



Community Services Department
Community Development Division

Homeowner Rehabilitation Program



Seminole County's Homeowner Rehabilitation Program is intended to meet the housing needs of very low, low, and moderate 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, August 13, 2015 and Friday, August 14, 2015 the County will accept pre-applications for the Homeowner Rehabilitation Program from very low and low income households. Pre-applications will be accepted between the hours of 8 a.m. - 5 p.m. in the Seminole County Community Services Office at 534 West Lake Mary Boulevard; Sanford, FL 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 for residents to be eligible for the Homeowner Rehabilitation Program:

- ✓ Home must be located within Seminole County;
 - Home must be a site build single family residence;
- ✓ 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.

80% of Median Income Level

Household Size	1	2	3	4	5	6	7	8
Income Level	\$32,700	\$37,350	\$42,000	\$46,650	\$50,400	\$54,150	\$57,850	\$61,600

HOW TO APPLY FOR THIS PROGRAM:

Please fill out the pre-application on the back of this page and provide the following items with the application (see pre-application deadline, address and program criteria above):

- ✓ Copies of valid Florida Photo ID or Florida Drivers 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/





Community Services Department • Community Development Division
Homeowner Rehabilitation Program
Pre-Application

(Please print legibly in dark ink) (Revised 7/2/2015)

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

(Before Taxes)

Monthly Pay \$	Social Security \$
Unemployment \$	SSI / SSD \$
Workers Comp \$	Public Assistance \$
Pension \$	Food Stamps \$
Child Support \$	Other \$
Food Stamps \$	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: