

#### LEE COUNTY CDBG HOMEOWNERSHIP ASSISTANCE PROGRAM

Kevin Ruane District One

Cecil L Pendergrass

District Two

Ray Sandelli District Three

Brian Hamman District Four

Mike Greenwell District Five

Dave Harner,, II County Manager

Richard Wm. Wesch County Attorney

Donna Marie Collins Hearing Examiner Dear Future Lee County Homeowner / Interested Lender or Realtor:

Thank you for inquiring about the CDBG Homeownership Assistance Program. Please note that the application process may take up to <u>4 to 6 weeks</u> depending on completeness of the application. Funds are available on a first come-first ready basis for homebuyers who meet the program requirements.

- This program is for the purchase of existing homes or new construction homes that have been issued a certificate of occupancy, located in Unincorporated Lee County.
- The home being purchased must be a site-built single family home or condo/PUD. Mobile/manufactured homes, duplexes, or homes with attached or detached mother-in-law units, and homes with in-ground pools are **not** eligible. <u>Maximum purchase price</u> for the property is \$380,000.
- Homebuyers must agree to occupy the property as their principal homesteaded residence and not own any other homes at the time of application.
- Homebuyers are required to attend a Homebuyer Education Workshop from a HUD approved housing counseling agency. The following agencies may offer such courses:
- Homebuyers must obtain a loan commitment for a new first mortgage from a licensed lending institution. Our program is open to all lenders; no approval process is required.
- For approved applicants, Lee County will determine the amount of down payment and mortgage subsidy based on need. We can pay up to 50% of the lender required down payment, plus additional mortgage subsidy if needed. Homebuyer will be responsible for the balance of the down payment plus closing costs. Maximum assistance in any case will be \$75,000.00. The home must appraise at or above the sales price in order to qualify for assistance.
- Funds are available on a first come-first ready basis. To confirm availability of funds, contact Lee County.
- A completed application along with a copy of a fully executed purchase contract is required to be **submitted by the Mortgage Loan Officer** directly to Lee County at the address below:

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





# **CHECKLIST FOR SUBMISSION**

Applicant's Name:	,

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

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

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

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

PROCESSING TIME CAN TAKE UP TO 30 WORKING (<u>BUSINESS</u>) DAYSI PRELIMINARY APPLICATION CAN BE SUBMITTED VIA EMAIL, U.S. MAIL, OR IN PERSON. FAXED APPLICATIONS WILL NOT BE ACCEPTED.

Date

Instructions: Submit all items from Checklist for Submission to:

Signature of Loan Agent

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

Phone: (239) 533~7938 • Fax: (239) 533~7955 • E-mail: DCurran@leegov.com



# CDBG Homeownership Assistance Application

Applicant Information (all a	dult household n	nembers must co	mplete/	sign; use sepa	ırate sheets a	s nec	essary	r):
Applicant/Co- Applicant General Information	Applicant			Co-Applicant	t			
Full Legal Name:								
Social Security #:								
Date of Birth:								
Street Address:								
City, State Zip:								
Length at address:								
Home Phone:								
Cell: Phone:								
Work Phone:								
E-mail Address:								
Marital Status:								
Are you a US Citizen? Are you a Permanent reside Have you and/or your spoud Do you have any outstanding Have you been declared bathave you had a property for Are you a party to a lawsuithave you applied for a houthave you disposed of any numbers of the so, how much?  Have you ever been awards whether or not it is received If yes, in what State and Call Haveshald Mombars.	use or co-applica ng unpaid collect nkrupt within the oreclosed upon or t? se through any conajor assets in the ed child support to d?	tions or judgmen e past 7 years? given title or de other non-profit at past two years?	ts? ed in lie igency?	eu of foreclosi	Yes	No N	Yes	App No No No No No No No No
ALL Household Members:  Name (s)	Social Security Number	Date of Birth	Sex	Relationship to Applicant	Marital Status M, S, W, D		tizensh Status <b>?</b>	
				Self	W, D			
- 4				1.1				
Is applicant, co-applicant, or If yes, please list student nan		enold member, as	ze 18 oi	older, a full-	time student'	! Yes	⊔ N	o <b>ப</b>

Does anyone plan to live wi	ith you in the future	e who is	(are) not liste	ed above? Ye	es 🗆 No 🗆	3
Does the applicant or co-ap	oplicant own a hom	e? Yes [	□ No □; Mo	onthly rent/1	mortgage:	\$
Number of persons in hous			,	J	00	
White	Black			Native Ar	nerican/Ir	ıdian
Asian/Pacific Islander	Hispanio			Other	11011000117 11	
Elderly (62 and over)	Disabled			Name(s)	of disabled	1?
Household type: Single   Applicant /Co-Applicant /	•		oarent 🗖 M		Individua	ls 🗖
Employee Name:	Strict Twait Header	1014 14101	Employer Na		<i>au</i> 011.	
Position:			Supervisor:			
Address / Phone:			1		Time Em	ploved:
Pay Rate:					Pay Freq	
Annual Income (gross sala	 rv_overtime_tins_b	oonuses	etc): \$			
Tunian meene Grees said			Ειζ). ψ			
Employee Name:			Employer Na	ame:		
Position:			Supervisor:			
Address / Phone:					Time Em	ployed:
Pay Rate:					Pay Freq	uency:
Annual Income (gross sala	 ıry, overtime, tips, b	onuses,	etc): \$		_	· · · · · · · · · · · · · · · · · · ·
			/- 1			
NOTE: Attach additional sh Annual Household Income	·			•	and over.	
Source	Applicant	Co	-Applicant	Other men	, ,	Total
Gross Salary						
Overtime, Tips, Bonuses						
Alimony/Child Support						
Social Security						
Retirement/Pension						
AFDC, Welfare						
Interest/Dividends						

Total Annual Income \$

Unemployment

Other

Workers Compensation
Net Business Income

Туре	Institution		Owner	Account	#	Cash Value
Checking Account						
Savings Account						
Money Market						
Stocks, Bonds, CD's						
IRA's, 401(k)						
Equity in Properties						
Life Insurance						
Other						
	1			Total.	Assets	\$
Liabilities (for all househol					and ir	
Туре	Creditor's Name		Monthly	Payment		Balance
7 (7						27/4
Rent/Lease Payment						N/A
Mortgage			_		_	
	Total Liab	ilities	\$		\$	
How did you hear about th	e CDRG Homeowners	hin As	sistance Prooi	ram?		
WARNING: Title 18, Section 19 false or fraudulent statements to Section 1014 of the U.S. Code. WARNING: Florida Statute 817 relating to financial condition is 2775.082 or 775.083  I/We understand that any with application information proved information for the purpose assistance. I/We agree to prinformation and documents proved that the above information to the purpose assistance of the purpose assistance. I/We agree to prinformation and documents prinformation and documents proved that the above information to the purpose assistance. I/We agree to prinformation and documents prinformation and documents prinformation that the above information my household contains the purpose to my household contains the purpose to my household contains the purpose to my household contains the purpose that the above information my household contains the purpose that the above information the purpose that the purpose the purpose that the purp	2001 of the U.S. Code states a department of the United a department of the United a provides that willful false a misdemeanor of the first of the life ided is true and complete se of income verification ovide any documentation provided are a matter of armation is true and contraction is true	that a p States C statemedegree a primation of the related n need public	person is guilty of Government; which the sor misrepressed in the group of the best of my/out to making detect to assist in record.	f a felony for knouch is punishable the station concernition by fines and imparts for disqualiting knowledge. It is made that it is made that it is made the state of the stat	under the ng income risonme fication (/We comy/our gibility	e provisions of Title 18, ne and assets or liabilities nt provided under S  a. I/We certify that the posent to the disclosure eligibility for program and are aware that all possibility to report all
Applicant's Signature	Date		- T	cant's Signatur		Date

Date

Other Adult Household Member Signature

Date

Other Adult Household Member Signature

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

Borrower's Name:				
Property Address:				
Lending Institution:_				
First Mortgage Terms	}			
1. Loan Amount	: \$			
2. Loan Type	☐ Conventional Conform☐ Conventional Non-Con☐ FHA☐ VA☐ USDA	_		
3. Loan Term:		☐ Years	☐ Months	
4. Interest Rate:	%	Locked In?	☐ Yes ☐ No	
5. Fixed Rate? _	Len	ider Required Mi	nimum Down Payment:	%
	Len	der Required Mi	nimum Down Payment: \$	
The above borrower Program.	is applying for assistan	ce through Lee	County's CDBG Homeov	vnership Assistance
If any of the above t contact Lee County H	officer hereby declares the erms change between not uman and Veteran Service above information change	w and closing, th s (LCHVS). Any a	ne undersigned loan offic approval given by LCHVS n	er will immediately
Acknowledged by:				
Applicant's Signature	: Dat	te Co-Aj	oplicant's Signature	Date
Loan Officer Signatur	re Dat	te Loan	Officer Printed Name	

# ESTIMATED DOWN PAYMENT AND MORTGAGE SUBSIDY CALCULATION FORM

(to be completed by Mortgage Loan Officer)

(income from ALL household members) 35% of Annual Income:  Purchase Price:  Less Lender Required MINIMUM Down Payment (%)  Mortgage Amount:  Annual Principal & Interest on \$ @% interest  Annual Property Taxes (based on last/most recent tax  bill or tax estimator if new construction):  Annual HO Insurance (& Flood, if applicable):  Annual Mortgage Insurance, if applicable:  Annual HOA, if applicable:  Total Annual Housing Payment:  (% of household income)  Lower First Mortgage (if needed) down to an amount that will provide a housing payment of 3:  Annual Principal & Interest on \$ @% interest  Annual Property Taxes (based on last/most recent tax  bill or tax estimator if new construction):  Annual HO Insurance (& Flood, if applicable):  Annual Mortgage Insurance, if applicable:  Annual HOA, if applicable:  \$ \$	Borrower/Co-Borrower:		
Estimated Total Annual Household Income:  (income from ALL household members)  35% of Annual Income:  Purchase Price:  Less Lender Required MINIMUM Down Payment (%)  Mortgage Amount:  Annual Principal & Interest on \$@% interest \$	Property Address:		
(income from ALL household members)  5% of Annual Income:  Purchase Price:  Less Lender Required MINIMUM Down Payment (	Loan Type:		
Purchase Price: ess Lender Required MINIMUM Down Payment (		\$	_
Annual Principal & Interest on \$ @% interest \$ Mortgage Amount: \$		\$	_
Annual Principal & Interest on \$ @% interest \$ Manual Property Taxes (based on last/most recent tax bill or tax estimator if new construction): \$	Purchase Price:	\$	
Annual Principal & Interest on \$	Less Lender Required MINIMUM Down Payment (%)	\$	
Annual Property Taxes (based on last/most recent tax bill or tax estimator if new construction):  Annual HO Insurance (& Flood, if applicable):  Annual Mortgage Insurance, if applicable:  Sumual HOA, if applicable:  Total Annual Housing Payment:  (% of household income)  Annual Principal & Interest on \$@% interest \$		\$	_
bill or tax estimator if new construction):  Annual HO Insurance (& Flood, if applicable):  Annual Mortgage Insurance, if applicable:  Annual HOA, if applicable:  Total Annual Housing Payment:  (% of household income)  Lower First Mortgage (if needed) down to an amount that will provide a housing payment of 3:  Annual Principal & Interest on \$ @% interest  Annual Property Taxes (based on last/most recent tax  bill or tax estimator if new construction):  Annual HO Insurance (& Flood, if applicable):  Annual Mortgage Insurance, if applicable:  Annual HOA, if applicable:  Total Annual Housing Payment:  (% of household income)  Mortgage Subsidy Needed (initial loan amount less new, lower loan amount):  Total Estimated Assistance Needed:  Mortgage Company Name:		\$	_
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Annual HOA, if applicable:  Total Annual Housing Payment:  (% of household income)  Lower First Mortgage (if needed) down to an amount that will provide a housing payment of 3:  Annual Principal & Interest on \$ @% interest \$  Annual Property Taxes (based on last/most recent tax  bill or tax estimator if new construction):  Annual HO Insurance (& Flood, if applicable):  Annual Mortgage Insurance, if applicable:  Annual HOA, if applicable:  Total Annual Housing Payment:  (% of household income)  Mortgage Subsidy Needed (initial loan amount less new, lower loan amount):  Total Estimated Assistance Needed:  Mortgage Company Name:		\$ \$	_
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Annual Principal & Interest on \$ @% interest \$ Annual Property Taxes (based on last/most recent tax bill or tax estimator if new construction): \$		\$	_
Annual Property Taxes (based on last/most recent tax bill or tax estimator if new construction):  Annual HO Insurance (& Flood, if applicable):  Annual Mortgage Insurance, if applicable:  Annual HOA, if applicable:  Total Annual Housing Payment:  (% of household income)  Mortgage Subsidy Needed (initial loan amount less new, lower loan amount):  50% of Lender Required Minimum Down Payment:  Total Estimated Assistance Needed:  Mortgage Company Name:	Lower First Mortgage (if needed) down to an amount that will provide a	a housing payment of 35°	%:
Annual Property Taxes (based on last/most recent tax bill or tax estimator if new construction):  Annual HO Insurance (& Flood, if applicable):  Annual Mortgage Insurance, if applicable:  Annual HOA, if applicable:  Total Annual Housing Payment:  (% of household income)  Mortgage Subsidy Needed (initial loan amount less new, lower loan amount):  50% of Lender Required Minimum Down Payment:  Total Estimated Assistance Needed:  Mortgage Company Name:	Annual Principal & Interest on \$ @ % interest	\$	
Annual HO Insurance (& Flood, if applicable):  Annual Mortgage Insurance, if applicable:  Annual HOA, if applicable:  Total Annual Housing Payment:  (% of household income)  Mortgage Subsidy Needed (initial loan amount less new, lower loan amount):  50% of Lender Required Minimum Down Payment:  Total Estimated Assistance Needed:  Mortgage Company Name:			_
Annual HO Insurance (& Flood, if applicable):  Annual Mortgage Insurance, if applicable:  Annual HOA, if applicable:  Total Annual Housing Payment:		\$	
Annual Mortgage Insurance, if applicable:  Annual HOA, if applicable:  Total Annual Housing Payment:  (% of household income)  Mortgage Subsidy Needed (initial loan amount less new, lower loan amount):  9 0% of Lender Required Minimum Down Payment:  Total Estimated Assistance Needed:  Mortgage Company Name:	Annual HO Insurance (& Flood, if applicable):	\$	
Total Annual HOA, if applicable:  Total Annual Housing Payment:  (% of household income)  Mortgage Subsidy Needed (initial loan amount less new, lower loan amount):  9	Annual Mortgage Insurance, if applicable:		
(% of household income)  Mortgage Subsidy Needed (initial loan amount less new, lower loan amount):  0% of Lender Required Minimum Down Payment:  Total Estimated Assistance Needed:  Mortgage Company Name:	Annual HOA, if applicable:	\$	_
Mortgage Subsidy Needed (initial loan amount less new, lower loan amount):  \$	Total Annual Housing Payment:	\$	
50% of Lender Required Minimum Down Payment:  Total Estimated Assistance Needed:  Mortgage Company Name:	(% of household income)		
Total Estimated Assistance Needed:  Mortgage Company Name:	Mortgage Subsidy Needed (initial loan amount less new, lower loan amount	ount): \$	
Mortgage Company Name:		\$	
	Total Estimated Assistance Needed:	\$	
Mortgage Loan Office Signature:	Mortgage Company Name:		
	Mortgage Loan Office Signature:		
Date:			

### **AUTHORIZATION FOR THE RELEASE OF INFORMATON**

Lee County Human and Veteran Services, for purposes	, the undersigned hereby egarding my/our employment, income, and/or assets to of verifying information provided as part of determining rship Assistance Program. I/We understand that only be requested.
Type of Information to be verified:	
may be requested are, but not limited to: personal id payment frequency, commissions, raises, bonuses and bonds, certificate of deposits, Individual Retirement Security, annuities, insurance policies, retirement fund	n regarding me/us may be required. Verifications that lentity, employment history, hours worked, salary and I tips; cash help in checking/savings accounts, stocks, Accounts, interest dividends; payments from Social ls, pensions, disability or death benefits, unemployment, ce, net income from the operation of a business, and
Organizations/Individuals that may be asked to provid	le written/oral verifications are, but not limited to:
Past/Present Employers Banks, Financial or Retirement Institutions State unemployment Agency Welfare Agency	Alimony/Child Support Providers Social Security Administration Veteran's Administration Other
Agreement to Conditions:	
I/We agree that a photocopy of this authorization may that I/we have the right to review this file and correct	be used for the purposes stated above. I/We understand any information found to be incorrect.
Applicant's Signature Date	Co-Applicant's Signature Date
Other Adult Household Member Signature Date	Other Adult Household Member Signature Date
Note: This general consent form may not be used to revour local IRS office for Form 4506, "Request for Copy	equest a copy of a tax return. If one is needed, contact of Tax Return" and prepare and sign separately.

#### PURCHASER'S ACKNOWLEDGEMENT OF MONITORING PERFORMANCE

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

1. Intend to occupy this property as my/our primary homesteaded residence. Lee County Human and Veteran Services (LCHVS) will perform an annual monitoring to endure that purchaser(s) is/are still occupying the subject property. Purchaser(s) agrees to promptly complete and return the survey letters that will be mailed each year during the term of the Lee County mortgage (five (5) years from closing). 2. Purchaser(s) certifies that I/we do not currently own any residential real estate property. 3. Purchaser(s) understands that this document in no way guarantees approval under Lee County's CDBG Homeownership Assistance Program. 4. Does purchaser(s) presently live in subsidized housing? ☐ Yes □ No Does property have a swimming pool? ☐ Yes □ No Purchaser's Acknowledgement of HUD's Minimum Housing Quality Standards Inspection \_\_\_\_\_, hereby acknowledge property located at that Lee County Human and Veteran Services (LCHVS) will perform an inspection to determine whether or not the above property meets HUD's required inspection requirements. The property must pass this inspection in order for me/us to be eligible for CDBG Homeownership Assistance. However, a passing inspection does not guarantee CDBG Homeownership Assistance funds. I/we understand that this inspection is not and should not be considered a "Home Inspection." Lee County HVS recommends that I/we obtain a Home Inspection including a defective drywall inspection (Chinese Drywall) performed by a licensed, insured independent Home Inspector/Drywall Inspector. If I/we choose to obtain a Home or Drywall inspection, a copy will be given to Lee County HVS. I/we further understand that Lee County HVS assumes no responsibility for the condition of the above property and does not warrant the house in any way. I/we are entitled to receive a copy of the HUD required inspection performed by LCHVS and will contact the following person if I/we desire to receive a copy of the inspection report:

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

> Phone: (239) 533~7938 Fax: (239) 533~7955 E-mail: DCurran@leegov.com

Applicant's Signature	Date	Co-Applicant's Signature	Date
Other Adult Household Member Signature	 Date	Other Adult Household Member Signature	Date

#### CONFLICT OF INTEREST DISCLOSURE

I understand that I must disclose information regarding my relationship with Lee County or with other persons who may be associated within the County if there is real or perceived conflict of interest due to employment, financial interest, or familial or business relationship. I, therefore, attest to the following: I am a current Lee County Board of County Commissioners' official, employee, board member, commissioner, agent and/or other representative of the County. Position/Title: I am a former Lee County Board of County Commissioners' official, employee, board member, commissioner, agent and/or other representative of the County. Position/Title: Date Employment/Term Ended: I am related to or have a business relationship with a current Lee County Board of County Commissioners' official, employee, board member, commissioner, agent and/or other representative. His/her name is: The person is associated with the County in the capacity as: The relationship of the person is as follows: ☐ Parent; ☐ Spouse; ☐ Immediate family; ☐ Business associate; ☐ Other: To the best of my knowledge, I am not aware of any current Lee County Board of County Commissioners' official, employee, board member, commissioner, agent and/or other representative of the County who is related to me or with whom I am a business associate. WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to a department of the United States Government; which is punishable under the provisions of Title 18, Section 1014 of the U.S. Code. WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under Statutes 775.082 or 775.083 Name (Print) Signature Date Signature Name (Print) Date FOR STAFF USE ONLY In accordance with Federal regulations, this employee: Does OR Does Not exercise or has exercised any functions or responsibilities with respect to HUD-funded activities, and  $\Box$ **Is** OR  $\Box$ **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.

Date:

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Signed by: \_\_\_\_\_

#### PURCHASER'S ACKNOWLEDGEMENT OF TERMS

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

In order to be eligible for assistance, an applicant cannot own any other homes; agree to occupy the property as their principal homesteaded residence; have executed a purchase contract for purchase of an existing or new construction single family home (condos and PUD's included) in Lee County; and have gross annual household income which does not exceed the limits set forth below (Effective May 1, 2024):

1 person ~ \$52,450	2 persons ~ \$59,950	3 persons ~ \$67,400	4 persons ~ \$74,900
5 persons ~ \$80,900	6 persons ~ \$86,900	7 persons ~ \$92,850	8 persons ~ \$98,850

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

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

Name	D/O/B	Relation	Social Security #	Income
		SELF		

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

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.083

I/we understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete.

Applicant's Signature	Date	Co-Applicant's Signature	Date	
Other Adult Household Member Signature	Date	Other Adult Household Member Signature	Date	





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

#### **NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS**

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

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

- 1. To verify an applicant's identity.
- 2. To verify household size.

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

#### Nondisclosure except under limited circumstances

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

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

#### **Acknowledgment of Receipt of Notice**

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

Applicant Signature	Date	Co-Applicant Signature	Date
Other Adult Household Member Signature	Date	Other Adult Household Member Signature	Date

# UNIFORM RELOCATION ACT (URA) SELLER FORM

Date:	
Seller:	
Homebuyer:	
Subject Property Address:	
To Whom It May Concern:	
The Lee County Human and Veteran Services is pleased to participate in the sale of your proper the buyer through our CDBG Homeownership Assistance Program.	rty by assisting
Under HUD's CDBG Homeownership Assistance Program, the Lee County Human and Veter mandated to inform you that any owner-occupant who voluntarily sells a property to a first-tis is not eligible for relocation assistance under the Uniform Relocation Act (URA). The above references to currently occupied by yourself or the purchaser, or be vacant. We will not allow displaced. In addition, we are using the property appraisal as the fair market value of your purchased. We also want to inform you that the buyer does not have the Power of Emineratherefore will not acquire the property if negotiations fail to result in an amicable sales agreement.	me homebuyer enced property a tenant to be
Again, the Lee County Human and Veteran Services is happy to participate in the sale of your pr creating an affordable home for this homebuyer.	operty thereby
If you have any questions, please contact me Monday-Friday, 7:30am-4:30pm at Lee County Veteran Services, 2440 Thompson Street, Fort Myers, FL 33901 (239.533.7938; Fax: 239.53 <a href="mailto:DCurran@leegov.com">DCurran@leegov.com</a> ).	ty Human and 3.7955; email:
Sincerely,	
Debbie Curran Debbie Curran, Housing Finance Counselor Lee County Human and Veteran Services	
I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE LETTER AND ALSO CE	RTIFY THAT:
Please check the one that applies.	
I am currently occupying the above referenced property.	
The above referenced property is and was vacant at the time the purchase contract was entered into with buyer.	
The above referenced property is occupied by a tenant.	
The above referenced property was occupied by tenant at the time the purchase contract entered into with buyer, but now vacant.	
The above referenced property is and was occupied by buyer at time the purchase contract was entered into with buyer.	
Other/Comments:	
Seller (owner) OR Seller's Designated Representative Printed Name	
Date	