



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:

| 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. Do you have a mortgage on your property? | | | If Yes, all delinquent payments must be brought current to qualify |
| 5. Are you current on your mortgage payments? | | | If No, all delinquent payments must be brought current to qualify |
| 6. Are you current with all property taxes? | | | If No, all delinquent payments must be brought current to qualify |
| 7. Does your property has a hazard insurance? | | | If No, your property must have a homeowner insurance or notification from insurance company of inability to insure due the dilapidated state of the home. |

80% of Median Income Level

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Income Level | \$46,450 | \$53,050 | \$59,700 | \$66,300 | \$71,650 | \$76,950 | \$82,250 | \$87,550 |

HOW TO APPLY FOR THIS PROGRAM:

Once the application is completed you may submit it to the Seminole County Community Services Office, Monday thru Friday from 8:00 a.m. to 5:00 p.m. Applications are processed in the order in which they are received. Applications are accepted based on funding availability and the program can close without further notice. Assistance is provided based on eligibility and on a first-ready, first qualify, first-served basis.

Requirements 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 may be required to vacate the home during the entire construction period.
- +++ Persons who have been convicted of either Federal or State offense(s) involving any drug related or violent criminal activity may not be eligible to receive assistance for up to one (1) year for a first conviction, and for up to five (5) years upon second and subsequent offense(s) of a similar nature. Cases dealing with this situation shall be forwarded to the County Attorney's Office for their review. Cases with outstanding court fees, liens, or judgments shall be given time to cure debts, and closed if not resolved.



Seminole County Community Services Department
Community Development Division
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Community Services Department • Community Development Division
Homeowner Rehabilitation/Reconstruction
Pre-Application

(Please print legibly in dark ink) (Revised 5/18/2022)

| | | | | |
|--|---------|---------------------|---------------|-----|
| Head of Household | Phone # | Alternative Phone # | Date of Birth | Age |
| | | | | |
| Applicants Email | | | | |
| Address | Apt # | City Zip Code | | |
| | | | | |
| Located in the City of Sanford: Yes No | | | | |
| 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: