Re: Collier County SHIP Owner-Occupied Rehabilitation Program

Thank you for your interest in the Collier County SHIP Owner-Occupied Rehabilitation Program. This program is used for eligible homeowners to make necessary repairs to address health, safety and welfare concerns for homes located in Collier County.

This amount of assistance provided to a homeowner will be secured by a zero interest, deferred payment loan, which is payable on the sale of the property, refinance, or loss of homestead exemption.

Please submit these items along with your application.

Please include all of these items along with your application and deliver or mail to:

Collier County Community and Human Services
Attn: SHIP Rehabilitation Program
3339 East Tamiami Trail, Suite 211
Naples, Florida 34112

Or email them to: CollierCountySHIP@colliercountyfl.gov

1. Name, address & account number of your Mortgage Company (if applicable) Mortgage Monthly Statement preferred.
2. Current tax returns (1040) and W-2’s (For all parties over the age of 18 and living in the home)
3. 30-days of pay stubs, including name, address & phone number of your employer. (For anyone over the age of 18 that is employed and living the home)
4. Current Social Security Statement or any other Benefits received by yourself or family member living in the house. (401K, FRS, IRA, Retirement, Pension, etc.)
5. Six most current monthly checking’s account bank statements-(For all parties living in the home, including minors)
6. One most current monthly savings account bank statement. (For all parties living in the home, including minors)
7. Self-employed information: 2 years of IRS 1040, W-2s or 1099, Schedule C, & Profit & Loss
8. Copy of your Homeowners Insurance Declaration Pages.
9. US Citizens- Copy of homeowners drivers license and birth certificate or US Citizenship Certificate. If you are a permanent resident please provide a U.S Passport or a Permanent Resident Card
10. Copies of each household members Social Security Card
11. Any divorce decree or child support court orders and the payment history from the Child Support Office-if applicable.

Once again, thank you for your interest and please do not hesitate to call me if you should have questions, or require additional information.

Sincerely,
SHIP*Staff
Phone: 239-252-2338   Email: colliercountySHIP@colliercountyfl.gov
The Collier County SHIP Owner-Occupied Rehabilitation Program is administered by the Collier County Community and Human Services Division. It provides interest-free, deferred loans to assist eligible homeowners in Collier County with rehabilitation of their dwelling.

**How do I qualify for this loan?** Your annual combined household income cannot exceed these maximum income limits, based on family size of:

<table>
<thead>
<tr>
<th>Household Size:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low (50%)</td>
<td>$27,450</td>
<td>$31,350</td>
<td>$35,250</td>
<td>$39,150</td>
<td>$42,300</td>
<td>$45,450</td>
</tr>
<tr>
<td>Low (80%)</td>
<td>$43,900</td>
<td>$50,150</td>
<td>$56,400</td>
<td>$62,650</td>
<td>$67,700</td>
<td>$72,700</td>
</tr>
</tbody>
</table>

**What are the requirements of a Homeowner?** You must own or have a mortgage for at least twelve months and the home must be your primary place of residence. Proof of mortgage or deed as well legal residency or citizenship status, will be required.

**Are there any restrictions as to where the property may be located?** The property must be located within unincorporated Collier County, the City of Naples, the City of Marco Island, or Everglades City.

**Are there any other restrictions?** The Owner-Occupied Rehabilitation Program may be used to rehabilitate single-family homes, townhouses, or condominium units. **Mobile/Manufactured homes must be built after June 1994 to qualify for assistance.** The maximum assessed value of the property cannot be over $415,058.00 including after rehab assistance (As determined by the Collier County Property Appraiser assessed value).

**How much money can I borrow?** You may qualify for up to $55,000.00 for rehabilitation or repair work to your home. A Promissory Note will be secured by a Second Mortgage payable to Collier County when you sell your home, refinance your home, or lose your homestead exemption.

**Who does the rehabilitation work?** Homeowners will submit an Application for Housing Assistance to Collier County Community and Human Services Division (CHS). Once CHS determines the household is income eligible, we will refer your case to our contracted Sponsor, Inc. who will initiate an inspection of your home. The inspection will determine if your home is eligible for rehabilitation. **Note* There is a two part approval process; 1) Household eligibility 2) Property eligibility.**

**County Contracted Sponsor** will oversee the rehabilitation process and will work with homeowners and contractors directly through the construction phase of the program.

**How do I apply for the loan?** Applications for the Owner-Occupied Rehabilitation Program are available at the Collier County Community and Human Services Department located at 3339 Tamiami Trail E., Bldg. H Room #211 Naples, Fl 34112.

**How are the funds distributed?** Funds are loaned on a first come first serve basis. The County is particularly interested in assisting low and very-low income households.
APPLICATION FOR SHIP GRANT ASSISTANCE
Owner-Occupied Rehabilitation Program

Rev. 5/31/2019

Applicant Name: ________________________________
Co-applicant Name: ______________________________
Contact Number: ________________________________
Email Address: ________________________________

PROPERTY VALUE: ______________________________
INCOME LEVEL:
___ Extremely Low (30%)  ___ Very Low (50%)  ___ Low (80%)  ___ Moderate (120%)

FILE # ______________________
Maximum Property Value: $415,058.00

3339 East Tamiami Trail, Suite 211
Naples, Florida 34142
Phone: 239-252-2338  www.colliercountyfl.gov
APPLICATION FOR HOUSING ASSISTANCE

HOUSEHOLD INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Applicant</th>
<th>Co-Applicant/Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth/Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Household Members: (Please list all member of the household)

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Date of Birth</th>
<th>Last 4 digits of SS#</th>
<th>Relationship to Applicant</th>
<th>Full Time College Student Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>5.</td>
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<tr>
<td>6.</td>
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</tr>
</tbody>
</table>

Is anyone in the household: Check all that apply:
- Elderly
- Farm Worker
- Disabled
- Homeless
- Developmentally Disabled

Are you or is any member of your family; an employee of the Collier County Board of County Commissioners?

Circle one: Yes or No If yes; provide name and department: ____________________________

Number of persons in the household who are:

<table>
<thead>
<tr>
<th>Race</th>
<th>Non-Hispanic</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other/Multi-racial</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Female Head of Household:
- Yes
- No
## Applicant Employment Information: (Please list most recent employment)

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employer Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position:</td>
<td>Supervisor:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Pay Rate:</td>
</tr>
<tr>
<td>Annual Income (gross salary, overtime, tips, bonuses, etc.)</td>
<td>$</td>
</tr>
<tr>
<td>Pay Frequency:</td>
<td></td>
</tr>
<tr>
<td>Time Employed:</td>
<td></td>
</tr>
</tbody>
</table>

## Co-Applicant/Spouse Employment Information: (Please list most recent employment)

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employer Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position:</td>
<td>Supervisor:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Pay Rate:</td>
</tr>
<tr>
<td>Annual Income (gross salary, overtime, tips, bonuses, etc.)</td>
<td>$</td>
</tr>
<tr>
<td>Pay Frequency:</td>
<td></td>
</tr>
<tr>
<td>Time Employed:</td>
<td></td>
</tr>
</tbody>
</table>

## Other Sources of Income: (For ALL household members 18 and over, list business or rental net income, child support, alimony, Social Security, pension, unemployment or Workers Compensation welfare, payment, etc)

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Income</th>
<th>Gross Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total $**

## Assets and Asset Income: (For ALL household members including minors, list checking and saving accounts, IRS, CD, Bonds, Stocks, Equity in Properties, etc)

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Name of Institution/Bank/Agency</th>
<th>Account #</th>
<th>Current Cash Value ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Total $**
Acknowledgement

I/We understand that ANNUAL FAMILY INCOME includes total income for all sources (before taxes and withholding) of all adult persons residing or intending to reside in the residence to be financed with the proceeds of the mortgage loan. The information contained in the following statement is true and correct, and accurately sets forth all information relevant to a determination of my/our family’s annual family income as of the date hereof, and to the best of my/our knowledge and belief.

I/We understand the 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 Statues 775.082 or 775.83. 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 and belief and are given under penalty of perjury. 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.

____________________________________/____________________________________
Applicant Signature                Print Name                Date

____________________________________/____________________________________
Co-Applicant/Spouse Signature      Print Name                Date

____________________________________/____________________________________
Adult Member                      Print Name                Date

____________________________________/____________________________________
Adult Member                      Print Name                Date
ASSET ADDENDUM

(One form to be signed by each adult household member)

Assets include: Please check all that apply;

_____ Cash held in savings accounts  _____ Certificates of Deposit

_____ Cash held in checking accounts  _____ Money market funds

_____ Trust funds  _____ IRA accounts

_____ Stocks, Bonds, Treasury bills  _____ Retirement and pension funds

_____ Equity in real estate and other capital investments

_____ Whole Life Insurance

_____ Lump sum receipts (i.e. lottery winnings, insurance settlements, etc.)

_____ Personal property held as an investment (i.e. gem or coin collections, paints, antique cars, etc.). *Do not include necessary personal property such as furniture, automobiles and clothing*

_____ Real property (Do not include your principal residence)

_____ Other; please list: ______________________________________________________

_____ Other; please list: ______________________________________________________

Sign either A. or Section B.

A. I hereby state that all sources of assets, as indicated above were provided as part of the SHIP Rehabilitation application.

___________________________________ ________________________ __________
Signature  Print Name  Date

B. I hereby state that I do not have any assets at this time.

___________________________________ ________________________ __________
Signature  Print Name  Date
ASSET ADDENDUM

(One form to be signed by each adult household member)

Assets include: Please check all that apply;

_____ Cash held in savings accounts       _____ Certificates of Deposit
_____ Cash held in checking accounts     _____ Money market funds
_____ Trust funds                       _____ IRA accounts
_____ Stocks, Bonds, Treasury bills     _____ Retirement and pension funds
_____ Equity in real estate and other capital investments
_____ Whole Life Insurance
_____ Lump sum receipts (i.e. lottery winnings, insurance settlements, etc.)
_____ Personal property held as an investment (i.e. gem or coin collections, paints, antique cars, etc.).*Do not include necessary personal property such as furniture, automobiles and clothing
_____ Real property (Do not include your principal residence)

_____ Other; please list: __________________________________________________________

_____ Other; please list: __________________________________________________________

Sign either A. or Section B.

A. I hereby state that all sources of assets, as indicated above were provided as part of the SHIP Purchase Assistance application

___________________________________ ________________________ __________
Signature                               Print Name                               Date

B. I hereby state that I do not have any assets at this time.

___________________________________ ________________________ __________
Signature                               Print Name                               Date
NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS
FOR GOVERNMENT PURPOSES

Collier County collects your social security numbers under the SHIP program for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City/County to give you this written statement explaining the purpose and authority for collecting your social security number.

<table>
<thead>
<tr>
<th>Form</th>
<th>Purpose</th>
<th>Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Housing Assistance Application</td>
<td>SHIP Program</td>
<td>Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SHIP Program Manual (rev.7/2015)</td>
</tr>
<tr>
<td>2. Verification of Unemployment Benefits</td>
<td>SHIP Program</td>
<td>Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SHIP Program Manual (rev.7/2015)</td>
</tr>
<tr>
<td>3. Verification of Social Security Benefits</td>
<td>SHIP Program</td>
<td>Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SHIP Program Manual (rev.7/2015)</td>
</tr>
<tr>
<td>4. Verification of Employment</td>
<td>SHIP Program</td>
<td>Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SHIP Program Manual (rev.7/2015)</td>
</tr>
<tr>
<td>5. Verification of Child Support</td>
<td>SHIP Program</td>
<td>Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SHIP Program Manual (rev.7/2015)</td>
</tr>
<tr>
<td>6. Verification of Assets</td>
<td>SHIP Program</td>
<td>Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SHIP Program Manual (rev.7/2015)</td>
</tr>
</tbody>
</table>
Homeowner(s) acknowledge by signing this statement that they are fully understand and intend to abide by the following terms and conditions:

1. Homeowners understand that assistance will be provided on a first-come, first-qualified basis while funds remain available. CHS can give priority to very-low and low income households and households that meet a special needs requirement of the program.

2. Homeowners must have made at least 12 monthly consecutive mortgage payments on their current homestead property immediately prior to the application date to qualify under this program, also, there can be no more than one delinquency in this 12 month period. Must be current on property taxes.

3. Income Limits: Homeowners must meet 120% and below of AMI.

4. Homestead Requirement: Homeowners property receiving rehabilitation must be their principal residence and be recorded as a homestead property in the Property Appraiser's Office.

5. Homeowner(s) will not be eligible for assistance when, during the previous three (3) years prior to the date of application;
   a) Previous principal residence or other real property was foreclosed; or
   b) Given a deed-in-lieu of foreclosures; or
   c) Filed Chapter 7 bankruptcy (liquidation); or
   d) Filed Chapter 13 bankruptcy; or
   e) Presently delinquent on a federal tax liability; or
   f) Presently delinquent on Collier County property taxes; or
   g) Presently have a reverse mortgage on the property.

6. Property Qualification: The Existing eligible housing may not exceed 90 percent of the average area purchase price in the statistical area in which the eligible housing is located.

7. Execution of Note and Mortgage: Homeowners will be required to execute and Promissory Note and Mortgage to Collier County prior to work commencing on the property and a modification will be recorded after completion of the rehabilitation to reflect the total funds expended on the home. A 10% project delivery fee will be added to the total rehabilitation cost. The loan will be a 0% deferred second mortgage forgiven 1/3 every five years. After the 15th year the loan will be forgiven.

8. Will allow Collier County and/or State Monitors access to this home during normal business hours with a week’s notice if selected for monitoring by the State or County to ensure program compliance and owner-occupancy.
9. Homeowner(s) agree to promptly complete and return the survey letters that may be emailed or mailed each year during the term of the Collier County mortgage (Fifteen years from closing).

10. Mortgage Terms and Repayment: Funds will be secured with a recorded fifteen (15) year, zero interest, deferred subordinate mortgage on the property in the amount of the subsidy used in the project. If all conditions of the loan are met, one-third of the loan will be forgiven in five year increments so that at the end of the fifteenth year the loan is forgiven. Monthly payments are not required.

Repayment of the loan is required in full when one of the following conditions is met, whichever occurs first:

1. Title transfer, either voluntarily or by operation of law, divested of title by judicial sale, levy or other proceedings, including foreclosure or Deed in Lieu.
2. Refinance; a refinance of the first mortgage may be approved without repayment if the request is submitted in writing and the refinance is at a lower fixed rate with no cash out in accordance with the “Subordination Policy”.
3. Home is no longer primary residence, abandoned, leased or rented.
4. In the event that all mortgage holders are deceased, the loan will be forgiven.

___________________________________  ________________________________
Homeowner Signature  Print Name  Date

Page 2 of 2
HOMEOWNER REHABILITATION DISCLAIMER NOTICE

The Owner Occupied Rehabilitation Program strives to have rehabilitation jobs performed in a workmanlike manner. However, homeowners may not always be satisfied with the rehabilitation because of misconceptions about the program.

**The following is a list of some of the things homeowners should be aware of before participating in the Owner Occupied Rehabilitation program:**

1. The purpose of the Owner-Occupied Rehabilitation Program is to address Minimum Housing Code violations and health/safety issues in the home. Homeowners should not expect their home to be new or appear to be new when the rehabilitation work has been completed. The program is for rehabilitation and not restoration to the condition of the home when newly constructed.

2. Homeowners understand that the repairs deemed necessary and the amount of funds for such repairs will be determined by the County and will be the basis for a loan application from Collier County.

3. Homeowners understand that a determination of income eligibility or inspection of the house is in no way a guarantee that a loan application will be approved.

4. Homeowners should not expect all floors, walls, ceilings, doors, windows, et cetera to be completely plumb, level, and square. This is especially true in older homes.

5. The Owner-Occupied Rehabilitation Program strives to have rehabilitation jobs performed in a workmanlike manner, but homeowners may not always be satisfied.

6. The Owner-Occupied Rehabilitation Program does not do historic restoration and manufactured homes built before July 13, 1994 do not qualify for assistance.

7. The Owner-Occupied Rehabilitation Program cannot provide assistance for all of the improvements that homeowners may want to be done.

_________________________________/_______________________________ __________
Homeowner Signature    Print Name Date

________________________________/_______________________________ __________
Homeowner Signature    Print Name Date
THIRD-PARTY VERIFICATION OF EMPLOYMENT

State and/or Federal Regulations require us to verify employment history and income information for the person who has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:**
I hereby authorize the release of requested information to Collier County Community and Human Services Division for the sole purpose of determining eligibility for program assistance.

**Employer Name/Address:** ______________________________________________________________

**Human Resources Fax/Email:** __________________________________________________________

X_________________________________/________________________________/____________
Signature of Applicant  Print Name  Date

---

Please return completed form to: FAX - 239-252-2638 or EMAIL - CollierCountySHIP@CollierCountyFL.gov

---

** *** BELOW TO BE COMPLETED BY EMPLOYER****

**Date of hire:** _____________________  **Probability of continued employment:** Yes or No

Full-Time ☐  Part-Time ☐  Seasonal ☐  **Pay Frequency:** Weekly/ Bi-weekly/ Semi-Monthly

**Current Hourly Pay Rate:** _____________  **Avg Hours/Wk:** _________  **Avg Weeks Worked/Year:** _________

**Overtime Pay Rate:** _________________  **Expected overtime hours during the next 12 months:** _________

**Probability of pay increase in the next 12 months:** Yes or No  **Date of increase:** _____________

**Amount of increase $_____________**  **New rate $_____________**

**Amount of Other Compensation anticipated during the next 12 months (bonus, commission, tips):** $ _____________

**Employee Retirement and/or Pension account:** Yes or No

**Type of account/s:** ________________________________ (401K, IRA, 403b, 457, pension etc...)

**Does employee have access to retirement funds?** Yes or No

**Withdraw Penalty:** _____________  (amount/percentage) ________________

**Total anticipated Gross Annual Income, including other compensation, for next 12 months:** $__________________

---

**Signature of authorized Representative:** __________________________________________________

**Printed Name:** _______________________________  **Title:** _______________________________

**Date:** _______________  **Phone:** ______________________  **Email:** _______________________

WARNING: 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 775.83.
THIRD-PARTY VERIFICATION OF EMPLOYMENT

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Employer Name/Address: __________________________________________________________

Human Resources Fax/Email: ______________________________________________________

X_________________________________/____________________________________________
Signature of Applicant  Print Name  Date

Please return completed form to:  FAX - 239-252-2638 or EMAIL - CollierCountySHIP@CollierCountyFL.gov

*** BELOW TO BE COMPLETED BY EMPLOYER****

Date of hire: ____________________  Probability of continued employment: Yes or No

Full-Time [□]  Part-Time [□]  Seasonal [□]  Pay Frequency: Weekly/ Bi-weekly/Semi-Monthly

Current Hourly Pay Rate: ___________  Avg Hours/Wk: ________  Avg Weeks Worked/Year: ________

Overtime Pay Rate: ________________  Expected overtime hours during the next 12 months: ________

Probability of pay increase in the next 12 months: Yes or No  Date of increase: ______________
Amount of increase $___________  New rate $____________

Amount of Other Compensation anticipated during the next 12 months (bonus, commission, tips): $____________

Employee Retirement and/or Pension account: Yes or No
Type of account/s: ________________________________ (401K, IRA, 403b, 457, pension etc...)
Does employee have access to retirement funds? Yes or No
Withdraw Penalty: ______________ (amount/percentage) ______________

Total anticipated Gross Annual Income, including other compensation, for next 12 months: $_______________

Signature of authorized Representative: ____________________________________________

Printed Name: ________________________________ Title: ________________________________

Date: ______________  Phone: ______________________________  Email: _______________________

WARNING: 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 775.83.
I/we the undersigned, hereby authorize the release without liability, information regarding my employment, income, credit and/or assets to Collier County for the purposes of verifying information provided, as part of determining eligibility for assistance. I/we understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

1. Personal identity  
2. Employment history  
3. Hours worked  
4. Salary and payment frequency  
5. Commissions, tips, anticipated raises  
6. Bonuses  
7. Current and past credit history  
8. Cash held in checking accounts  
9. Cash held in savings accounts  
10. Interest in checking and savings  
11. Dividends checking and savings  
12. Stocks  
13. Bonds  
14. Certificate of Deposits (CD)  
15. Individual Retirement Accounts (IRA)  
16. Payments from Social Security  
17. Annuities  
18. Insurance policies  
19. Retirement funds  
20. Pensions  
21. Disability of death benefits  
22. Unemployment  
23. Disability and/or worker’s compensation  
24. Welfare assistance  
25. Net income from the operation of a business  
26. Alimony or child support payments

Organizations/Individuals that maybe asked to provide written/oral verifications are, but are not limited to:

1. Past/Present Employers  
2. Alimony/Child/Other Support Providers  
3. Banks, Financial or Retirement Institutions  
4. Social Security/Veteran’s Administration  
5. State Unemployment Agency  
6. Credit Reporting Agency  
7. Welfare Agency  
8. Other: ________________________________

Agreement to Conditions:

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

______________________________  
Applicant Signature  
Print Name  
Date

______________________________  
Co-Applicant/ Spouse Signature  
Print Name  
Date

______________________________  
Adult Household Member Signature  
Print Name  
Date

Adult Household Member Signature  
Print Name  
Date

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return” and prepare and sign separately or contact the IRS office directly at 1800-829-1040.
We Do Business in Accordance with the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)

It is illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:
1-800-669-9777 (Toll Free)
1-800-927-9275 (TTY)
www.hud.gov/fairhousing

U.S. Department of Housing and Urban Development
Assistant Secretary for Fair Housing and Equal Opportunity
Washington, D.C. 20410

The under sign acknowledges that he/she has read the above statement and has received a copy.

____________________________________
Applicant

____________________________________
Co-Applicant

Print

Print

FILE COPY
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____________________________________  ______________________________________
Applicant                                      Co-Applicant

____________________________________  ______________________________________
Print                                      Print