



**Marion County
Board of County Commissioners**

Community Services

2631 SE Third St.
Ocala, FL 34471
Phone: 352-671-8770
Fax: 352-671-8769

HOUSING ASSISTANCE PROGRAMS LOAN APPLICATION

**State Housing Initiatives Partnership
Community Development Block Grant
Equal Housing Opportunity**

Applicant (s) Name: _____

Applicant (s) Address: _____

<p>Date Stamp Received</p>

APPLICANT(S) FILE # _____

“Meeting Needs by Exceeding Expectations”

<input type="checkbox"/> CDBG <input type="checkbox"/> SHIP <input type="checkbox"/> HOME <input type="checkbox"/> REHAB <input type="checkbox"/> EMHR <input type="checkbox"/> RAMP For Office Use Only
--

MARION COUNTY COMMUNITY SERVICES

APPLICATION FOR HOUSING ASSISTANCE

(Please complete all sections)

GENERAL INFORMATION:		
Applicant Name:	Co-Applicant Name:	
Street Address:	, FL	Zip Code:
Cell/Home Telephone:	Work Telephone:	Email:
Have you ever owned a home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you sell the home?		
Do you currently own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the address?		
How long at this address:		How many people live at this address:
Name of Landlord:	Monthly rent payment: \$	
Mailing Address:		

HOUSEHOLD OCCUPANTS:					
	Full Name:	Relationship to Applicant:	Date of Birth:	Gender:	Social Security Number:
1		Applicant	/ /		
2			/ /		
3			/ /		
4			/ /		
5			/ /		
6			/ /		
7			/ /		
Head of Household: Elderly___ Handicapped___ Native American___ Asian___ White___ Black___ Hispanic___ Single <input type="checkbox"/> Two-Parent <input type="checkbox"/> Single-Parent <input type="checkbox"/> Female-Headed <input type="checkbox"/> Other <input type="checkbox"/> _____					

EMPLOYMENT INFORMATION:	
Applicant's Employer:	Co-Applicants Employer:
Name: _____	Name: _____
Phone: _____ How Long?: _____	Phone: _____ How Long?: _____
Address: _____	Address: _____
Position: _____	Position: _____
Supervisor: _____	Supervisor: _____

INCOME: (Gross annual income from all sources)				
Source:	Applicant:	Co-Applicant:	Other Member: (18 or Over)	Total:
Employment (salary/wages):				
Interest/Dividends:				
Business Net Income:				
Rental Net Income:				
Social Security, Pensions:				
Unemployment, Workers Comp:				
Alimony, Child Support:				
Welfare Payments:				
Other:				

TOTAL ANNUAL INCOME FROM ALL SOURCES: \$ _____

ASSETS: (Include bank accounts, certificates of deposit, stock, bonds, mutual funds, IRA's, KEOGH accounts, rental property, vacant property, etc.)					
Type:	Family Member:	Annual Income from Assets:	Bank Name:	Account #:	Cash Value:
Checking Acct:					
Checking Acct:					
Savings Acct:					
Savings Acct:					
Credit Union Acct:					
Stocks, Life Insurance:					
Real Property:					
Total Income From Assets \$			Total Family Assets \$		

LIABILITIES: (List debts including mortgages, loans, credit cards, charge accounts, real estate, etc.)				
Type:	Creditor Name:	Monthly Payment:	Balance:	Account in Good Standing?

Applicant Name: _____ Co-Applicant Name: _____

1. List any outstanding unpaid collections or judgments:

<u>Creditor:</u>	<u>Amount:</u>	<u>Re-payment Plan Established?</u>	<u>Payment Amount:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have Lis Pendens proceedings been filed against you by your lender in the last 7 years?

() Yes () No (If no, go to question 3)

Date Filed?: _____ (attach copy)

Result: _____

Date Released: _____ (attach copy)

3. Have you declared bankruptcy in the last 7 years? () Yes () No (If no, go to question 4)

Date Filed?: _____ (attach copy of papers)

Bankruptcy Disposed? () Yes () No (If no, go to question 4)

Date Disposed: _____ (attach copy of disposition)

4. Are you a party in a law suit? () Yes () No

Explain: _____

CERTIFICATIONS & WAIVER OF PRIVACY:

INITIAL(S):

_____ The applicant(s) certifies that all information in this application, including supporting information and documents, is given for the purpose of obtaining assistance under the Marion County Community Services housing assistance programs, and is true and complete to the best of the applicant(s)'s knowledge and belief.

_____ The applicant(s) understand that all information provided by the applicant is subject to Florida's public records laws.

_____ The applicant(s) consent to the disclosure of any and all information for the purpose of verifying income and assets for determining income eligibility for the program assistance.

_____ The applicant(s) further certifies that he/she is aware that any person who knowingly fails, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose a material fact used in determining his/her qualification to receive State or Federal assistance is guilty of a crime and will be punished in accordance with Florida Statute 409-325m subsection (5).

Signature of Applicant

Signature of Co-Applicant

Date

Date

Applicant Name: _____ Co-Applicant Name: _____

MARION COUNTY COMMUNITY SERVICES**APPLICANT RELEASE OF INFORMATION FORM**

I, _____, the undersigned hereby authorize any of those entities specified below to release without liability, information regarding my employment, income, and/or assets to the Marion County Community Services Department for my purposes of verifying information provided as part of the purchase assistance under the SHIP, CDBG or HOME programs.

INFORMATION COVERED:

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income and assets, medical and/or child care allowances. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the SHIP, CDBG or HOME programs.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be contacted, but are not limited to:

Past/Present Employers	Welfare Agencies	Previous Landlords
Support & Alimony Providers	Unemployment Agencies	Retirement Systems
Veterans Administration	Social Security Administration	Banks & Mortgage Institutions

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a year from the date signed. I understand that I have a right to review this file and correct any information that I can prove is incorrect.

Applicant -Print Name

Co-Applicant Print Name

Social Security Number

Social Security Number

Signature

Date

Signature

Date

***NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "Request for Copy of Tax Reform" must be prepared and signed separately.



**Marion County
Board of County Commissioners**

Community Services

2631 SE Third St.
Ocala, FL 34471
Phone: 352-671-8770
Fax: 352-671-8769

Required Documents

CONTACT COMMUNITY SERVICES FOR AN APPOINTMENT ONCE YOU HAVE ALL YOUR APPLICATION MATERIALS READY.

The following must be submitted with your completed application form:

- Prequalification letter from approved lender**
- Driver's License (or FL identification card) each adult member of the household
- Signed Social Security card for each member of the household
- Copy of Birth Certificates for all children under age 18 years old
- Copy of most recent Federal tax return for each member of the household including W-2
- Documentation of income for each member of the household (income from employment, social security benefits, retirement benefits, child support payments, alimony, cash assistance, etc.). Name and address of each source of income for each member of the household
- Child support documentation, current court order and printout of payments received from the Court House.
- Copy of recent statement for each checking and/or savings account
- Information on any other asset for each household member (IRA, money market, certificates of deposit, investments, property, life insurance, etc.)
- If any member of the household (18 years or older) is a full-time student, provide supporting documentation

REHABILITATION ASSISTANCE ALSO NEEDS:

- Current mortgage statement and homeowners insurance declarations page.**

ADDITIONAL DOCUMENTATION MAY BE REQUIRED AFTER REVIEW OF APPLICATION PACKAGE

NOTE: LONG TERM CONTRACTUAL OBLIGATIONS OF OWNERS

If you're approved for assistance and accept housing purchasing assistance under the SHIP/HOME program, you will be required to enter into an agreement as a condition of receiving assistance. The terms of the homeowner's obligation will be 30 years for purchase assistance and 20 years for rehabilitation assistance; the financial assistance provided is secure by a mortgage lien and promissory note. No payments are required unless the terms of the agreement between the County and the homeowner are violated.

"Meeting Needs by Exceeding Expectations"