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

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 **$349,526**. If you own your lot, appraised value (including lot and house) cannot exceed **$349,526**

- 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
  - Habitat for Humanity of Lee & Hendry Counties …………………………..Phone: 239-652-1682
  - 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.

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: ________________________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
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<tbody>
<tr>
<td>Lender Referral Form</td>
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<tr>
<td>Application for Housing Assistance (3 pages)</td>
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<tr>
<td>Applicant Monthly Expenses or Bills</td>
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<td>Authorization for the Release of Information</td>
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<td>SHIP Home Ownership Fact Sheet</td>
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<td>Conflict of Interest Disclosure</td>
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<tr>
<td>Notice Regarding Collection of Social Security Numbers</td>
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<td>Public Records Disclosure</td>
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<tr>
<td>Statement of Household Size</td>
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<tr>
<td>Third Party Verification Forms - Buyer(s) to sign all forms</td>
<td></td>
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<tr>
<td>SHIP Accessibility Requirements – Must be signed by both buyer and seller</td>
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<tr>
<td>Copy of Birth Certificate(s) on which the parent / applicant’s name is listed for all children</td>
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<tr>
<td>Copies of Social Security Cards for all household members</td>
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<tr>
<td>Copies of Photo ID(s) for all adult household members</td>
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<tr>
<td>Copy of Child Support Order, if applicable</td>
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<tr>
<td>Copy of Court-Ordered Letter(s) of Guardianship, if applicable</td>
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<tr>
<td>Copy of Divorce Decree, if applicable</td>
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<tr>
<td>Copy of Proof of Citizenship. If applicable, Evidence of Permanent Resident Alien Status</td>
<td></td>
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<tr>
<td>Copy of <strong>signed</strong> 1003 Loan Application</td>
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<tr>
<td>Copy of <strong>signed</strong> Loan Estimate</td>
<td></td>
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<tr>
<td>Copy of <strong>signed</strong> Purchase / Construction Contract</td>
<td></td>
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<tr>
<td>Copy of Earnest Money Deposit</td>
<td></td>
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<tr>
<td>Copy of Two (2) Months Most Recent Pay Stubs</td>
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<tr>
<td>Copy of all income documents (i.e. social security, pension, etc.)</td>
<td></td>
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<tr>
<td>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</td>
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<tr>
<td>Copy of Most Recent IRS Tax Return (1 year), unless self-employed (2 years)</td>
<td></td>
</tr>
</tbody>
</table>

**These items are required to be submitted prior to closing:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy of First Mortgage Loan Commitment / Approval</td>
<td></td>
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<tr>
<td>Copy of Appraisal</td>
<td></td>
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<tr>
<td>Copy of Home Buyer Education Certificate</td>
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<tr>
<td>New Construction Affidavit – To be completed by seller</td>
<td></td>
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<tr>
<td>Certificate of Occupancy</td>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th></th>
<th>Applicant</th>
<th>Co-Applicant</th>
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<tbody>
<tr>
<td>Full Name</td>
<td></td>
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<tr>
<td>Social Security</td>
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<tr>
<td>Number</td>
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<tr>
<td>Date of Birth</td>
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</tr>
<tr>
<td>Street Address:</td>
<td></td>
<td>Phone:</td>
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<tr>
<td>City</td>
<td></td>
<td>State/Zip:</td>
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<tr>
<td>Mailing Address</td>
<td></td>
<td>Phone:</td>
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<tr>
<td>City</td>
<td></td>
<td>State/Zip:</td>
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<tr>
<td>Marital Status:</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Relationship to Applicant</th>
<th>Full-Time Student Yes/No</th>
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Does Applicant/Co-Applicant own a home? □ Yes □ No  Monthly Rent/Mortgage: $________________________

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

Applicant Employment Information: (Please list most recent employment)

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employer Name:</th>
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<tbody>
<tr>
<td>Position:</td>
<td>Supervisor:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>Phone:</td>
<td>Fax:</td>
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<tr>
<td>Time Employed:</td>
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<tr>
<td>Pay Rate:</td>
<td>Pay Frequency:</td>
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</tbody>
</table>

Annual Income (gross salary, overtime, tips, bonuses, etc.): $________________________
Co-Applicant Employment Information: (Please list most recent employment)

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employer Name:</th>
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</thead>
<tbody>
<tr>
<td>Position:</td>
<td>Supervisor:</td>
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<tr>
<td>Address:</td>
<td>Time Employed:</td>
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<td>Phone:</td>
<td>Pay Rate:</td>
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<td>Pay Frequency:</td>
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<tr>
<td>Annual Income (gross salary, overtime, tips, bonuses, etc.): $</td>
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</tbody>
</table>

**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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Income</th>
<th>Gross Annual Income</th>
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<tbody>
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<td>Total $</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Asset Value/Balance</th>
<th>Bank Name/Account #</th>
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<td></td>
<td>Total $</td>
<td>Total $</td>
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</table>
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)

<table>
<thead>
<tr>
<th>Type of Debt</th>
<th>Name of Financial Institution or Creditor</th>
<th>Account Balance</th>
<th>Monthly Payments</th>
<th>Months Left to Pay</th>
<th>Debtor Name</th>
</tr>
</thead>
<tbody>
<tr>
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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 2022 income limits set forth below:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>$45,050</td>
</tr>
<tr>
<td>2 persons</td>
<td>$51,450</td>
</tr>
<tr>
<td>3 persons</td>
<td>$57,900</td>
</tr>
<tr>
<td>4 persons</td>
<td>$64,300</td>
</tr>
<tr>
<td>5 persons</td>
<td>$69,450</td>
</tr>
<tr>
<td>6 persons</td>
<td>$74,600</td>
</tr>
<tr>
<td>7 persons</td>
<td>$79,750</td>
</tr>
<tr>
<td>8 persons</td>
<td>$84,900</td>
</tr>
</tbody>
</table>

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 $349,526.**

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.

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Witness</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Co-Applicant/Household Member Signature</th>
<th>Witness</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

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: ____________________________________________
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.

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Date</th>
<th>Co-Applicant Signature</th>
<th>Date</th>
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<tr>
<th>Other Adult Household Member Signature</th>
<th>Date</th>
<th>Other Adult Household Member Signature</th>
<th>Date</th>
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<tr>
<td></td>
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</table>
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.

Name of head of household  Signature of head of household  Date

Name of co-head of household  Signature of co-head of household  Date

Name household member (over 18 years)  Signature household member (over 18 years)  Date

Name household member (over 18 years)  Signature household member (over 18 years)  Date

Name household member (over 18 years)  Signature household member (over 18 years)  Date

Name household member (over 18 years)  Signature household member (over 18 years)  Date

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.

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<th>Date</th>
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<tr>
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<th>Print Name</th>
<th>Date</th>
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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****************************************************

<table>
<thead>
<tr>
<th>Checking Account No.</th>
<th>Average Monthly Balance Last 6 Months</th>
<th>Current Interest Rate</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Savings Account No.</th>
<th>Current Balance</th>
<th>Current Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Money Market Account No.</th>
<th>Average Monthly Balance Last 6 Months</th>
<th>Current Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Certificate of Deposit No.</th>
<th>Amount</th>
<th>Current Interest Rate</th>
<th>Withdrawal Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>IRA, Keogh, Retirement Account No.</th>
<th>Amount</th>
<th>Current Interest Rate</th>
<th>Withdrawal Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Other Account No.</th>
<th>Amount</th>
<th>Current Interest Rate</th>
<th>Withdrawal Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**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.

<table>
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<tr>
<th>Signature of Applicant</th>
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<th>Date</th>
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<tbody>
<tr>
<td>Signature of Co-Applicant</td>
<td>Print Name</td>
<td>Date</td>
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</table>

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@LEEPGOV.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.

<table>
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<tr>
<th>Signature of Applicant</th>
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<tr>
<th>Signature of Co-Applicant</th>
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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:

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.

<table>
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<tr>
<th>Signature of Applicant</th>
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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*****************************************************

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:

_________________________ ___________________________ ___________________________
Printed Name: Title: 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:
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<tr>
<th>Signature of Co-Applicant</th>
<th>Print Name</th>
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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:

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:

__________________________________________  Co-Applicant

__________________________________________

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:

__________________________________________  Date

Builder/Seller
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: