



**Marion County
Board of County Commissioners**

Community Services

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

REHABILITATION PROGRAM APPLICATION

- Mobile Home**
- Block/Frame Built Home**
- Mobility Ramp**

 **Equal Housing Opportunity**

Applicant (s) Name: _____

Applicant (s) Address: _____

Date Stamp Received

APPLICANT(S) FILE # _____

“Meeting Needs by Exceeding Expectations”

<input type="checkbox"/> CDBG <input type="checkbox"/> SHIP <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:		
Mailing Address:		
Cell/Home Telephone:	Work Telephone:	Email:
Marital Status : Married <input type="checkbox"/> Never been married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		
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 Mortgage/Service:		Monthly mortgage payment: \$
Are you a U.S. citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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:					
IRA, KEOUGH, etc.					
Rental 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:

Applicant Name: _____ Co-Applicant Name: _____
 Household Member over 18: _____ Household Member over 18: _____

1. 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)

2. 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)

CERTIFICATIONS & WAIVER OF PRIVACY:

INITIAL(S):

Applicant Co-App.

_____ 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: _____

Household Member over 18: _____ Household Member over 18: _____

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

I/We 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/We 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/We 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/We 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/We understand that I/We have a right to review this file and correct any information that I/We can prove is incorrect.

_____ Applicant Print Name	_____ Social Security Number	_____ Signature	_____ Date
_____ Co-Applicant Print Name	_____ Social Security Number	_____ Signature	_____ Date
_____ Household Member over 18 Print Name	_____ Social Security Number	_____ Signature	_____ Date
_____ Household Member over 18 Print Name	_____ Social Security Number	_____ 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.

REQUEST FOR VERIFICATION OF DEPOSIT

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgage or under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38USC, Chapter 37 (if VA); by 12 USC, Section 1701, et.seq. (If HUD/FHA); BY 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et.seq. Or 7 USC, 1921 et.seq. (If USDA/FmHA).

Part I - Applicant Instructions: COMPLETE ITEMS 1, 7, 8, AND 9.

1. To (Name and COMPLETE mailing address of depository/bank)	2. From: Marion County Community Services 2631 SE Third St. Ocala, FL 34471
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I certify that this verification was sent directly to the bank/depository and has not passed through the hands of the applicant or any other party.

3. Lender signature	4. Title Client Services Specialist	5. Date	6. Lender phone number 352-671-8770
7. Information to be verified			
Type of account	In name(s)	Account number	Estimated balance

To Depository: I/We have applied for a mortgage loan and stated in my financial statement that the balance on deposit with you is shown above. You are authorized to verify this information and to supply the lender identified above with the information requested in items 10 through 13. Your response is solely a matter of courtesy which no responsibility is attached to your institution or any of your officers.

8. Name and address of applicant(s)	9. Signature of applicant(s)
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❖ APPLICANT - DO NOT SUBMIT THIS FORM TO YOUR DEPOSITORY/BANK. WE ARE REQUIRED TO MAIL IT DIRECTLY TO THEM FOR COMPLETION.

Part II - Verification of depository (To be completed by depository).

10. Deposit accounts

Type account	Account number	Current balance	Withdrawal fee	Average six month balance	Rate/interest income YTD	Date opened

11. Loans outstanding

Loan number	Date of loan	Original amount	Current balance	Monthly installment	Secured by	Number late payments

12. Additional information which may be of assistance in determination of credit worthiness, including loans paid-in-full.

13. If the name(s) on the accounts differ from those listed in Item 7, please supply the name(s) on the account(s) as reflected in your records.

Part III - Authorized signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance or any guaranty or insurance by the VA secretary, the U.S.D.A., FmHA/FHA Commissioner, or the Hud/CPD Assistant Secretary.

14. Signature of depository representative	15. Title (Please print or type)		
16. Please print or type name signed in Item 14	17. Phone number	18. Date	



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Section I - To be completed by Applicant and returned to Community Services.

EMPLOYER NAME: _____

EMPLOYER MAILING ADDRESS: _____

EMPLOYER FAX # _____ ATTENTION: _____

APPLICANT NAME: (Print) _____ S.S. #: _____

I hereby grant permission and authorize my employer to disclose full information as to my anticipated annual income to the Marion County Community Services Department where I have applied for assistance.

Applicant Signature

Date

APPLICANT - DO NOT SUBMIT THIS FORM TO YOUR EMPLOYER. WE ARE REQUIRED TO MAIL OR FAX IT DIRECTLY TO THEM FOR COMPLETION.

Section II - To be completed by Employer and returned to Community Services.

Hire Date: _____ Position: _____

Please complete ONE of the following: (GROSS AMOUNT)

- | | | | |
|---------------|----------|-------------|----------|
| 1. Hourly | \$ _____ | 4. Weekly | \$ _____ |
| 2. Bi-Weekly | \$ _____ | 5. Monthly | \$ _____ |
| 3. Bi-Monthly | \$ _____ | 6. Annually | \$ _____ |

Average hours worked per week: _____ Weeks worked per year: _____

Vacation Pay (Y or N): _____ Number of days: _____

ANTICIPATED additional ANNUAL **GUARANTEED** GROSS INCOME from:

- | | | | |
|------------|----------|----------------|----------|
| 1. Tips | \$ _____ | 3. Commissions | \$ _____ |
| 2. Bonuses | \$ _____ | 4. Overtime | \$ _____ |

Has employee been terminated? _____ If yes, is the individual eligible for unemployment benefits? _____

Employer Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____

Title: _____

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

"Meeting Needs by Exceeding Expectations"

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:

- 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, current year social security benefit letter, current year retirement benefits, current year child support payments, alimony, cash assistance, etc.).
- Child support documentation, current court order and printout of payments received from the Court House.
- Copy all pages of last 2 months bank statements for each checking and/or savings account including a signed letter of explanation for any deposits over \$100.00 stating where the funds came from.
- Information on any other asset for each household member (IRA, KEOUGH, 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. (example: school transcripts or letter from school)
- Current mortgage statement and homeowners' insurance declarations page (homeowners insurance requirement applies to block/frame built house only).
- For a site-built home or mobile home rehabilitation, a complete list of requested repairs is required. Please use the blank form at the end of the application. Note, these are requested repairs. The Marion County Community Services Department reserves the right to deem which repairs are eligible utilizing program guidelines.

ADDITIONAL DOCUMENTATION MAY BE REQUIRED AFTER REVIEW OF APPLICATION

NOTE: LONG TERM CONTRACTUAL OBLIGATIONS OF OWNERS

If you're approved for assistance and accept housing rehabilitation assistance under the SHIP/CDBG 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 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.

