

**HARDEE COUNTY**  
**OFFICE OF COMMUNITY DEVELOPMENT**  
412 WEST ORANGE STREET, #201  
WAUCHULA, FLORIDA 33873-2869  
VOICE: 863-773-6349\*\*FAX: 863-773-5801\*\*TDD:711  
Lorie Ayers, Director

**HOUSING REHABILITATION/REPLACEMENT ASSISTANCE APPLICATION**

All information requested on the application must be completed where it applies to the individual(s) that are applying for Housing Repair/Replacement Assistance; this applies to all household members.

**Prior to submitting an application, the property must:**

- be free of Hardee County judgments and delinquent property taxes; code violations
- mortgage payments must be current;
- have current homeowners insurance;
- be within Hardee County limits;
- be owner occupied a minimum of 6 months; and
- not be a mobile home.

**Prior to Submitting an application, the application must:**

- be completed where it applies to all household members;
- be signed by each homeowner listed on the Hardee County Real Estate Tax Statement and/or Deed;
- have listed all assets, including checking/savings accounts, other property (including outside of Hardee County), rental income interest income, dividends, certificate of deposits (cd), US savings bonds, stocks, bonds, etc;
- have attached all requested documentation.

**1. ELIGIBLE APPLICANTS**

- Hardee County Single-Family Property Owners
- Households meeting the Income Limits Adjusted to household size by Florida Housing Finance Corporation (includes income and assets)
- Households meeting the requirements for assistance as defined by the Hardee County Housing Assistance Plan, SHIP Guidelines and/or the CDBG Citizens Advisory Task Force (CATF).
- Households with ELDERLY, DISABLED, and/or SPECIAL NEEDS MEMBERS TAKE PRIORITY.

**2. ELIGIBLE HOUSING**

- *Rehabilitation*- The housing unit must be determined more than 50% structurally sound by the Hardee County Building and Zoning Department.
- *Demo and Replace*- The housing unit must be determined uninhabitable by the Hardee County Building and Zoning Department.
- *Mobile Homes* – Only eligible if application is **disaster related**.

**3. TERMS, RECAPTURE AND DEFAULT:**

- All funds provided to eligible households will be in the form of a **Deferred Payment Loan (DPL)** at 0% interest for a period not to exceed 10 years and are contractually subject to recapture (repayment). Should the owner move, vacate, rent or sell the home before the lien is satisfied, the balance of the loan will be immediately due and repayable to the county.

**4. DIVORCED/SEPARATED:**

- If the owners of the property are divorced, the owner occupant submitting the application must provide a copy of the divorce decree indicating the award of ownership by the presiding judge. In cases of separation, Florida law does not legally recognize separation.
- Furthermore, unless legally divorced, Florida's joint property laws will likely entitle the estranged spouse to legal claim of ownership of any house that the applicant purchases and most lending institutions will require the spouse to sign the agreement. The Director of the Community Development may make the decision about a permanent separation and should obtain as many details as possible to determine the SHIP recipient.

**HOUSING ASSISTANCE APPLICATION CHECKLIST**

The following documents (or legible copies) must be provided at the time the application is submitted.

**PROPERTY VERIFICATION**

- ( ) **MORTGAGE STATEMENT** – Most recent to show current payment amount and status.
- ( ) **INSURANCE POLICY** - Have or obtain a Homeowners Insurance Policy (flood insurance required if property is located in a flood plain) for replacement value at a later date. Provide copy if available.
- ( ) **COPY OF REAL ESTATE DEED** – Copy of the Real Estate Deed or other legal document showing proof of ownership by occupants. If one of the “owners” listed on the Deed is deceased, a copy of the death certificate is required. A copy may be requested at the Hardee County Clerk of Courts.
- ( ) **REAL ESTATE TAX STATEMENT** – A current year Real Estate Tax Statement for properties needing assistance is required and must show no delinquent taxes due. The Real Estate Tax Statement for property owned by other members of the household must also be provided. This may be requested from the Hardee County Tax Collector’s office.
- ( ) **ENERGY INVOICE** – The most recent energy (electric) bill, paid or unpaid.

**PROOF OF INCOME**

- ( ) **SALARY** – Each member of the household must provide the most recent employee earning statement (check stub) as proof of current income. When pay-stub or other verification of income (employer letter) is not available the IRS 1040 will be required. **IRS 1040 FORM AND RELATED W-2’S** –Copies of the most recent IRS 1040 form and related W-2’s for the most recent two years **must** be submitted for anyone who is self-employed.
- ( ) **RETIREMENT / SOCIAL SECURITY BENEFITS** – Any member of the household receiving benefits from any private or government retirement plan must provide a generally acceptable form of verification of the annual or monthly benefits. A verification letter for social security benefits can be requested at the Social Security Administration at 1-800-772-1213.
- ( ) **UNEMPLOYMENT BENEFITS / WORKMANS COMPENSTATION** - Any member of the household receiving these types of income must provide verification or the award letter of the annual or monthly benefits.
- ( ) **OTHER INCOME** – Any other periodic and determinable allowances such as rental income, child support, alimony, welfare payments, and regular contributions or gifts received (Including any lottery payments).

**PROOF OF ASSETS**

- ( ) **FINANCIAL STATEMENT** – A copy of the most recent statement for each account is requested. This includes statements for: checking, savings, Certificates of Deposit, Stocks, Bonds, and any other investment accounts.
- ( ) **OTHER REAL ESTATE (Property)**– Tax statement for any other real estate property (lots, acreage, rental houses) which lists a member of the household as the owner/co-owner on the tax statement.
- ( ) **CASH VALUE – LIFE INSURANCE POLICY** – Annual Statement of value or copy of the policy will be needed. A percentage of the Cash value for whole life insurance policies is considered an asset. Term life is not an asset.
- ( ) **LUMP SUM AND ONE TIME RECEIPTS** – Payment stubs or award letters for other income. Includes inheritances, lottery winnings, settlements, capital gains, restitution and any other amounts not intended for periodic payments.

**PROOF OF IDENTITY**

- ( ) **FLORIDA DRIVERS LICENSE OR OTHER PHOTO I.D.** – Valid Florida Drivers License, Florida Identification or other legal document that verifies the Florida residency of the homeowners (with photograph) where assistance is requested.
- ( ) **SOCIAL SECURITY CARD(S)** - Provide a copy of a Social Security Card for each member of the household.
- ( ) **ELDERLY** – Any owner/co-owner of the property that is 65 years or older must provide a legal document that will confirm the age of the individual.
- ( ) **DISABILITY** – To be prioritized by disability, the owner/co-owner declaring the disability must provide an original letter signed by the physician on his/her letterhead, recommending specific assistance to alleviate the stated disability.

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<b>Applicant</b>	<b>Date</b>	<b>Co-applicant</b>	<b>Date</b>
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**HARDEE COUNTY**  
**BOARD OF COUNTY COMMISSIONERS**  
Office of Community Development  
Lorie Ayers, Director  
412 West Orange Street, Room 201  
Wauchula, Florida 33873  
Telephone 863-773-6349 \*\* Fax 863-773-5801

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Briefly list the needs you are requesting assistance with:

▶ \_\_\_\_\_

▶ \_\_\_\_\_

▶ \_\_\_\_\_

▶ \_\_\_\_\_

▶ \_\_\_\_\_

▶ \_\_\_\_\_

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**Hardee County  
Community Development**

Lorie Ayers, Director  
412 West Orange Street, Room 201  
Wauchula, Florida 33873

Phone 863-773-6349 \*\* Fax 863-773-5801



**APPLICATION FOR HOUSING ASSISTANCE**

Office Use Only

<b>Type of Assistance:</b> _____	<b>Annual Income:</b> \$ _____
<b>Date Received:</b> _____	<b>Income Category (ELI, VLI, LI, MI):</b> _____
	<b>Client #</b> _____

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Name:		
Date of Birth/Age:		
Married/Single/Divorced		
Street Address:		Phone:
City:		State/Zip:
Mailing Address:		Phone:
City:		State/Zip:
Email Address:		

**Other Household Members:**

Name(s)	Date of Birth / Age	Relationship to Applicant
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
7.)		
8.)		

Are there any open/pending code violations and/or code cases? Yes \_\_\_ No \_\_\_

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?  
If yes, please list: \_\_\_\_\_

Does Applicant/Co-Applicant own a home? Yes \_\_\_ No \_\_\_ Monthly rent/mortgage: \$ \_\_\_\_\_

If No, type of unit to be purchased? \_\_\_ Existing Unit \_\_\_ Newly Constructed Unit

**Type of home:** \_\_\_\_\_Block \_\_\_\_\_Wood Frame \_\_\_\_\_Mobile Home  
**Roof Type:** \_\_\_\_\_Shingles \_\_\_\_\_Metal  
**Do you have Homeowners Insurance:** Yes\_\_\_ No \_\_\_ **If yes, Company?** \_\_\_\_\_

**Applicant/Co-Applicant Employment Information:**

Employee Name:	Employer Name:
Position:	Supervisor:
Employer Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

Employee Name:	Employer Name:
Position:	Supervisor:
Employer Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (*gross salary, overtime, tips, bonuses, etc.): \$	

**NOTE: Attach additional sheets as necessary for all household members 18 years and over.**

**Other Sources of Income (For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)**

Name	Type of Income	*Gross Monthly Amount
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
		Total: \$ _____

\*The gross amount is the amount earned before taxes and other deductions are taken out.

<b>For Office use only:</b>		
Monthly amount \$ _____	x 12 months totals \$ _____	annually.

**Assets and Asset Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)**

Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
1.			
2.			
3.			
4.			
Total: \$ _____			Total: \$ _____

**Liabilities (For ALL Household Members 18 and Over, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, Personal Loans, etc.)**

Type Credit/Loan	Creditors Name	Balance Owed	Monthly Payment
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			
Total Monthly Payments: \$			

**NOTE: Attach additional sheets as necessary for all debt owed.**

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, 800-795-3272 (voice), 202-720-6382 (TDD).”

**Special Needs – please check all that apply**

Farm Worker \_\_\_ Disabled \_\_\_ Elderly \_\_\_ Homeless \_\_\_ Domestic Violence Victim \_\_\_  
 Other (list): \_\_\_\_\_ N/A \_\_\_

**Ethnicity – for reporting purposes only, check for Head of Household Only:**

White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian/Pacific Islander \_\_\_ Native American \_\_\_

*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 775.83. 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. 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 \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**HARDEE COUNTY**  
**Board of County Commissioners**  
**OFFICE OF COMMUNITY DEVELOPMENT**  
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**WAUCHULA, FLORIDA 33873-2869**  
Telephone: (863) 773-6349 Fax: (863) 773-5801

**USE OF SOCIAL SECURITY NUMBERS ACKNOWLEDGEMENT**

To: All Hardee County Office of Community Development Applicants

RE: Collection of social security numbers. Sections 119.071(5)2.a through 5, F.S., state:

2. a. An agency may not collect an individual's social security number unless the agency has stated in writing the purpose for its collection and unless it is:
  - (I) Specifically authorized by law to do so; or
  - (II) Imperative for the performance of that agency's duties and responsibilities as prescribed by law.
- b. An agency shall identify in writing the specific federal or state law governing the collection, use, or release of social security numbers for each purpose for which the agency collects the social security number, including any authorized exceptions that apply to such collection, use, or release. Each agency shall ensure that the collection, use, or release of social security numbers complies with the specific applicable federal or state law.
- c. Social security numbers collected by an agency may not be used by that agency for any purpose other than the purpose provided in the written statement.
3. An agency collecting an individual's social security number shall provide that individual with a copy of the written statement required in subparagraph 2. The written statement also shall state whether collection of the individual's social security number is authorized or mandatory under federal or state law.
4. Each agency shall review whether its collection of social security numbers is in compliance with subparagraph 2. If the agency determines that collection of a social security number is not in compliance with subparagraph 2, the agency shall immediately discontinue the collection of social security numbers for that purpose.
5. Social security numbers held by an agency are confidential and exempt from s. [119.07\(1\)](#) and s. [24\(a\)](#), Article I of the State Constitution. This exemption applies to social security numbers held by an agency before, on, or after the effective date of this exemption. This exemption does not supersede any federal law prohibiting the release of social security numbers or any other applicable public records exemption for social security numbers existing prior to May 13, 2002, or created thereafter.

**Although some programs provided through our office do not require the collection of social security numbers, Community Development does require social security numbers to use in verifying beneficiary income.**

\_\_\_\_\_  
Applicant date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant date

\_\_\_\_\_  
Witness

**Hardee County  
Community Development  
Lorie Ayers, Director  
412 West Orange Street, Room 201  
Wauchula, Florida 33873  
Phone 863-773-6349  
Fax 863-773-5801**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I/We \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_ to release without liability, information regarding my employment, income, and/or assets to \_\_\_\_\_, for the purposes of verifying information provided as part of determining eligibility for assistance under the \_\_\_\_\_ program. I understand that only information necessary for determining eligibility can be requested.

**Types of Information to be verified:**

I understand that previous or current information regarding me 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, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, 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 that may be asked to provide written/oral verifications are, but not limited to:**

Past/Present Employers	Alimony/Child Support Providers
Banks, Financial or Retirement Institutions	Social Security Administration
State Unemployment Agency	Veteran's Administration
Welfare Agency	Other: <u>SendMe Missions</u>

**Agreement to Conditions:**

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

_____ Signature of Applicant	_____ Printed Name	_____ Date
_____ Co-applicant	_____ Printed Name	_____ Date
_____ Adult Household Member	_____ Printed Name	_____ Date
_____ Adult Household Member	_____ Printed 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.

**HARDEE COUNTY**  
**Board of County Commissioners**  
**HOUSING REHABILITATION PROGRAM**

**VOLUNTARY PARTICIPATION**  
**AND**  
**NOTICE OF RESPONSIBILITIES**

I/We, \_\_\_\_\_, have reviewed the policy and procedures of Hardee County and the Local Housing Assistance Plan. These documents are available upon request. I/We do hereby acknowledge that I/We voluntarily request to be included in the Hardee County Housing Programs. I/We acknowledge that such inclusion will require me to provide personal data, such as income, which is a private matter but that by signature hereto, acknowledge that release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated as confidentially as the Community Development Block Grant and/or the SHIP rules and regulations permit.

I am aware of, and agree to abide by, general program rules to include, but not limited to, the following:

1. The purpose of the program is to place my/our house in a condition equal to that of HUD's Minimum Existing Housing Quality Standards. I consent to attainment of this standard and will not demand a greater extent of assistance.
2. I/We understand that the contract for assistance is prepared between the contractor and myself/ourselves as an administrative matter but that Hardee County, as the funding agency, reserves the ultimate right of decision making. While I have the right to provide my view, I will not dispute the final decision made by Hardee County.
3. I understand that I am subject to immediate program disqualification, with possible financial responsibility for any cost incurred by one or more of the Hardee County Rehabilitation Programs if I/We:
  - a. Provide any inaccurate or untruthful information; or
  - b. Fail to comply with existing program guidelines; or
  - c. Perform any action to receive a greater degree of assistance than I initially was eligible to receive unless I can, fully accepting the burden of proof, prove or disprove the cause or circumstances contributing to the material change in condition.

I/We recognize that this assistance is provided by the goodwill and grace of the U.S. Congress and/or the State of Florida and Hardee County. My acceptance and receipt thereof bind me to acceptance, for the term of the agreement, of program conditions and maintenance of the property as follows:

- a. This property is my **principle place of residence**;
- b. All **mortgage payments and taxes** must be kept paid up to date on the property;
- c. Replacement value **Homeowner's Insurance** must be maintained on the property;
- d. Property must be free from any outstanding liens or judgments;
- e. The County will place a forgivable lien on the property;
- f. The home and yard must be kept clean, maintained and free of debris;
- g. All city and/or county codes and ordinances must be adhered to.

Further, I acknowledge that participation on a Hardee County Housing Program will influence future priority about receiving similar assistance until all other local residents who qualify and agree to participate are provided with the opportunity to also be assisted.

I/We agree to the preceding conditions and hereby place my seal on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

## DUPLICATION OF BENEFITS

Is your application disaster related? If so, identify which disaster \_\_\_\_\_. If no, then disregard form below.

<b><u>OTHER ASSISTANCE RECEIVED:</u></b> - Assistance provided under the SHIP Program for disaster may not exceed a household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources).		
Did you register with FEMA or other disaster related assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you applied for any event related assistance from any source (local, state, federal, private)? If yes, proceed with this section.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b><u>A. Homeowner's Insurance</u></b>		
Did you file a homeowner's insurance claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If applicable, provide insurance provider's information.		
Insurance Claim Number		
Amount Approved by Insurance Company	\$	
<b><u>B. FEMA</u></b>		
Have you received any disaster related assistance from FEMA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If applicable, provide FEMA's Registration Number		
Amount Approved by FEMA	\$	
<b><u>C. Small Business Administration (SBA)</u></b>		
Have you received any event-related assistance from the SBA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If applicable, provide SBA Application Number		
Provide your SBA Loan No.(s)?		
Amount Approved by SBA Loan	\$	
What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc.		
Did you receive any other assistance due to disaster?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal or state assistance (SHIP, CDBG, CDBG-DR, HOME), etc.		

Recipient Statement: The information on this form is to be used to determine eligibility. I/we certify that the statements are true and complete to the best of my/our knowledge and belief under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree.

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Co-Applicant)

\_\_\_\_\_  
Date