



St. Lucie County Community Services
Housing Division
437 North 7th Street
Fort Pierce, FL 34950
Ph: 772-462-1777 Fax: 772-462-2855

****Please read the following before completing application:**

All Applicants:

Applications will only be accepted at time of appointment. Please refrain from turning in or having any documents faxed until after the appointment. **Release and Consent form must be signed by all members of the household that are 18 years of age or older.** Assets for all household members must be declared and verified.

Down Payment Applicants:

Prior to scheduling appointment, you must be pre-qualified for a mortgage by one of the members of St. Lucie County Lending Consortium. Please have pre-approval letter at time of appointment.

Mortgage Assistance Applicants:

Please provide copy of mortgage statement indicating the amount due to bring the loan amount current or reinstatement letter.

Rehabilitation Applicants:

Minimum requirements: Residence must be owner occupied; Homestead exemption must be current; Property taxes must be current; Mortgage loan (if any) must be current;

Once this application is complete please call to schedule an appointment.
To schedule an appointment or for more information, please call: 772-462-1777

PLEASE PROVIDE THE FOLLOWING INFORMATION AT APPOINTMENT:

***All Applicants**

- Completed and signed application.
- Florida State ID or Driver's License for all household members 18 years of age or older
- Copies of Social Security Cards for everyone in the household, including children
- Copies of state birth certificates for all children under 18 years old.
- Release and Consent form signed by all household members 18 years of age or older.
- Copies of most recent bank statements for 3 months.
- Copy of tax return for current and previous year for applicant(s) only.
- Copy of 4 most current paystubs from employment
- Non-Income/Asset Verification must be completed if any members of the household, 18 years of age or older are unemployed.
- Completed Notice of Voluntary Participation, signed by applicant(s).
- Copy of life insurance policies with cash value indicated, if applicable.

***Rehabilitation Applicants:**

- Copy of Mortgage deed or warranty deed.
- Copy of a current mortgage statement.
- Copy of homeowner's insurance policy
- Completed FEMA Authorization to Release Confidential Information

***Down Payment Assistance Applicants:**

- Pre-Approval letter from a member of the St. Lucie County Lending Consortium, indicating amount of loan approved.

***Mortgage/Foreclosure Assistance Applicants:**

- Most recent mortgage statement or delinquency notice.
- Budget Class Certificate
- Copies of all outgoing monthly expenses.



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I/We are applying for assistance with:

<input type="checkbox"/> Down Payment	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Mitigation
<input type="checkbox"/> Water/Sewer Assessment	<input type="checkbox"/> Mortgage/Foreclosure	
Date of Application:		
Applicant Name:		SSN:
Co-Applicant Name:		SSN:
Street Address:		
City, State, Zip:		
Mailing Address, if different from above:		
Phone:	Cell:	Work:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Household Type: <input type="checkbox"/> Single <input type="checkbox"/> Two Adults <input type="checkbox"/> Two Parent <input type="checkbox"/> Single Parent <input type="checkbox"/> Other		

List ALL occupants of the household (include applicant):

Full Name	Relationship to Applicant	Date of Birth	Social Security Number	Annual Income

Please indicate number of each in household:

Elderly(Over age 62): #	American Indian or Alaska Native: #
Disabled: #	Asian: #
White: #	Hispanic/Latino: #
Black/African American: #	Farm Worker: #
Other(please specify): #	

*This information is requested solely for determining the county's compliance with Federal civil rights laws, and the response will not affect consideration of their application.

Are you a member of the County Commission and/or related to a county government employee?

___ Yes ___ No

If yes, explain: _____

Do you currently have Homeowner's Insurance? ___ Yes ___ No

Rent/Mortgage Paid to:	Monthly Payment	Balance
	\$	\$

Assets:		
Type	Institution Name	Value
Checking Account		
Savings Account		
Life Insurance Policy		

* Please enter the last four digits of your account(s).

Household Income Information		
Household Member(s)	Source of Income	Gross Monthly Amount
	Employment/Wages	\$
	Overtime, Tips, Bonuses, etc.	\$
	Aid to Families w/ Dependent Children	\$
	Supplemental Social Security	\$
	Unemployment Compensation	\$
	Veteran's Benefit	\$
	Pensions/Insurance	\$
	Rental Property	\$
	Alimony	\$
	Social Security Benefit	\$
	Self-Employment	\$
	Asset Income	\$
	Child Support	\$
	Other Income	\$
	Total Monthly Income:	\$

PLEASE READ BEFORE SIGNING

AGREEMENT: The undersigned applied for assistance indicated in this application. The amount provided will be secured by a mortgage on the property described herein (except for My Safe Florida Home), and represents that the property will not be used for any illegal and/or restricted purpose. All statements made in this application are true and are made for the purpose of obtaining a loan, combination loan and grant, or a grant. Verification must be obtained from any source names in the application. The St. Lucie County Community Services office will retain a copy of this application, even if the assistance is not granted. The applicants are authorizing Housing Staff to collect social security numbers and use the number to verify information required to qualify the applicant.

The applicant/s' intent is to occupy the property as their primary residence.

APPLICANT/S' CERTIFICATION: I/we consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. I/we understand that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. I/we also agree to provide any other documentation needed to verify eligibility. I/we understand that the lending institution and St. Lucie County Community Services-Housing Division must be notified of any information changes. This information will be maintained by the County and is subject to public disclosure. If approved, I/we agree to allow St. Lucie County Community Services-Housing Division to communicate with any party involved in the assistance.

The information on this form is to be used to determine maximum income for eligibility. I/We have provided for each person set forth in the above acceptable verification of current anticipated annual income. I/We certify that the statements are true and complete to the best of my/our knowledge and belief under penalty of perjury.

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 S77.082 or 772.083.

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

**HOUSING PROGRAM
NOTICE OF VOLUNTARY PARTICIPATION**

I/we, _____, do hereby acknowledge that I **VOLUNTARILY** request to be included in the housing program for either down payment, rehabilitation, rent or mitigation assistance. I acknowledge that such inclusion will require me to provide personal data, such as income information, which is a private matter, but that by signing I acknowledge that release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated as confidentially as the Housing Program permits.

I further acknowledge that I am responsible to follow the following program rules:

1. The purpose of the rehabilitation program is to place my residence in a condition equal to minimum housing standards. I consent to attainment of this standard and will not demand assistance greater than that which is approved by the local government and regulated by St. Lucie County's Housing Programs.
2. The purpose of the down payment assistance program is to provide only the amount of funding necessary to make the monthly mortgage payments affordable based on my income. I will not demand assistance greater than that which is approved by the local government and regulated by St. Lucie County's Housing Programs.
3. I understand that the contract for rehabilitation payment assistance is prepared between the contractor agency and myself as an administrative matter, but that the local government as the funding agency reserves the right of decision making. While I have the right to provide my view, I will not dispute the final decision made by the local government or their agent. I understand the County is not a party to the contract.
4. I understand that I am subject to immediate program disqualification, with financial responsibility for the incurred costs, if I:
 - a. Provide any inaccurate or untruthful information,
 - b. Fail to comply with existing program guidelines,
 - c. Perform any action to receive more assistance than I am entitled, unless I can prove or disprove the cause contributing to the situation.
5. I hereby authorize the local government's agent to inspect my property.

I recognize that this assistance is provided as good will of the local government and that my participation binds me to the rules and regulations of the program and to the maintenance of the property after rehabilitation.

I understand that my participation may affect my ability to qualify for housing assistance in the future. I agree to all terms contained in this document.

Applicant Signature/Date

Co-applicant Signature/Date



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Non-Income/Asset Verification

- I, _____, verify that I do not have any bank, investment, or retirement accounts of any kind at this time.
- I, _____, verify that I do not have any assets in which I am currently deriving income, or may in the future derive income, including child support, or other cash gift contributions.
- I, _____, did not file federal income taxes for the following year(s)_____.
- I, _____, acknowledge that:
 - a) I am not presently employed but anticipate becoming employed within the next twelve (12) months.
 - b) I am not presently employed but **do not** anticipate becoming employed within the next twelve (12) months.
- I, _____, do not receive child support for the following child(ren): _____

_____.

Applicant Signature

Date

Print Name



Release and Consent Form

I/We the undersigned, hereby authorize the release, without liability, information regarding my/our employment, income and/or assets to St. Lucie County Community Services Department for the purpose of verifying information provided as part of the application for financial assistance.

I/We agree that a photocopy of this form may be used for the purposes stated above. The original of this authorization is on file with St. Lucie County Community Services.

I/We certify that the information provided in the Application is correct and may be verified as a part of the review process. I understand that misrepresentation of facts may result in prosecution to the fullest extent of the law. I understand that this information will be maintained by the St. Lucie County Community Services Department and is subject to public disclosure.

Information may be requested from, not limited to, the following groups or individuals: past and present employers, welfare agencies, Veterans Administration, unemployment agencies, retirement systems, support and alimony providers, Social Security Administration, utility providers, insurance companies and financial institutions.

_____ Applicant Signature	_____ Print Name	_____ Date	_____ Social Security #
_____ Co-Applicant Signature	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member 18 years or older	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member 18 years or older	_____ Print Name	_____ Date	_____ Social Security #