



**LEE COUNTY CDBG HOMEOWNERSHIP ASSISTANCE PROGRAM**

Kevin Ruane  
District One

Cecil L. Pendergrass  
District Two

Ray Sandelli  
District Three

Brian Hamman  
District Four

Mike Greenwell  
District Five

Roger Desjarlais  
County Manager

Richard Wm. Wesch  
County Attorney

Donna Marie Collins  
Hearing Examiner

Dear Future Lee County Homeowner / Interested Lender or Realtor:

Thank you for inquiring about the CDBG Homeownership 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 or new construction homes that have been issued a certificate of occupancy, located in Unincorporated Lee County.**

• The home being purchased must be a site-built single family home or condo/PUD. Mobile/manufactured homes, duplexes, or homes with attached or detached mother-in-law units, and homes with in-ground pools are **not** eligible. Maximum purchase price for the property is \$380,000.

• 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 amount of down payment and mortgage subsidy based on need. We can pay up to 50% of the lender required down payment, plus additional mortgage subsidy if needed. Homebuyer will be responsible for the balance of the down payment plus closing costs. Maximum assistance in any case will be \$75,000.00. 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.

▪ A completed application along with a copy of a fully executed purchase contract is required to be **submitted by the Mortgage Loan Officer** directly to Lee County at the address below:

Lee County Human and Veteran Services  
Attn: Debbie Curran  
2440 Thompson Street  
Fort Myers, FL 33901  
Or, email application package to [DCurran@leegov.com](mailto:DCurran@leegov.com)



**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	
CDBG Homeownership Assistance Program Application (3 Pages) – Must be completed and signed by all ADULT household members	
Terms of First Mortgage and Estimated Down Payment & Mortgage Subsidy Calculation form	
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 of Signed First Mortgage Loan Application (1003)	
Copy of 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. <b>Verifications of Income must be included for ALL household members</b>	
Copies of Current pay-stubs ( <b>3 months</b> ) for ALL household members	
Copy of Current Year Federal Income Tax Returns, all pages and all schedules including W-2's, 1099's, etc.	
Copies of 2 Years of Tax Returns for all self-employed borrowers including signed/dated Year-to-Date Profit and Loss, if applicable	
Copy of Divorce Decree, if applicable	
Copy of Child Support Court Order Documentation/Verification, if applicable	
Copies of 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 of Current <b>three months</b> 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 of Fully Executed Purchase Contract with all applicable addendums, i.e. lead based paint addendum for homes built prior to 1978	
<b>These items are required to be submitted prior to closing:</b>	
Copy of First Mortgage Loan Commitment/Approval	
Copy of Homebuyer Education Certificate	
Verification of Earnest Money Deposit paid	
Copy of Appraisal	
For homes built prior to 1978, Certified Lead Based Paint Inspection performed by EPA/HUD approved LBP inspector or certified risk assessor (order after CDBG program approval)	
Seller Signed Uniform Relocation Act Disclosure	

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

**LENDER REFERRAL FORM**

The applicant identified below appears to meet the eligibility requirements of Lee County’s CDBG Homeownership Assistance Program based on preliminary information received during their mortgage application.

Applicant(s) Name:			
Subject Property Address:			
Date Request Submitted:		Anticipated Closing Date:	
DFA Amount Requested:	\$	Other Assistance:	\$
Household Size:		Debt-to-Income Ratios:	/
<b>Lending Institution Information</b>			
Lending Institution:			
Lender Address:			
Loan Officer:		Loan Processor:	
LO Phone:		LP Phone:	
LO Fax:		LP Fax:	
LO E-mail:		LP E-mail:	
<b>Closing Agent Information</b>			
Closing Agent Company:			
Closing Agent Address:			
Closing Agent Contact:		Closing Agent E-mail:	
Closing Agent Phone:		Closing Agent Fax:	
<b>Inspection Contact Information – Listing/Selling Agent</b>			
Listing Agent Company:			
Listing Agent Contact:		Listing Agent E-mail:	
Listing Agent Phone:		Listing Agent Fax:	
Selling Agent Company:			
Selling Agent Contact:		Selling Agent E-mail:	
Selling Agent Phone:		Selling Agent Fax:	

\_\_\_\_\_  
Signature of Loan Agent

\_\_\_\_\_  
Date

**PROCESSING TIME CAN TAKE UP TO 30 WORKING (BUSINESS) DAYS!  
PRELIMINARY APPLICATION CAN BE SUBMITTED VIA EMAIL, U.S. MAIL, OR IN PERSON.  
FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

**Instructions:** Submit all items from Checklist for Submission to:

Lee County Human and Veteran Services  
2440 Thompson Street  
Fort Myers, FL 33901  
ATTN: Debbie Curran  
Phone: (239) 533-7938 • Fax: (239) 533-7955 • E-mail: [DCurran@leegov.com](mailto:DCurran@leegov.com)



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

**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				
<b>Total Assets</b>				<b>\$</b>

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

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

How did you hear about the CDBG Homeownership Assistance 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

**TERMS OF FIRST MORTGAGE**  
(to be completed by Mortgage Loan Officer)

Borrower's Name: \_\_\_\_\_

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

Lending Institution: \_\_\_\_\_

First Mortgage Terms

1. Loan Amount: \$ \_\_\_\_\_

2. Loan Type     Conventional Conforming  
                      Conventional Non-Conforming  
                      FHA  
                      VA  
                      USDA

3. Loan Term: \_\_\_\_\_                       Years               Months

4. Interest Rate: \_\_\_\_\_ %              Locked In?     Yes     No

5. Fixed Rate? \_\_\_\_\_                      **Lender Required Minimum Down Payment: \_\_\_\_\_%**

**Lender Required Minimum Down Payment: \$ \_\_\_\_\_**

The above borrower is applying for assistance through Lee County's CDBG Homeownership Assistance Program.

The undersigned loan officer hereby declares that the above first mortgage loan information is true and correct. If any of the above terms change between now and closing, the undersigned loan officer will immediately contact Lee County Human and Veteran Services (LCHVS). Any approval given by LCHVS may be declared null and void if any of the above information changes and is no longer acceptable to LCHVS.

Acknowledged by:

\_\_\_\_\_  
Applicant's Signature                                  Date

\_\_\_\_\_  
Co-Applicant's Signature                                  Date

\_\_\_\_\_  
Loan Officer Signature                                  Date

\_\_\_\_\_  
Loan Officer Printed Name

**ESTIMATED DOWN PAYMENT AND MORTGAGE SUBSIDY CALCULATION FORM**

(to be completed by Mortgage Loan Officer)

Borrower/Co-Borrower: \_\_\_\_\_

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

Loan Type: \_\_\_\_\_

Estimated Total Annual Household Income: \$ \_\_\_\_\_  
(income from ALL household members)

35% of Annual Income: \$ \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_

Less Lender Required MINIMUM Down Payment (\_\_\_\_\_% ) \$ \_\_\_\_\_

Mortgage Amount: \$ \_\_\_\_\_

Annual Principal & Interest on \$ \_\_\_\_\_ @ \_\_\_\_% interest \$ \_\_\_\_\_

Annual Property Taxes (based on last/most recent tax  
bill or tax estimator if new construction): \$ \_\_\_\_\_

Annual HO Insurance (& Flood, if applicable): \$ \_\_\_\_\_

Annual Mortgage Insurance, if applicable: \$ \_\_\_\_\_

Annual HOA, if applicable: \$ \_\_\_\_\_

Total Annual Housing Payment: \$ \_\_\_\_\_  
(\_\_\_\_\_% of household income)

Lower First Mortgage (if needed) down to an amount that will provide a housing payment of 35%:

Annual Principal & Interest on \$ \_\_\_\_\_ @ \_\_\_\_% interest \$ \_\_\_\_\_

Annual Property Taxes (based on last/most recent tax  
bill or tax estimator if new construction): \$ \_\_\_\_\_

Annual HO Insurance (& Flood, if applicable): \$ \_\_\_\_\_

Annual Mortgage Insurance, if applicable: \$ \_\_\_\_\_

Annual HOA, if applicable: \$ \_\_\_\_\_

Total Annual Housing Payment: \$ \_\_\_\_\_  
(\_\_\_\_\_% of household income)

Mortgage Subsidy Needed (initial loan amount less new, lower loan amount): \$ \_\_\_\_\_

50% of Lender Required Minimum Down Payment: \$ \_\_\_\_\_

Total Estimated Assistance Needed: \$ \_\_\_\_\_

Mortgage Company Name: \_\_\_\_\_

Mortgage Loan Office Signature: \_\_\_\_\_

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





**PURCHASER’S ACKNOWLEDGEMENT OF MONITORING PERFORMANCE**

Purchaser(s) acknowledge by signing this statement that they are fully aware of and intend to abide by the following terms and conditions:

1. Intend to occupy this property as my/our primary homesteaded residence. Lee County Human and Veteran Services (LCHVS) will perform an annual monitoring to endure that purchaser(s) is/are still occupying the subject property. Purchaser(s) agrees to promptly complete and return the survey letters that will be mailed each year during the term of the Lee County mortgage (five (5) years from closing).
2. Purchaser(s) certifies that I/we do not currently own any residential real estate property.
3. Purchaser(s) understands that this document in no way guarantees approval under Lee County’s CDBG Homeownership Assistance Program.
4. Does purchaser(s) presently live in subsidized housing?  Yes  No  
 Does property have a swimming pool?  Yes  No

**Purchaser’s Acknowledgement of HUD’s Minimum Housing Quality Standards Inspection**

The undersigned, \_\_\_\_\_, purchaser(s) of the property located at \_\_\_\_\_, hereby acknowledge that Lee County Human and Veteran Services (LCHVS) will perform an inspection to determine whether or not the above property meets HUD’s required inspection requirements. The property must pass this inspection in order for me/us to be eligible for CDBG Homeownership Assistance. However, a passing inspection does not guarantee CDBG Homeownership Assistance funds.

I/we understand that **this inspection is not and should not be considered a “Home Inspection.”** Lee County HVS recommends that I/we obtain a Home Inspection including a defective drywall inspection (Chinese Drywall) performed by a licensed, insured independent Home Inspector/Drywall Inspector. If I/we choose to obtain a Home or Drywall inspection, a copy will be given to Lee County HVS. I/we further understand that Lee County HVS assumes no responsibility for the condition of the above property and does not warrant the house in any way.

I/we are entitled to receive a copy of the HUD required inspection performed by LCHVS and will contact the following person if I/we desire to receive a copy of the inspection report:

Lee County Human and Veteran Services  
 2440 Thompson Street  
 Fort Myers, FL 33901  
 ATTN: Debbie Curran  
 Phone: (239) 533-7938  
 Fax: (239) 533-7955  
 E-mail: [DCurran@leegov.com](mailto:DCurran@leegov.com)

\_\_\_\_\_  
 Applicant’s Signature Date

\_\_\_\_\_  
 Co-Applicant’s Signature Date

\_\_\_\_\_  
 Other Adult Household Member Signature Date

\_\_\_\_\_  
 Other Adult Household Member Signature Date

**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

\_\_\_\_\_  
Name (Print) Signature Date

**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: \_\_\_\_\_

## PURCHASER’S ACKNOWLEDGEMENT OF TERMS

Lee County is offering a second mortgage program which will provide assistance to enable eligible families to become homebuyers. All assistance provided will be secured by a **five (5) year self-amortizing second mortgage** on the property being purchased and can be used for down payment. For approved applicants, Lee County can pay up to 50% of lender required minimum down payment and possibly additional mortgage subsidy, based on need. We will look at the lender required minimum down payment and debt-to-income ratios to help determine the amount of assistance to be provided. Closing costs are ineligible. Maximum assistance in any case is \$75,000. The home must appraise at or above the sales price to be eligible for assistance. If all approved funds are not utilized for down payment at the closing, the title company will be required to issue a refund payable to Lee County BoCC, c/o Lee County Human and Veteran Services. The homebuyer **cannot receive any cash back**, including any money paid towards earnest money deposit, application fee, appraisal, etc. **If, during the five (5) year term, the property is sold, transferred, leased, or first mortgage is refinanced, or is not owner-occupied and homesteaded, then the prorated balance of the second mortgage will be due and payable in full.** Funds will be reserved on a first come, first ready basis to eligible applicants who receive firm mortgage commitments from a licensed lending institution.

In order to be eligible for assistance, an applicant cannot own any other homes; **agree to occupy the property as their principal homesteaded residence**; have executed a purchase contract for purchase of an **existing or new construction** single family home (condos and PUD’s included) in Lee County; and have gross annual household income which does not exceed the limits set forth below **(Effective June 15, 2023)**:

1 person - \$47,700	2 persons - \$54,500	3 persons - \$61,300	4 persons - \$68,100
5 persons - \$73,550	6 persons - \$79,000	7 persons - \$84,450	8 persons - \$89,900

I/we acknowledge that this referral does not guarantee that I am approved for assistance in conjunction with Lee County’s CDBG Homeownership Assistance Program and/or permanent mortgage financing through the lender making this referral. I authorize the lender or its designated agent to release any information necessary to determine my/our eligibility for the program to Lee County Human and Veteran Services and/or designated agents of such.

**Please list all household members, including borrower(s) names (use additional sheet as necessary):**

Name	D/O/B	Relation	Social Security #	Income
		<b>SELF</b>		

**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.

\_\_\_\_\_  
Applicant’s Signature    Date

\_\_\_\_\_  
Co-Applicant’s Signature    Date

\_\_\_\_\_  
Other Adult Household Member Signature    Date

\_\_\_\_\_  
Other Adult Household Member Signature    Date



**Lee County, Florida  
Human and Veteran Services  
(239) 533-7930**



**NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS**

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under this program. This information is not required by state or federal law; however, third-party verifications of social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant’s identity.
2. To verify household size.

A social security number collected pursuant to this notice can only be used by Lee County Board of County Commissioners for the purposes specified above.

**Nondisclosure except under limited circumstances**

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person’s social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person’s health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver’s Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

**Acknowledgment of Receipt of Notice**

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for this program.

Applicant Signature	Date	Co-Applicant Signature	Date
Other Adult Household Member Signature	Date	Other Adult Household Member Signature	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 CDBG Homeownership Assistance Program.

Under HUD's CDBG Homeownership 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](mailto: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