



LEE COUNTY STATE HOUSING INITIATIVES  
PARTNERSHIP (SHIP)  
DOWN PAYMENT/CLOSING COST ASSISTANCE

BOARD OF COUNTY COMMISSIONERS

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County Manager

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County Attorney

Donna Marie Collins  
Hearing Examiner

Dear Future Lee County Homeowner:

Thank you for inquiring about the Down Payment / Closing Cost Assistance Program. The SHIP application process may take up to **2-3 months** after all necessary documentation has been returned and the application is determined to be complete. Funds are available to qualified homebuyers on a first-come, first-ready basis.

- ◆ **This program is for the purchase of newly constructed homes.** A unit which has obtained a Certificate of Occupancy **AND** has never been occupied will be considered new construction (mobile homes are not eligible).
- ◆ There may be a waiting list; funds are available on a first come-first ready basis.
- ◆ Please carefully review all information, should you have questions please contact: Diane de Guzman, Housing Finance Counselor (239) 533-7953.

Complete the following steps:

- Contact a lender to be pre-approved for a mortgage and determine an affordable monthly home payment, including principal, interest, taxes and insurance (PITI).
- Contact a builder or realtor to select a home for construction/purchase. Maximum purchase price (including cost of lot) not to exceed **\$283,348**. If you own your lot, appraised value (including lot and house) cannot exceed **\$283,348**.
- Give the SHIP Program Application (attached) to your lender. The lender must complete and return the application to the County.
- Follow through with your lender. There are many steps in obtaining mortgage financing. The County will work with the lender to make sure all of the information needed is provided.
- Register for a HUD approved homebuyer education class. This is mandatory in order to receive SHIP funds, and may be taken at any of the following agencies:
  - Lee County Housing Development Corporation .....Phone: 239-275-5105
  - Affordable Homeownership Foundation Inc. ....Phone: 239-689-4944
  - Home Ownership Resource Center .....Phone: 239-768-2013
  - Cape Coral Housing Development Corporation .....Phone: 239-471-0922
  - Housing Authority of the City of Fort Myers .....Phone: 239-344-3220
  - Royal Palm Coast REALTOR® Association .....Phone: 239-936-3537
- In the approval and closing of your mortgage, the County will work with the closing agent to disburse the SHIP funds for your new home at the closing.

Attachments: SHIP Procedures, Lender Referral Form, Checklist for Submission, Application for Housing Assistance, Applicant Monthly Expenses or Bills, Applicant’s Documentation - Dependents, Authorization for the Release of Information, SHIP Home Ownership Fact Sheet, SHIP Accessibility Requirements, New Construction Affidavit, Conflict of Interest Disclosure, and Third-Party Verifications.

**LEE COUNTY SHIP PROCEDURES**

Note: Applicants must comply with all of the following procedures in order to receive SHIP funds.

1. All applications for housing assistance must be completed, signed, dated and returned to Lee County by the lender. If an application is not signed and dated it will be returned to the lender immediately, and the approval process will be delayed.
2. All SHIP applications must have original signatures. NO COPIES will be accepted. (Use blue ink for signatures). Submit applications to:

Lee County Human and Veteran Services  
2440 Thompson Street  
Fort Myers, FL 33901  
Attn: Diane de Guzman

3. The authorization section (top portion) of the Third Party Verification Forms must be signed, dated, and returned with the application for each household member 18 years or older.
4. Lee County will send the Third Party Verification Forms to all employer(s), banks, and other sources of household income. Third Party Verification Forms must be completed by the employer, bank, or other source, and returned directly to Lee County. An application will be considered incomplete until Lee County receives completed third-party verification forms from all appropriate sources.
5. Lee County will issue an approval letter only after a complete application (which includes third party verification information) is on file, and the applicant is determined to be eligible for assistance.
6. Checks will only be released when a copy of the final Closing Disclosure prior to closing is on file with the Lee County.
7. Checks will be brought to the closing, unless other arrangements are made.
8. A copy of the final Closing Disclosure must be mailed, faxed (239-533-7955), or e-mailed (ddeguzman@leegov.com) to the Lee County SHIP Program prior to closing for approval.
9. A copy of the signed First Mortgage and Note and a copy of the signed SHIP Mortgage and Note, and signed Closing Disclosure must be faxed or mailed to the Lee County SHIP Program as soon as possible after the closing, unless received at closing.
10. The original SHIP Mortgage and Note must be mailed to the Lee County SHIP Program as soon as possible, after being recorded.

**NOTE: THE PROPERTY BEING BUILT / PURCHASED MUST BE LOCATED IN UNINCORPORATED LEE COUNTY, OR IN THE CITIES OF BONITA SPRINGS, ESTERO, FORT MYERS BEACH, OR SANIBEL.**

**CHECKLIST FOR SUBMISSION OF SHIP DOWN PAYMENT ASSISTANCE APPLICATION**  
**THESE ITEMS MUST BE SUBMITTED WITH INITIAL APPLICATION PACKAGE**

Purchaser's Name: \_\_\_\_\_

	Lender Referral Form
	Application for Housing Assistance (3 pages)
	Applicant Monthly Expenses or Bills
	Authorization for the Release of Information
	SHIP Home Ownership Fact Sheet
	Conflict of Interest Disclosure
	Notice Regarding Collection of Social Security Numbers
	Public Records Disclosure
	Statement of Household Size
	Third Party Verification Forms - Buyer(s) to sign all forms
	SHIP Accessibility Requirements – Must be signed by both buyer and seller
	Copy of Birth Certificate(s) on which the parent / applicant's name is listed for all children
	Copies of Social Security Cards for all household members
	Copies of Photo ID(s) for all adult household members
	Copy of Child Support Order, if applicable
	Copy of Court-Ordered Letter(s) of Guardianship, if applicable
	Copy of Divorce Decree, if applicable
	Copy of Proof of Citizenship. If applicable, Evidence of Permanent Resident Alien Status
	Copy of <i>signed</i> 1003 Loan Application
	Copy of <i>signed</i> Loan Estimate
	Copy of <i>signed</i> Purchase / Construction Contract
	Copy of Earnest Money Deposit
	Copy of Two (2) Months Most Recent Pay Stubs
	Copy of all income documents (i.e. social security, pension, etc.)
	Copies of Two (2) Months most recent bank statements verifying cash assets such as checking, savings, IRAs, CDs, etc. including interest rates on all accounts
	Copy of Most Recent IRS Tax Return (1 year), unless self-employed (2 years)
	<b>These items are required to be submitted prior to closing:</b>
	Copy of First Mortgage Loan Commitment / Approval
	Copy of Appraisal
	Copy of Home Buyer Education Certificate
	New Construction Affidavit – To be completed by seller
	Certificate of Occupancy

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

**LENDER REFERRAL FORM**

**Lender Information:**

The Applicant/Potential Borrower identified below appears to meet the basic eligibility requirements of Lee County's SHIP Down Payment Assistance Program based on preliminary information received during their mortgage application.

Name of Lending Institution: \_\_\_\_\_

Address of Lending Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Loan Officer: \_\_\_\_\_ Loan Processor: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail addresses: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Borrower(s) Information:**

Borrowers Name(s): \_\_\_\_\_

Phone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Addresses: \_\_\_\_\_

Annual Household Income \$ \_\_\_\_\_ Total Assets of Borrower \$ \_\_\_\_\_

**Property Information:**

Address of Property to be Purchased: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

House estimated completion date: \_\_\_\_\_ (Month/Year)

**Mortgage/Financing Information**

Monthly Payments (PITI) \$ \_\_\_\_\_ Current Monthly Debt Payments \$ \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Appraised Value \$ \_\_\_\_\_

1<sup>st</sup> Mortgage Amount \$ \_\_\_\_\_ Amount of Other Funding \$ \_\_\_\_\_

Amount of SHIP Assistance Requesting \$ \_\_\_\_\_ Estimated Closing Date \_\_\_\_\_

Age of Head of Household \_\_\_\_\_ Household Size \_\_\_\_\_ Ratios \_\_\_\_\_ / \_\_\_\_\_

**Contact Information:**

Listing Agent Name and Agency: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Closing Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**APPLICATION FOR HOUSING ASSISTANCE**

Annual Gross Income \$ \_\_\_\_\_

Type of Assistance: \_\_\_\_\_

Income Category  VL  LI  MI

**Applicant/Co-Applicant General Information**

	Applicant	Co-Applicant
Full Name		
Social Security Number		
Date of Birth		
Street Address:		Phone:
City		State/Zip:
Mailing Address		Phone:
City		State/Zip:
Marital Status:		

**Other Household Members: (Please list all members of the household)**

Name(s)	Social Security Number	Date of Birth	Relationship to Applicant	Full-Time Student Yes/No
1.				
2.				
3.				
4.				
5.				
6.				

Does Applicant/Co-Applicant own a home?  Yes  No Monthly Rent/Mortgage: \$ \_\_\_\_\_

Current

Type of unit to be purchased?  existing unit  newly constructed unit

**Applicant Employment Information: (Please list most recent employment)**

Employee Name:	Employer Name:		
Position:	Supervisor:		
Address:	Time Employed:		
Phone:	Fax:	Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ _____			

**Co-Applicant Employment Information: (Please list most recent employment)**

Employee Name:		Employer Name:	
Position:		Supervisor:	
Address:		Time Employed:	
Phone:		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 18 and over, list business or rental net income, child support, alimony, Social Security, pensions, unemployment or Workers Compensation, welfare payments, etc.)

Name	Type of Income	Gross Annual Income
1.		
2.		
3.		
4.		
5.		
	Total \$	

**Assets and Asset Income** (For ALL household members including minors, list checking and savings accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

Type of Asset	Asset Value/Balance	Bank Name/Account #
1.		
2.		
3.		
4.		
5.		
Total \$		Total \$

**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

Is anyone in the household:  Elderly    Farm worker    Disabled    Homeless    Developmentally Disabled  
 Other \_\_\_\_\_

**I/We hereby certify that I/We, am/are U.S. citizen(s) or noncitizen(s) that have eligible immigration status under one of the categories set forth in Section 214. (See 42 U.S.C. 1436a(a))**

**I/We fully understand that it is a Federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the facts as applicable under the provisions of Title 18, United States Code, Section 1014.**

**I/we understand the 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 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 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.**

**I will report any changes until I have been issued a commitment AND signed an income certification or CSN Financial summary.**

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Applicant Signature

Date

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Co-Applicant Signature

Date

**LIABILITIES**

(For ALL household members 18 and over, list Loans, Credit Cards, Store Accounts, Medical Bills, School Tuition, Car Payments, Real Estate and Mortgage Loans)

Type of Debt	Name of Financial Institution or Creditor	Account Balance	Monthly Payments	Months Left to Pay	Debtor Name
Total					



**LEE COUNTY AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I \_\_\_\_\_, the undersigned, hereby authorize the release without liability, information regarding my employment, income, and / or assets to Lee County for the purposes of verifying information provided, as part of determining eligibility for assistance under the SHIP program. I understand that only information necessary for determining eligibility can be requested.

**Types of information to be verified:**

I understand that previous and current information regarding me may be required. Verifications that may be requested are, but are not limited to:

- |  |                                       |
|--|---------------------------------------|
| 1. Personal identity,                            | 2. Employment history,                |
| 3. Hours worked,                                 | 4. Salary and payment frequency,      |
| 5. Commissions, anticipated raises,              | 6. Bonuses,                           |
| 7. Tips,   | 8. Cash held in checking accounts,    |
| 9. Cash held in savings accounts ,               | 10. Interest in checking and savings, |
| 11. Dividends checking and savings,              | 12. Stocks,                           |
| 13. Bonds,                                       | 14. Certificate of Deposits (CD),     |
| 15. Individual Retirement Accounts (IRA),        | 16. Payments from Social Security,    |
| 17. Annuities,                                   | 18. Insurance policies,               |
| 19. Retirements funds,                           | 20. Pensions,                         |
| 21. Disability or death benefits,                | 22. Unemployment,                     |
| 23. Disability and/or worker’s compensation,     | 24. Welfare assistance,               |
| 25. Net income from the operation of a business, | 26. Alimony or child support payments |

**Organizations/Individuals that may be asked to provide written/oral verification are, but are not limited to:**

- |  |  |
|--|--|
| 1. Past/Present Employers                      | 2. Alimony/Child/Other Support Providers |
| 3. Banks, Financial or Retirement Institutions | 4. Social Security Administration        |
| 5. State Unemployment Agency                   | 6. Veteran’s Administration              |
| 7. Welfare Agency                              | 8. 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.

\_\_\_\_\_  
Applicant Signature Print Name Date

\_\_\_\_\_  
Co-Applicant/Household Member Signature Print 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 for Form 4506, “Request for Copy of Tax Return” and prepare and sign separately.

**LEE COUNTY AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I \_\_\_\_\_, the undersigned, hereby authorize the release without liability, information regarding my employment, income, and / or assets to Lee County for the purposes of verifying information provided, as part of determining eligibility for assistance under the SHIP program. I understand that only information necessary for determining eligibility can be requested.

**Types of information to be verified:**

I understand that previous and current information regarding me may be required. Verifications that may be requested are, but are not limited to:

- |  |                                       |
|--|---------------------------------------|
| 1. Personal identity,                            | 2. Employment history,                |
| 3. Hours worked,                                 | 4. Salary and payment frequency,      |
| 5. Commissions, anticipated raises,              | 6. Bonuses,                           |
| 7. Tips,   | 8. Cash held in checking accounts,    |
| 9. Cash held in savings accounts ,               | 10. Interest in checking and savings, |
| 11. Dividends checking and savings,              | 12. Stocks,                           |
| 13. Bonds,                                       | 14. Certificate of Deposits (CD),     |
| 15. Individual Retirement Accounts (IRA),        | 16. Payments from Social Security,    |
| 17. Annuities,                                   | 18. Insurance policies,               |
| 19. Retirements funds,                           | 20. Pensions,                         |
| 21. Disability or death benefits,                | 22. Unemployment,                     |
| 23. Disability and/or worker's compensation,     | 24. Welfare assistance,               |
| 25. Net income from the operation of a business, | 26. Alimony or child support payments |

**Organizations/Individuals that may be asked to provide written/oral verification are, but are not limited to:**

- |  |  |
|--|--|
| 1. Past/Present Employers                      | 2. Alimony/Child/Other Support Providers |
| 3. Banks, Financial or Retirement Institutions | 4. Social Security Administration        |
| 5. State Unemployment Agency                   | 6. Veteran's Administration              |
| 7. Welfare Agency                              | 8. 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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Adult Household Member Signature Print Name Date

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Adult Household Member Signature Print 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 for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately.

**LEE COUNTY STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM (SHIP) HOME OWNERSHIP FACT SHEET FOR DOWN PAYMENT/CLOSING COST ASSISTANCE**

Lee County Human and Veteran Services is offering a second mortgage program under the State Housing Initiatives Partnership Program (SHIP) which provides down payment / closing cost assistance to enable eligible families in unincorporated Lee County or the cities of Bonita Springs, Fort Myers Beach, Estero, or Sanibel (not inside the city limits of Fort Myers and Cape Coral) to become homeowners. All assistance provided will be secured by a second mortgage on the property being purchased. Funds will be reserved on a first come, first ready basis to eligible applicants who received firm mortgage commitments from local lenders. Homes must have been newly constructed, has received their Certificate of Occupancy AND have never been occupied (mobile homes are not eligible).

In order to receive this assistance, home buyers agree to occupy the property as their principal residence; have executed a purchase contract for a single family home, townhouse or condominium in the unincorporated areas of Lee County or in the cities of Bonita Springs, Fort Myers Beach, Estero, or Sanibel (properties in the city limits of Fort Myers and Cape Coral are not eligible); and have gross total household incomes (anticipated for next year) which do not exceed the **2020** income limits set forth below:

<b>1 person - \$38,600</b>	<b>2 persons - \$44,100</b>	<b>3 persons - \$49,600</b>	<b>4 persons - \$55,100</b>
<b>5 persons - \$59,550</b>	<b>6 persons - \$63,950</b>	<b>7 persons - \$68,350</b>	<b>8 persons - \$72,750</b>

The housing must be affordable, meaning that monthly mortgage payments, including principal, interest, taxes and insurance do not exceed 30 percent of the adjusted gross annual income. **Maximum purchase price (including value of lot) not to exceed \$283,348.**

Applicant Acknowledgment of Terms and General Release Authorization:

I/We, acknowledge that this application does not guarantee that I will be approved for assistance in conjunction with Lee County’s SHIP 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. Any records submitted to the Lee County SHIP program become public records subject to disclosure.

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Applicant Signature	Witness	Date
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Co-Applicant/Household Member Signature	Witness	Date
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**For Staff Use Only**

PROPERTY LOCATION EXCEPTION IS MET AS HOUSEHOLD QUALIFIES UNDER SPECIAL NEEDS

CRITERIA: Yes \_\_\_\_ No \_\_\_\_

Property is located at \_\_\_\_\_

**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.**

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<b>Applicant's Name (Print)</b>	<b>Applicant's Signature</b>	<b>Date</b>
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<b>Applicant's Name (Print)</b>	<b>Applicant's Signature</b>	<b>Date</b>
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Warning: 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.

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



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

# LEE COUNTY PUBLIC RECORDS DISCLOSURE

I, \_\_\_\_\_, have read and understand the following statements.

1. The applicant understands that all information and documents provided are public records and as such are subject to Chapter 119 of the State of Florida’s public records law, with limited exemption for information deemed confidential under Florida law.
2. 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 Florida Statutes §§ 775.082 or 775.083.
3. Title 18, § 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds.

Information provided by the applicant that is not protected by Florida Status can be requested by any individual for their review. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Printed Name of head of household	Signature of head of household	Date
Printed Name of co-head of household	Signature of co-head of household	Date
Printed Name household member (over 18 years)	Signature household member (over 18 years)	Date
Printed Name household member (over 18 years)	Signature household member (over 18 years)	Date
Printed Name household member (over 18 years)	Signature household member (over 18 years)	Date
Printed Name household member (over 18 years)	Signature household member (over 18 years)	Date
Printed Name household member (over 18 years)	Signature household member (over 18 years)	Date

**Statement of Household Size**

This is to certify that \_\_\_\_\_person(s) is/are residing in the property that is going to be  built,  awarded down payment Assistance,  rehabilitated,  rented, which is located at \_\_\_\_\_

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By signing below, Applicant(s) requests that the Lee County Human and Veteran Services review and verify this application for the purpose of determining eligibility to receive funding assistance through the Lee County’s Assistance Program. The Applicant acknowledges that such eligibility determination may include without limitation, the verification of income and assets, including deposits. The Applicant declares that he/she has read and understands the guidelines of the Program. Applicant authorizes Lee County Affordable Housing to use before and after photographs and/or videos of the property for promotional or information purposes. Applicant acknowledges and agrees that Applicant’s statements are true, correct, and complete to the best of his/her knowledge.

**WARNING:** Title 18, Section 1001 of the US. 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.

**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.

_____ Printed Name of Applicant	_____ Signature Name of Applicant	_____ Date
_____ Printed Name of Co-Head	_____ Signature of Co-Head	_____ Date
_____ Print Name of Member (Over 18 Years)	_____ Signature of Member (Over 18 Years)	_____ Date
_____ Print Name of Member (Over 18 Years)	_____ Signature of Member (Over 18 Years)	_____ Date
_____ Print Name of Member (Over 18 Years)	_____ Signature of Member (Over 18 Years)	_____ Date
_____ Print Name of Member (Over 18 Years)	_____ Signature of Member (Over 18 Years)	_____ Date

**THIRD – PARTY VERIFICATION OF EMPLOYMENT**

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may fax this form to: (239) 533-7955 or e-mail to: DDEGUZMAN@LEEGOV.COM.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed “Authorization for the Release of Information” is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Co-Applicant** **Print Name** **Date**

Please return information to:

Name: Diane de Guzman Title: Housing Finance Counselor

Department: Human & Veteran Services Division: Housing Phone: (239) 533-7953

Address: 2440 Thompson Street, Fort Myers, FL 33901 or P.O. Box 398, Fort Myers, FL 33902-0398

Please complete the applicable sections below:

**Employer/Company Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

**Please provide information about anticipated employment income during the next 12 months:**

Position: \_\_\_\_\_ Length of Time Employed: \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_ Pay Frequency (Hr., Wk., Mo.): \_\_\_\_\_ # of Hours per Week: \_\_\_\_\_

Overtime Pay Rate: \$ \_\_\_\_\_ Average Overtime Hours/Wk: \_\_\_\_\_ Overtime Likely to Continue? (circle one): Yes No

Total Annual Base Pay Earnings: \$ \_\_\_\_\_ Total Overtime Base Pay Earnings: \$ \_\_\_\_\_

Amount and Frequency of Other Compensation (bonus, raise, commission, tips): \_\_\_\_\_

Vacation Pay (Y or N): \_\_\_\_\_ If yes, number of days: \_\_\_\_\_

Retirement Account (Y or N): \_\_\_\_\_ Amount Accessible to Employee: \$ \_\_\_\_\_

Total Gross Annual Income, including other compensation, for next 12 months: \$ \_\_\_\_\_

Signature of Authorized Representative:

\_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Warning:** 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.



**THIRD – PARTY VERIFICATION OF ASSET INCOME  
(To Be Completed For All Household Members, Including Minors)**

State and/or Federal Regulations require us to verify asset income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may fax this form to: (239) 533-7955 or e-mail to: DDEGUZMAN@LEEGOV.COM.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed “Authorization for the Release of Information” is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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<b>Signature of Applicant</b>	<b>Print Name</b>	<b>Date</b>
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<b>Signature of Co-Applicant</b>	<b>Print Name</b>	<b>Date</b>
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Please return information to:

Name: Diane de Guzman Title: Housing Finance Counselor

Department: Human & Veteran Services Division: Housing Phone: (239) 533-7953

Address: 2440 Thompson Street, Fort Myers, FL 33901 or P.O. Box 398, Fort Myers, FL 33902-0398

COMPLETE THE APPLICABLE SECTIONS BELOW:

\*\*\*\*\***Applicants – Do Not Write Below This Line**\*\*\*\*\*

Checking Account No.	Average Monthly Balance Last 6 Months	Current Interest Rate	
Savings Account No.	Current Balance	Current Interest Rate	
Money Market Account No.	Average Monthly Balance Last 6 Months	Current Interest Rate	
Certificate of Deposit No.	Amount	Current Interest Rate	Withdrawal Penalty
IRA, Keogh, Retirement Account No.	Amount	Current Interest Rate	Withdrawal Penalty
Other Account No.	Amount	Current Interest Rate	Withdrawal Penalty

**Institution Name:** \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**THIRD – PARTY VERIFICATION OF REGULAR CASH CONTRIBUTIONS  
(i.e. Rental Income, Regular Family Assistance, Alimony, etc.)**

State and/or Federal Regulations require us to verify regular cash contributions made to the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may fax this form to: (239) 533-7955 or e-mail to: DDEGUZMAN@LEEGOV.COM.

**Authorization:**

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\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Co-Applicant** **Print Name** **Date**

Please return information to:

Name: Diane de Guzman Title: Housing Finance Counselor

Department: Human & Veteran Services Division: Housing Phone: (239) 533-7953

Address: 2440 Thompson Street, Fort Myers, FL 33901 or P.O. Box 398, Fort Myers, FL 33902-0398

Complete the applicable Sections below:

Name of Person Providing Cash Contribution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

Type of Contribution: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Frequency of contribution (circle one): daily weekly monthly yearly

Will payment continue over the next 12 months (circle one): Yes No

Expected termination date of cash contributions: \_\_\_\_\_

Anticipated total cash contributions over the next 12 months \$: \_\_\_\_\_

Signature of Authorized Representative:

\_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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**THIRD – PARTY VERIFICATION OF SOCIAL SECURITY BENEFITS**

State and/or Federal Regulations require us to verify Social Security Benefit income for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may fax this form to: (239) 533-7955 or e-mail to: DDEGUZMAN@LEEGOV.COM.

**Authorization:**

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\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Co-Applicant** **Print Name** **Date**

Please return information to:

Name: Diane de Guzman Title: Housing Finance Counselor

Department: Human & Veteran Services Division: Housing Phone: (239) 533-7953

Address: 2440 Thompson Street, Fort Myers, FL 33901 or P.O. Box 398, Fort Myers, FL 33902-0398

Complete the applicable Sections below:

**To: Social Security Administration; ATTN: Benefit Verifications**

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Type of Social Security Benefit: \_\_\_\_\_ Gross Monthly Amount: \$ \_\_\_\_\_

Type of Supplemental Social Security Benefit: \_\_\_\_\_ Gross Monthly Amount: \$ \_\_\_\_\_

Deduction for Medicaid: (Y or N) \_\_\_\_\_ If yes, Amount Deducted: \$ \_\_\_\_\_

Total Anticipated Gross Income for Next 12 Months: \$ \_\_\_\_\_

Signature of Authorized Representative:

\_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Warning:** 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.

**THIRD – PARTY VERIFICATION OF INCOME FROM BUSINESS**

State and/or Federal Regulations require us to verify business income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may fax this form to: (239) 533-7955 or e-mail to: DDEGUZMAN@LEEGOV.COM.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed “Authorization for the Release of Information” is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Co-Applicant** **Print Name** **Date**

Please return information to:

Name: Diane de Guzman Title: Housing Finance Counselor

Department: Human & Veteran Services Division: Housing Phone: (239) 533-7953

Address: 2440 Thompson Street, Fort Myers, FL 33901 or P.O. Box 398, Fort Myers, FL 33902-0398

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

Complete the applicable Sections below:

**Company Name:** \_\_\_\_\_

**Date Business Transacted from:** \_\_\_\_\_ **Gross Income:** \_\_\_\_\_

Expenses (Provide Amounts for Applicable Expenses):

**Interest on Loans:** \$ \_\_\_\_\_ **Cost of goods/materials:** \$ \_\_\_\_\_

**Rent:** \$ \_\_\_\_\_ **Utilities:** \$ \_\_\_\_\_

**Wages/Salaries:** \$ \_\_\_\_\_ **Employee Contributions:** \$ \_\_\_\_\_

**Federal Withholding Tax:** \$ \_\_\_\_\_ **State Withholding Tax:** \$ \_\_\_\_\_

**FICA:** \$ \_\_\_\_\_ **Sales Tax:** \$ \_\_\_\_\_

**Other:** \$ \_\_\_\_\_ **Other:** \$ \_\_\_\_\_

**Straight Line Depreciation:** \$ \_\_\_\_\_ **Total Expenses:** \$ \_\_\_\_\_

**Net Income:** \$ \_\_\_\_\_

Signature of Authorized Representative:

\_\_\_\_\_  
**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

\_\_\_\_\_  
**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**THIRD – PARTY VERIFICATION OF UNEMPLOYMENT BENEFITS**

State and/or Federal Regulations require us to verify unemployment benefit income for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may fax this form to: (239) 533-7955 or e-mail to: DDEGUZMAN@LEEGOV.COM.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed “Authorization for the Release of Information” is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Co-Applicant** **Print Name** **Date**

Please return information to:

Name: Diane de Guzman Title: Housing Finance Counselor

Department: Human & Veteran Services Division: Housing Phone: (239) 533-7953

Address: 2440 Thompson Street, Fort Myers, FL 33901 or P.O. Box 398, Fort Myers, FL 33902-0398

Complete the applicable Sections below:

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

**To: Agency for Workforce Innovation; Unemployment Claims; 4530 Fowler Street; Fort Myers, FL 33901**

Name:

\_\_\_\_\_  
Are Benefits being Paid now (Y or N): If Yes, Gross Weekly Payment: \$

\_\_\_\_\_  
Date of Initial Payment: Duration of Benefits:

\_\_\_\_\_  
Claimant Eligible for Future Benefits (Y or N): If Yes, Provide # of Weeks:

\_\_\_\_\_  
If No, Provide Date of Benefits Termination or Maximum Duration of Benefits:

Signature of Authorized Representative:

\_\_\_\_\_  
Printed Name: Title:

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

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**THIRD – PARTY VERIFICATION OF CHILD SUPPORT PAYMENTS**

State and/or Federal Regulations require us to verify unemployment benefit income for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may fax this form to: (239) 533-7955 or e-mail to: DDEGUZMAN@LEEGOV.COM.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed “Authorization for the Release of Information” is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Co-Applicant** **Print Name** **Date**

Please return information to:

Name: Diane de Guzman Title: Housing Finance Counselor

Department: Human & Veteran Services Division: Housing Phone: (239) 533-7953

Address: 2440 Thompson Street, Fort Myers, FL 33901 or P.O. Box 398, Fort Myers, FL 33902-0398

Complete the applicable Sections below:

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

**To: Florida Department of Revenue; Child Support Enforcement** **Fax To: 239-278-7466**

Name of person paying child support: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Children’s Names: \_\_\_\_\_

Amount of Support \$ \_\_\_\_\_ Paid: \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

Signature of Authorized Representative:

\_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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**THIRD – PARTY VERIFICATION OF PENSIONS AND ANNUITIES**

State and/or Federal Regulations require us to verify unemployment benefit income for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may fax this form to: (239) 533-7955 or e-mail to: DDEGUZMAN@LEEGOV.COM.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed “Authorization for the Release of Information” is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Co-Applicant** **Print Name** **Date**

Please return information to:

Name: Diane de Guzman Title: Housing Finance Counselor

Department: Human & Veteran Services Division: Housing Phone: (239) 533-7953

Address: 2440 Thompson Street, Fort Myers, FL 33901 or P.O. Box 398, Fort Myers, FL 33902-0398

Complete the applicable Sections below:

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

**Institution Name:** \_\_\_\_\_

**Institution Address:** \_\_\_\_\_

**Current monthly gross amount of pension or annuity \$:** \_\_\_\_\_

**Deduction from Gross for Medical Insurance Premiums \$:** \_\_\_\_\_

**Date of Initial Award:** \_\_\_\_\_ **Effective Date of Current Amount:** \_\_\_\_\_

**Expected Change in Current Amount:** \_\_\_\_\_ **New Amount \$:** \_\_\_\_\_

**Contribution to company retirement/pension fund \$:** \_\_\_\_\_

**Amount received in lump sum \$:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Authorized Representative:

\_\_\_\_\_  
**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Warning:** 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.

**THIRD – PARTY VERIFICATION OF VETERANS BENEFITS**

State and/or Federal Regulations require us to verify unemployment benefit income for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may fax this form to: (239) 533-7955 or e-mail to: DDEGUZMAN@LEEGOV.COM.

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed “Authorization for the Release of Information” is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
**Signature of Applicant** **Print Name** **Date**

\_\_\_\_\_  
**Signature of Co-Applicant** **Print Name** **Date**

Please return information to:

Name: Diane de Guzman Title: Housing Finance Counselor

Department: Human & Veteran Services Division: Housing Phone: (239) 533-7953

Address: 2440 Thompson Street, Fort Myers, FL 33901 or P.O. Box 398, Fort Myers, FL 33902-0398

Complete the applicable Sections below:

\*\*\*\*\*Applicants – Do Not Write Below This Line\*\*\*\*\*

**To; Department of Veterans Affairs; VA Benefits and Pensions Fax To: 727-319-7752, 7754, 7756**

Name of Veteran:

Address of Veteran:

Claim Number: Date of Birth:

Service Dates From: To:

Benefits Paid to: Current Benefit Amount \$:

Original Start Date:

This amount will increase decrease on: (date changes take effect)

New Amount \$:

Benefit Type:

Signature of Authorized Representative:

\_\_\_\_\_  
Printed Name: Title:

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

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**SHIP ACCESSIBILITY REQUIREMENTS**

A home receiving SHIP funds must meet the following design criteria for accessibility:

1. The home must have at least one entrance that has a ramp or no-step entrance unless the proposed construction of a no-step entrance will require the installation of an elevator.

I understand the above requirements and will notify the Builder or Seller of this SHIP accessibility requirement:

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*\*\*\*\*

As Builder/Seller, I hereby agree and acknowledge that the house at \_\_\_\_\_  
being built/sold for/to \_\_\_\_\_ will be built to the  
above specifications:

\_\_\_\_\_  
Builder/Seller

\_\_\_\_\_  
Date

LEE COUNTY STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) PROGRAM  
NEW CONSTRUCTION AFFIDAVIT

STATE OF FLORIDA

COUNTY OF: LEE

General Contractor or Seller

Name: \_\_\_\_\_

Strap Number: \_\_\_\_\_

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

Legal Description: \_\_\_\_\_

The undersigned, being first duly sworn, deposes and says:

I \_\_\_\_\_ personally attest that the unit referenced above received a certificate of occupancy from the appropriate local government on \_\_\_\_\_.

I attest that the subject unit is new construction and has never been occupied and there are no legal activities pending that would cloud the title.

I understand that this affidavit will be use as proof that the above unit is a new construction, and it meets all the requirements to received SHIP funds.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

ACKNOWLEDGMENT

The forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, on behalf of \_\_\_\_\_ (General Contractor etc). He/she is personally known to me or has produced \_\_\_\_\_ as identification, and who did (did not) take an oath.

\_\_\_\_\_  
Notary Public  
Print Name \_\_\_\_\_  
Title or Rank \_\_\_\_\_  
Expiration Date: \_\_\_\_\_