housing Development Corporation
.....Phone: 239-275-5105
- Affordable Homeownership Foundation Inc.
.....Phone: 239-689-4944
- Habitat for Humanity of Lee & Hendry Counties
..... Phone: 239-652-1675
- Housing Authority of the City of Fort Myers
.....Phone: 239-344-3220

• Homebuyers must obtain a loan commitment for a new first mortgage from a licensed lending institution. Our program is open to all lenders; no approval process is required.

• For approved applicants, Lee County will determine the minimum amount of down payment/closing cost assistance based on need. We will look at the lender required minimum down payment and closing costs (less earnest money deposit paid up front). Maximum assistance in any case is 10% of the purchase price or \$24,500, whichever is less. The home must appraise at or above the sales price in order to qualify for assistance.

• Funds are available on a first come-first ready basis. To confirm availability of funds, contact Lee County.

▪ An **ORIGINAL** completed application along with a copy of a fully executed purchase contract is required to be **submitted by the lender** directly to Lee County at the address below:

Lee County Human and Veteran Services
Attn: Debbie Curran
2440 Thompson Street
Fort Myers, FL 33901



CHECKLIST FOR SUBMISSION

Applicant's Name: _____

The items listed below are required to be submitted at time of initial application:

Documentation (please put application package in this order; top to bottom)	Received
Lender Referral Form	
HOME Application (3 Pages) – Must be completed and signed by all ADULT household members	
Terms of First Mortgage	
Authorization For the Release of Information - Must be signed by all ADULT household members	
Purchaser's Acknowledgement of Monitoring Performance	
Conflict of Interest Disclosure-Must be signed by all ADULT household members	
Purchaser's Acknowledgement of Terms	
Notice Regarding Collection of Social Security Numbers	
Copies of Photo ID's for all ADULT household members	
Copies of Social Security Cards for all household members	
Copies of Permanent Resident Alien Cards for all household members, if applicable	
Copies of Birth Certificates for all household members under 18	
Copy Signed First Mortgage Loan Application (1003)	
Copy Signed First Mortgage Loan Estimate	
Copy of First Mortgage Loan Pre-Approval	
Copies of Verifications of Income, including VOE's for all sources of income, including full-time and part-time employment, social security awards letters, pension, child support, alimony, unemployment, worker's comp., etc. Verifications of Income must be included for ALL household members	
Copies Current pay-stubs (2 months) for ALL household members	
Copy Current Year Federal Income Tax Returns, all pages and all schedules including W-2's, 1099's, etc.	
Copies 2 Years of Tax Returns for all self-employed borrowers including signed/dated Year-to-Date Profit and Loss, if applicable	
Copy Divorce Decree, if applicable	
Copy Child Support Court Order Documentation/Verification, if applicable	
Copies Verifications of Deposit (VOD's) for all asset accounts including interest rates on all accounts, including checking, savings, money market accounts, CD's, IRA's, 401(k), or other retirement accounts, etc. Must be provided for ALL household members	
Copies Current two months Bank Statements for all asset accounts including checking, savings, money market accounts, CD's, IRA's, 401(k), or other retirement accounts, etc. Must be provided for ALL household members	
Copy Fully Executed Purchase Contract with all applicable addendums, i.e. lead based paint addendum for homes built prior to 1978	
These items are required to be submitted prior to closing:	
Copy of First Mortgage Loan Commitment/Approval	
Copy Homebuyer Education Certificate	
Verification of Earnest Money Deposit paid	
Copy Appraisal	
For homes built prior to 1978, Certified Lead Based Paint Inspection performed by EPA/HUD approved lead based paint inspector or certified risk assessor (order after HOME approval)	
Seller Signed Uniform Relocation Act Disclosure	

NOTE: Incomplete applications will be sent back to the submitting lender without processing.



HOME Down Payment Assistance Application

Applicant Information (all adult household members must complete/sign; use separate sheets as necessary):

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Legal Name:		
Social Security #:		
Date of Birth:		
Street Address:		
City, State Zip:		
Length at address:		
Home Phone:		
Cell: Phone:		
Work Phone:		
E-mail Address:		
Marital Status:		

Declarations (circle one for each question):

	Applicant		Co-App	
	Yes	No	Yes	No
Are you a US Citizen?				
Are you a Permanent resident alien?				
Have you and/or your spouse or co-applicant owned a home in the past 3 years?				
Do you have any outstanding unpaid collections or judgments?				
Have you been declared bankrupt within the past 7 years?				
Have you had a property foreclosed upon or given title or deed in lieu of foreclosure?				
Are you a party to a lawsuit?				
Have you applied for a house through any other non-profit agency?				
Have you disposed of any major assets in the past two years?				
If so, how much? \$ _____				
Have you ever been awarded child support for any of your children, regardless of whether or not it is received?				
If yes, in what State and County was it awarded? _____				

ALL Household Members:

Name (s)	Social Security Number	Date of Birth	Sex	Relationship to Applicant	Marital Status M, S, W, D	Citizenship Status?
				Self		

Is applicant, co-applicant, or any other household member, age 18 or older, a full-time student? Yes No
 If yes, please list student name: _____

Does anyone plan to live with you in the future who is (are) not listed above? Yes No

Does the applicant or co-applicant own a home? Yes No ; Monthly rent/mortgage: \$ _____

Number of persons in household who are:

White		Black		Native American/Indian	
Asian/Pacific Islander		Hispanic		Other	
Elderly (62 and over)		Disabled		Name(s) of disabled?	

Household type: Single Two-parent Single-parent Married Individuals

Applicant /Co-Applicant /Other Adult Household Member 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.

Annual Household Income (for all household members 18 and over):

Source	Applicant	Co-Applicant	Other member(s) 18 or over	Total
Gross Salary				
Overtime, Tips, Bonuses				
Alimony/Child Support				
Social Security				
Retirement/Pension				
AFDC, Welfare				
Interest/Dividends				
Unemployment				
Workers Compensation				
Net Business Income				
Other				
Total Annual Income				\$

Assets (for all household members):

Type	Institution	Owner	Account #	Cash Value
Checking Account				
Savings Account				
Money Market				
Stocks, Bonds, CD's				
IRA's, 401(k)				
Equity in Properties				
Life Insurance				
Other				
Total Assets				\$

Liabilities (for all household members 18 and over including credit card debt, auto and installment debt):

Type	Creditor's Name	Monthly Payment	Balance
Rent/Lease Payment			N/A
Mortgage			
Total Liabilities		\$	\$

How did you hear about the HOME program? _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to a department of the United States Government; which is punishable under the provisions of Title 18, Section 1014 of the U.S. Code.

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 775.083

I/We 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 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.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing, within ten (10) business days of such change.

Applicant's Signature Date

Co-Applicant's Signature Date

Other Adult Household Member Signature Date

Other Adult Household Member Signature Date

CLIENT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION

For Client Services Network of Lee County (CSN)

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS OR DESIRE ANY FURTHER INFORMATION REGARDING THIS FORM, PLEASE CONTACT THE CSN SYSTEM ADMINISTRATOR AT (239) 533-7925.

In order to best serve your needs at Lee County Human and Veteran Services to develop meaningful treatment plans, to determine your continuing eligibility for services, and to monitor your progress in complying with the terms of your shelter, housing or other services, Lee County Human and Veteran Services and the Continuum of Care need to exchange, share, and/or release data, information or records they may collect about you.

The information contained in your case records with any Agency is considered confidential and privileged and cannot be exchanged, shared and or/released without your express and informed written consent, except where otherwise authorized by law. Please understand that access to shelter, housing and services is available without your consent for the release of the information. However, your consent, although optional, is a critical component of our community's ability to provide the most effective services and housing possible.

I understand that:

- This Agency may not condition the provision of services to me on my signing this consent/authorization (this Agency may not refuse to serve me simply because I do not want my information shared with other agencies).
- This form specifically authorizes the use of information about me in research conducted using information maintained in CSN. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports. The type of research that will be conducted using this information includes reports on the number and characteristics of people using different types of services, the effectiveness of services, and changes in patterns over time.
- If I give permission, the CSN allows information about me, including my photograph, to be shared with other CSN Partner Agencies. This may include, but is not limited to, information regarding my education history and employment background, income, program eligibility and participation, and personal history. The purpose of sharing information this way is to help the agencies that I seek services from obtain information about me more quickly, assist with my case management, and to help connect me with the services I need.
- Agencies that join CSN after I sign this consent/authorization also will have access to the personal information that I authorize for data sharing. This Agency must make reasonable accommodations to allow me to view the updated list of CSN Partnering Agencies.
- I have the right to inspect, copy, and request all records maintained by Agency relating to the provision of services provided by Agency to me and to receive copy of this form unless specifically denied under federal or state law. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise authorized by law. I may revoke this authorization at any time verbally or by written request, but the cancellation will not be retroactive. I understand that this release is valid for one year.

I give my consent to the exchange of information on CSN: Yes No

I have read this document or it was read and/or explained to me and I fully understand and agree with the terms of this document.

Signature of client

Date:

Signature of client

Date:

Printed name of client

Printed name of client

CSN Partnering Agencies

Affordable Homeownership Foundation Inc.
After the Rain
American Red Cross
Ann's Restoration House
Children's Home Society of Florida
Community Assisted & Supported Living
Community Cooperative
Department of Veteran Affairs
Jewish Family & Children's Service of the Suncoast
Lee County Department of Human and Veteran Services
Lee County Housing Development Corporation Inc.
Lee County Homeless Coalition

Lee County Pretrial Services
Lee Health
Lehigh Community Services
Oasis Luther Services
Open Arms Foundation
Public Defender's Office
SalusCare, Inc.
The Salvation Army
Triage Outreach Center
United Way 211
UW House Interfaith Caregivers

For current agency contact information, please visit HMIS.Lee.gov

CONFLICT OF INTEREST DISCLOSURE

I understand that I must disclose information regarding my relationship with Lee County or with other persons who may be associated within the County if there is real or perceived conflict of interest due to employment, financial interest, or familial or business relationship. I, therefore, attest to the following:

- I am a current Lee County Board of County Commissioners’ official, employee, board member, commissioner, agent and/or other representative of the County.

Position/Title: _____

- I am a former Lee County Board of County Commissioners’ official, employee, board member, commissioner, agent and/or other representative of the County.

Position/Title: _____

Date Employment/Term Ended: _____

- I am related to or have a business relationship with a current Lee County Board of County Commissioners’ official, employee, board member, commissioner, agent and/or other representative.

His/her name is: _____

The person is associated with the County in the capacity as: _____

The relationship of the person is as follows:

- Parent; Spouse; Immediate family; Business associate; Other: _____

- To the best of my knowledge, I am not aware of any current Lee County Board of County Commissioners’ official, employee, board member, commissioner, agent and/or other representative of the County who is related to me or with whom I am a business associate.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to a department of the United States Government; which is punishable under the provisions of Title 18, Section 1014 of the U.S. Code.

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 Statutes 775.082 or 775.083

Name (Print)	Signature	Date
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Name (Print)	Signature	Date
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FOR STAFF USE ONLY

In accordance with Federal regulations, this employee: **Does** OR **Does Not** exercise or has exercised any functions or responsibilities with respect to HUD-funded activities,

and **Is** OR **Is Not** in a position to participate in the decision making process or gain inside information regarding such activities. Therefore,

- No conflict exists, or**
- Exception to a real or perceived conflict exists and an exception will be filed.**

Signed by: _____ Date: _____

UNIFORM RELOCATION ACT (URA) SELLER FORM

Date: _____

Seller: _____

Homebuyer: _____

Subject Property Address: _____

To Whom It May Concern:

The Lee County Human and Veteran Services is pleased to participate in the sale of your property by assisting the buyer through our HOME Down Payment Assistance Program.

Under HUD's HOME Down Payment Assistance Program, the Lee County Human and Veteran Services is mandated to inform you that any owner-occupant who voluntarily sells a property to a first-time homebuyer is not eligible for relocation assistance under the Uniform Relocation Act (URA). The above referenced property must be currently occupied by yourself or the purchaser, or be vacant. We will not allow a tenant to be displaced. In addition, we are using the property appraisal as the fair market value of your property being purchased. We also want to inform you that the buyer does not have the Power of Eminent Domain and therefore will not acquire the property if negotiations fail to result in an amicable sales agreement.

Again, the Lee County Human and Veteran Services is happy to participate in the sale of your property thereby creating an affordable home for this homebuyer.

If you have any questions, please contact me Monday-Friday, 7:30am-4:30pm at Lee County Human and Veteran Services, 2440 Thompson Street, Fort Myers, FL 33901 (239.533.7938; Fax: 239.533.7955; email: DCurran@leegov.com).

Sincerely,

Debbie Curran

Debbie Curran, Housing Finance Counselor
Lee County Human and Veteran Services

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE LETTER AND ALSO CERTIFY THAT:

Please check the one that applies.

I am currently occupying the above referenced property.	<input type="checkbox"/>
The above referenced property is and was vacant at the time the purchase contract was entered into with buyer.	<input type="checkbox"/>
The above referenced property is occupied by a tenant.	<input type="checkbox"/>
The above referenced property was occupied by tenant at the time the purchase contract entered into with buyer, but now vacant.	<input type="checkbox"/>
The above referenced property is and was occupied by buyer at time the purchase contract was entered into with buyer.	<input type="checkbox"/>

Other/Comments: _____

Seller (owner) OR Seller's Designated Representative

Printed Name

Date