



Community Services Department
Community Development Division

Homeowner Rehabilitation/ Reconstruction Program



Seminole County's Homeowner Rehabilitation/Reconstruction 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.

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

- ✓ Home must be located within Seminole County, and applicant must be homeowner;
 - Home must be a site build single family residence;
- ✓ Home must be the principal residence at time of application;
- ✓ 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;
- ✓ Home must have property hazard insurance or notification from insurance company of inability to insure due to the dilapidated state of the home; and
- ✓ Repairs must bring the housing unit up to the applicable Building Code.

80% of Median Income Level

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

HOW TO APPLY FOR THIS PROGRAM:

Please fill out the application and provide the following items with the application (see program criteria above):

- ✓ Copies of valid Florida Photo ID or Florida Drivers License, Social Security cards and birth certificates for all household members;
- ✓ Income verification - past 3 months (including child support, Social Security, pension, etc.);
- ✓ All bank statements (past 6 months);
- ✓ 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;
- ✓ A copy of the current deed or title to your home (must show your name);
- ✓ Documentation that current taxes are paid and a copy of your current mortgage, if applicable (must be up-to-date).

Individuals who have been convicted of either a Federal or State offense involving the possession of a controlled substance, may not be eligible for assistance for up to 1 year (upon 1st conviction) and up to 5 years (for 2nd conviction).

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





SEMINOLE COUNTY HOMEOWNER REHABILITATION APPLICATION FOR ASSISTANCE

All sections of the application **must** be completed; if a section does not apply to your household, enter "N/A."

(Please Print Clearly)

	Applicant	Co-Applicant (Spouse or member 18 & older)
Full Name:		
Age & Date of Birth:		
Social Security #:		
Gender: Circle One	Male or Female	Male or Female
Relationship of Co-Applicant to Applicant:	<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Roommate <input type="checkbox"/> Relative <input type="checkbox"/> Non-relative	
Ethnicity/Special Needs: (For reporting purposes only, please check all that apply for Head of the Household Only)		
White <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/>
Farm Worker <input type="checkbox"/>	Disabled or Disabled Minor <input type="checkbox"/>	Elderly <input type="checkbox"/> Other _____
Applicant Street & Mailing Address:		
Street Address:		State:
City:	City Limit <input type="checkbox"/> Unincorporated <input type="checkbox"/>	Zip:
Mailing Address (if different):		State:
City:		Zip:

Telephone Number: _____ E-mail Address: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Marital Status: ☐ Married ☐ Separated ☐ Single ☐ Divorced ☐ Widowed

OTHER MEMBERS IN THE HOUSEHOLD

Name	Date of Birth	Age	Relationship to Applicant	Social Security Number

*If additional space to list household members is needed please attach information to the back of this application.

Applicant Employment Information:

Current/Last Employer Name:		Phone Number:	
Address:			
Supervisor:		Fax Number:	
Position:	Start Date:	End Date:	
Email:			

Co-Applicant Employment Information:

Current/Last Employer Name:		Phone Number:	
Address:			
Supervisor:		Fax Number:	
Position:	Start Date:	End Date:	
Email:			

*If additional space to list employment information is needed please attach information to the back of this application.

ADDITIONAL QUESTIONS

Please read and answer all questions below:	Yes	No
Are copies of <u>valid</u> Florida Photo ID or <u>valid</u> Florida Driver's License for all adult household members (18 years of age or older) attached to the application?		
Are copies of Social Security Cards and birth certificates for all household members attached to application?		
Did all adult household members (18 years and older) sign the Signature Page <u>and</u> the Authorization of Release (form) and attach to the application?		
Do you or anyone in your household receive alimony/child support?		
Do you or anyone in your household receive Social Security, SSI, SSDI?		
Do you or anyone in your household receive any pensions (VA, military, retirement)?		
Do you or anyone in your household receive unemployment compensation?		
Do you or anyone in your household receive Business or Rental Income?		
Do you or anyone in your household receive Workmen's Compensation?		
Do you or anyone in your household receive short or long term disability?		
Do you or anyone in your household receive recurring contributions and gifts?		
Do you or anyone in your household receive any other type of income?		
Do you or anyone in your household have one or more checking account(s)?		
Do you or anyone in your household have one or more savings account(s)?		
Do you or anyone in your household have an IRA account?		
Do you or anyone in your household have a 401(k), stocks, bonds, or any other investment account?		

CITIZENSHIP/RESIDENCY:

Please read and answer all questions below:	Yes	No
Are you a U.S. citizen?		
*If no, are you a permanent resident of the U.S.? <i>(If yes, a copy of the resident card must be provided.)</i>		

VETERAN:

Please read and answer all questions below:	Yes	No
Are you a Veteran or Spouse/Dependent of a Veteran?		
If yes to either question, may our Veteran Service Officer contact you?		

REASONABLE ACCOMMODATIONS:

Please read and answer all questions below:	Yes	No
Hearing impaired: Do you need TTD/TDY access to our staff?		
Do you require accommodations for handicap accessibility?		
If yes, what accommodations do you need?		



SEMINOLE COUNTY HOMEOWNER REHABILITATION CERTIFICATION STATEMENT

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs. We only collect information that we consider to be appropriate.

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 and 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. The undersigned further understands that providing false representations herein constitutes an act of fraud. **Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office.**

***The Applicant and Co-Applicant must sign below.**

Applicant Signature

Date

Co-Applicant Signature

Date

Other Adult Member Sign Your Name

Other Adult Member Sign Your Name

SEMINOLE COUNTY HOMEOWNER REHABILITATION PROGRAM

INCOME RECEIVED MONTHLY

List the amount of income received monthly.			
Employment	\$	Business or Rental Net Income	\$
AFDC/TANF/ (Cash Assistance)	\$	Workmen's Compensation	\$
Social Security, SSI, SSDI, Pensions (VA, Military, Retirement)	\$	Short- or Long-Term Disability	\$
Unemployment Compensation	\$	Recurring Contributions and Gifts	\$
Alimony/ Child Support	\$	Other:	\$

EXPENSES PAID MONTHLY

Childcare or Child Support	\$	Car Insurance	\$
All Loan(s) other than Car, Real Estate, Mortgage and Student Loans	\$	Medical	\$
Rent, Real Estate & Mortgage Loans	\$	Food	\$
Electric & Water & Gas	\$	Gas (Automobile)	\$
Phone – (Including Cell Phone & Cable)	\$	All Credit Cards	\$
Car Payment(s)	\$	Student Loan(s) Other	\$

ASSETS AND ASSET INCOME

For ALL household members, including minors, list checking and savings accounts, IRA, CD, bonds, stocks, equity in properties, whole life insurance, pensions, etc. **(Please provide the last 6 months of bank statements or benefit statements)**

Type of Asset	Financial Institution	Account #
1.		
2.		
3.		
4.		

*If additional space to list assets is needed please attach information to the back of this application.



SEMINOLE COUNTY HOMEOWNER REHABILITATION PROGRAM AUTHORIZATION FOR THE RELEASE OF INFORMATION

Please print information, **do not use white-out.**

I _____, the undersigned, hereby authorize
_____ to release by third party, without liability, information

(Leave this line blank, agency to complete)

in regards to employment, income, residency, dependency, or claims of loss or other confidential information pertaining to me and/or assets to the Seminole County Community Development Office, for the purposes of verifying information provided as part of determining eligibility for assistance under this application for assistance. I understand that only information necessary for determining eligibility can be requested. **This authorization is valid up to one year from date signed.**

TYPES OF INFORMATION TO BE VERIFIED:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposit, Individual Retirement Accounts, interest, dividends; payments from Social Security/SSI, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/individuals who may be asked to provide written/oral verifications are, but not limited to:

Past and Present Employers	Welfare Agencies/Other Social Service	Veterans Administration
Past and Present Landlords <i>(including Public Housing Agencies-TBRA/Section 8)</i>	Agencies and Non Profit Agencies	Retirement Systems
Support and Alimony Providers	State Unemployment Agencies	Banks and other Financial Institutions
Hospitals/Doctors/Pharmacies/Clinics	Social Security Administration	Religious Organizations
Funeral Homes and Crematories	Utility Companies	

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand I/we have a right to review this file and correct any information found to be incorrect.

Applicant Sign Your Name	Print Your Name	Date
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Co-Applicant Sign Your Name	Print Your Name	Date
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Other Adult Member Sign Your Name	Print Your Name	Date
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Other Adult Member Sign Your Name	Print Your Name	Date
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Note: This general consent may not be used to request a copy of a tax return or medical records.

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND PRIVACY ACT NOTICE**

The undersigned authorize the Seminole County Community Services and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or SHIP Programs, including authorization to obtain a consumer credit report.

This includes but is not limited to the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Florida Department of Human Services programs. Seminole County may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to Seminole County on household members, income, net family assets, allowances, and deductions is accurate.

PRIVACY ACT NOTICE STATEMENT: The Department of Housing and Urban Development (HUD) and Florida Housing Finance Authority require the collection of this information to determine an applicant's eligibility and the amount of assistance necessary. This information will be used to establish level of benefit, to protect the government's financial interest and to verify the accuracy of the information furnished. It may be released to appropriate federal, state and local agencies when relevant to civil, criminal or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. HUD is authorized to ask for this information by the National Affordable Act of 1990.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I acknowledge that: (1) a photocopy of this form is as valid as the original, (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me), (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 12 months from the date signed.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

_____ Signature of Head of Household	_____ Social Security Number	_____ Date
_____ Signature of Spouse/other Adult	_____ Social Security Number	_____ Date
_____ Other Adult Signature	_____ Social Security Number	_____ Date
_____ Other Adult Signature	_____ Social Security Number	_____ Date

CONFLICT OF INTEREST
Seminole County

No persons who is an employee, agent, consultant, officer, or elected official or appointed official of Seminole County who exercise or have exercised any functions or responsibilities with respect to activities assisted with state or federal funds or who are in a position to participate in a decision making process or gain inside information with regards to these activities, may obtain a financial interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

NOTIFICATION ABOUT POTENTIAL CONFLICT OF INTEREST

I, _____ (Applicant) certify that:

- ☐ I am employed with Seminole County or
- ☐ I have a family member employed with Seminole County
- ☐ I am not employed nor do I have a family member employed with Seminole County.

Signature of Applicant/Date

I, _____ (Co-Applicant) certify that:

- ☐ I am employed with Seminole County or
- ☐ I have a family member employed with Seminole County
- ☐ I am not employed nor do I have a family member employed with Seminole County.

Signature of Co-Applicant/Date

COMMUNITY SERVICES DEPARTMENT
COMMUNITY DEVELOPMENT DIVISION



CRIMINAL HISTORY REQUEST

Seminole County Government
Community Development Office
534 West Lake Mary Blvd.
Sanford, Florida 32771

Reason for Request: Client has applied for assistance with a Federally Funded Program

Client Name: _____ Date of Birth: _____
Address: _____ Race: _____
_____ Sex: _____

Social Security #: _____
Driver's License State: _____ Number: _____
Vehicle License State: _____ Number: _____

Applicant's signature: _____ Date: _____

DEPARTMENT USE ONLY

	CHECK APPLICABLE	RECORD FOUND
GPD-CRIMINAL		
TRAFFIC		
PARKING		
CRIMINAL JACKET		
ACCJIS		
ASO-RECORDS		
WARRANTS		
DHSMV-QD		
FDLE-QI		
FS		
NCIC-QH		
CH		

Request received by: _____ Date: _____

Request Completed by: _____ Date: _____