



Community Services Department
Community Development Division

Homeowner Rehabilitation/ Reconstruction Program



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 Friday, February 15, 2019, the County will begin accepting pre-applications for Homeowner Rehabilitation from eligible households. 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-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:

Please read and answer all questions below:	Yes	No	
1. Are you the Homeowner of the property by proof of a deed?			If No, stop here, you do not qualify
2. Is your home located within the boundaries of Seminole County?			If No, stop here, you do not qualify
3. Is the home your primary residence?			If No, stop here, you do not qualify
4. Are you current on your mortgage payments?			If No, all delinquent payments must be brought current to qualify
5. Are you current with all property taxes?			If No, all delinquent payments must be brought current to qualify

Household Size	1	2	3	4	5	6	7	8
Income Level	\$35,800	\$40,900	\$46,000	\$51,100	\$55,200	\$59,300	\$63,400	\$67,500

Requirement for the Homeowner

If deemed eligible for the program, here are some things to take into consideration;



A mortgage will be placed on the home for an affordability period.



The homeowner will be required to vacate the home during the entire construction period.

Homeowners meeting the Pre-Screen eligibility criteria will be contacted by the Community Development Division. An appointment will be scheduled to complete the application. The Pre-Screen application is not a guarantee of assistance but is used for the purpose of establishing a waiting list. Upon submitting your application **please provide a copy of a valid Florida ID.**

Seminole County Community Services Department
Community Development Division
534 W Lake Mary Blvd • Sanford, FL 32773 • Phone (407) 665-2300
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Community Services Department • Community Development Division
Homeowner Rehabilitation/Reconstruction
Pre-Application

(Please print legibly in dark ink) (Revised 2/15/2019)

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: