



Community Services Department
 Community Development Division
Homeowner Rehabilitation



Seminole County's Homeowner Rehabilitation Program is intended to meet the housing needs of very low and low income households and to expand preservation of affordable housing in Seminole County. This program is designed to provide funds in the form of an interest free, deferred payment loan to qualified homeowners with needed repairs and/or alterations to improve their health, safety and well-being, and to contribute to the structural integrity and preservation of their owner-occupied home. Seminole County utilizes funding from the State Housing Initiatives Partnership (SHIP), Home Investment Partnerships (HOME), and Community Development Block Grant (CDBG) programs.

On Thursday, February 16, 2017 and Friday, February 17, 2017 the County will accept pre-applications for Homeowner Rehabilitation from eligible households. Applications will be accepted between the hours of 8am – 4pm in the Seminole County Community Services Office at 534 West Lake Mary Boulevard; Sanford, Florida 32773. Applications are accepted on a first-come, first-qualified, first-served basis, pending funding availability.

At a minimum the following criteria must be met in order to be eligible for the Homeowner Rehabilitation Program:

- Home must be a site built, single family residence located within Seminole County;
- Home must be the primary residence;
- Household must be at or below 80% of the median income level (see chart below);
- All mortgages, taxes, and special assessments on the home must be current and paid; and
- Home must have property hazard insurance or notification from insurance company of inability to insure due to the dilapidated state of the home.

Household Size	1	2	3	4	5	6	7	8
Income Level	\$32,800	\$37,450	\$42,150	\$46,800	\$50,550	\$54,300	\$58,050	\$61,800

How to Apply:

The following documents are required to be submitted with the Homeowner Rehabilitation Pre-Application:

- Copies of valid Florida Photo ID or Florida Driver's License for the Head of Household and Co-head of Household;
- A copy of the current deed or title to your home (must show your name);
- A copy of your current mortgage or a statement that you do not have a current mortgage (must be current and up to date); and
- A copy of current homeowner's insurance declaration page or a letter from an insurance company of inability to insure due to the dilapidated state of the home.

Seminole County Community Services Department
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 534 W Lake Mary Blvd • Sanford, FL 32773 • Phone (407) 665-2300
www.seminolecountyfl.gov/comsrvs/commdev/



Seminole County Community Development Homeowner Rehabilitation Pre-Application

(Please print legibly in dark ink) (Revised 2/6/17)

Head of Household	Phone #	Date of Birth	Age
Address	Apt. #	City Zip Code	Alternative Phone #
Co-Head of Household	Phone #	Date of Birth	Age

Additional Members in Household

(If necessary, use additional paper for more household member names)

Name(s)	Social Security #	Date of Birth	Age	Relationship
1				
2				
3				
4				

Gross Monthly Household Income

(Total Before Taxes)

Employment \$	Social Security \$
Unemployment \$	SSI / SSD \$
Workers Comp \$	Public Assistance \$
Pension/Retirement \$	Life Insurance/Annuity \$
Child Support \$	Other \$
	TOTAL \$

All programs are open to all without regard to race, color, national origin, sex, handicap, familial status, or religion. Assistance is provided according to the availability of funding; some restrictions apply.

I certify that all information I have provided above is true and correct. I/we understand that 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 775.083. 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/we further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided the County will demand and pursue through all legal remedies available, repayment of the funds provided for the assistance that was provided.

Head of Household Signature: _____

Date: _____

COMMUNITY DEVELOPMENT USE ONLY:

CUSTOMER SERVICE REPRESENTATIVE: _____

PROJECT COORDINATOR: _____

OUTCOME:

TIME/DATE STAMPED:

Pre-Application # _____