



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

Kevin Ruane
District One

Cecil L
Pendergrass
District Two

Ray Sandelli
District Three

Brian Hamman
District Four

Frank Mann
District Five

Roger Desjarlais
County Manager

Richard Wm.
Wesch
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 **\$294,601**. If you own your lot, appraised value (including lot and house) cannot exceed **\$294,601**.
- 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 CorporationPhone: 239-275-5105
 - Affordable Homeownership Foundation Inc.Phone: 239-689-4944
 - Habitat for Humanity of Lee & Hendry CountiesPhone: 239-652-1682
 - Royal Palm Coast REALTOR® AssociationPhone: 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)
	These items are required to be submitted prior to closing:
	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 \$ _____

1st 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.

Applicant Signature

Date

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.

Adult Household Member Signature	Print Name	Date
----------------------------------	------------	------

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 **2021** income limits set forth below:

1 person - \$40,250	2 persons - \$46,000	3 persons - \$51,750	4 persons - \$57,500
5 persons - \$62,100	6 persons - \$66,700	7 persons - \$71,300	8 persons - \$75,900

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 \$294,601.**

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.

Applicant Signature	Witness	Date
---------------------	---------	------

Co-Applicant/Household Member Signature	Witness	Date
---	---------	------

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.**

Applicant's Name (Print)	Applicant's Signature	Date
---------------------------------	------------------------------	-------------

Applicant's Name (Print)	Applicant's Signature	Date
---------------------------------	------------------------------	-------------

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 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 _____

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.

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*******

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:** _____

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 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:

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:

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: _____

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 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:

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:

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:** _____

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 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:

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 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: _____

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 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:

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.

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: _____