



**Hendry County Board of County Commissioners
ATTN: Housing Department
P. O. Box 2340
LaBelle, Florida 33975
(863)-675-5297 • (863) 612-0791 FAX**

**HENDRY COUNTY HOUSING
SHIP DISASTER RECOVERY ASSISTANCE
APPLICATION
(SHIP – DPA)**

Dear Applicant,

The Hendry County State Housing Initiative Partnership (SHIP) program is designed to provide Down Payment and Closing Cost assistance for first-time home buyers or to persons who have not owned a home within the last three (3) years.

The purchase of a mobile home is not eligible.

Home Value cannot exceed \$253,809.00

It is important to note that this program is a voluntary program and funding is limited and subject to availability on a first come, first qualified, first served basis. Please follow the instruction on page 2 and drop off your completed application and copies of the require items listed above at the Hendry County Housing Department, Attention: SHIP Housing, 133 N. Bridge Street, LaBelle, Florida 33935. Incomplete applications will not be processed until all documentation is received. Once your application has been reviewed, you will receive a confirmation letter with further instructions. If you have any questions, please call the Housing Department at 863-675-5297. You will receive a call back within 48 hours.

Thank you,

Sabrina M. Gadson
Housing and Social Services Manager

**HENDRY COUNTY IS A FAIR HOUSING COMMUNITY
EQUAL OPPORTUNITY EMPLOYER
DISABLED DISCRIMINATION PROHIBITED**



NOTE: You must submit a completed, signed and dated application and “Authorization to Verify” information form. The application and “Authorization to Verify” information form must be signed by the applicant and ALL household members 18 years of age or older.

STEPS TO FOLLOW TO APPLY FOR (SHIP) HOUSING ASSISTANCE – MUST SUBMIT THE FOLLOWING FOR APPLICANT, CO-APPLICANT AND HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER:

PLEASE INCLUDE A COPY OF THE FOLLOWING:

- Picture identification(s) and Social Security Card(s)
- Child support/custody court orders, letter of adoption, divorce decree, alimony
- Birth certificate(s) on dependent(s) claimed
- Disclosure of all assets, including IRA/401K’s, stocks/bonds, and life insurance
- Award letters for social security, disability, unemployment, AFDC, worker compensation
- Complete copies of three most recent current banking account statements (checking and savings)
- 2 years employment history
- Must provide the last three years’ income tax returns.
- Paycheck Stub [Last 4 pay stubs (one month) for each working member] OR Social Security Verification (Statement of Benefits)
- Mortgage pre-approval letter

**Drop-off application and required documents at the Reception Desk
of the Hendry County Housing Department
Attn: SHIP, 133 N. Bridge Street, LaBelle, FL 33975 or
1100 South Olympia Avenue, Clewiston, Florida**

HENDRY COUNTY INCOME LIMITS 2020

INCOME RANGE*	MEMBERS IN HOUSEHOLD							
	1	2	3	4	5	6	7	8
EVL 30%	\$12,760	\$17,240	\$21,720	\$26,200	\$28,550	\$30,650	\$32,750	\$34,850
VERY LOW 50%	\$18,500	\$21,150	\$23,800	\$26,400	\$28,550	\$30,650	\$32,750	\$34,850
LOW 80%	\$29,600	\$33,800	\$38,050	\$42,250	\$45,650	\$49,050	\$52,400	\$55,800
MODERATE 120%	\$44,400	\$50,760	\$57,120	\$63,360	\$68,520	\$73,560	\$78,600	\$83,640
MODERATE 140%	\$51,800	\$59,220	\$66,640	\$73,920	\$79,940	\$85,820	\$91,700	\$97,580

Income in this case means gross wages, income from assets, and certain other resources or benefits as determined by HUD and the Florida Housing Finance Agency. All of these Income Limits are adjusted for family size and the type and amount of assistance will vary according to the need.

**Income Ranges shown above are to be used for
Income Certifications and entry in ACCESS.*

APPLICANT GENERAL INFORMATION

Applicant Name _____ Soc. Sec. # _____

D.O.B. ___ / ___ / ___

Street Address _____

City, State and Zip Code: _____

Phone _____ Alternate Phone (Cell/Other) _____

Email _____

Check One: Single Married Divorced Widow

Type of Assistance Requested

DPA

ALL OF THE FOLLOWING INFORMATION WILL BE VERIFIED, PLEASE PROVIDE THE CORRECT ADDRESSES.

MAILING ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

STREET ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

How long have you lived at the present address? _____

Do you: Own Other



MEMBERS OF HOUSEHOLD TO INCLUDE:

(Applicant, individual, family, or group of individuals living together in the house).

Other Household Members/Dependents living in the home (under 18 years of age or legally disabled/dependent with proof):

HOUSEHOLD COMPOSITION:

(LIST EVERY PERSON THAT IS CURRENTLY LIVING IN YOUR HOME)

	NAME	RELATIONSHIP	AGE	DATE OF BIRTH	RACE (C/B/H/A/NA/O)
1					
2					
3					
4					
5					
6					
7					
8					

Disability Status (Please list any household member(s) who has a developmental disability or other handicap/special need.)

*Note: Any applicant or HH member claiming disability must complete this section. If this section is left incomplete the applicant or HH member may not be assumed automatically disabled by the individual(s) reviewing the application. **Only** the applicant may complete this section.*

1.
2.

APPLICANT

List present employer first and go back two years from Date of Application

Date of Employment: Beginning _____ thru _____

Name of Employer: _____ Phone Number: _____

Address of Employer: _____

City and State: _____

Title/Type of Work: _____

Rate of Pay: _____ Hours per Week: _____

Reason for Change: _____

Date of Employment: Beginning _____ thru _____

Name of Employer: _____ Phone Number: _____

Address of Employer: _____

City and State: _____

Title/Type of Work: _____

Rate of Pay: _____ Hours per Week: _____

Reason for Change: _____

Date of Employment: Beginning _____ thru _____

Name of Employer: _____ Phone Number: _____

Address of Employer: _____

City and State: _____

Title/Type of Work: _____

Rate of Pay: _____ Hours per Week: _____

Reason for Change: _____

If more than one form is required because there is more than one household member over age 18, please use a photocopy of the following pages.



CO-APPLICANT and/or HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER:

List present employer first and go back two years from Date of Application

Date of Employment: Beginning _____ thru _____

Name of Employer: _____ Phone Number: _____

Address of Employer: _____

City and State: _____

Title/Type of Work: _____

Rate of Pay: _____ Hours per Week: _____

Reason for Change: _____

Date of Employment: Beginning _____ thru _____

Name of Employer: _____ Phone Number: _____

Address of Employer: _____

City and State : _____

Title/Type of Work: _____

Rate of Pay: _____ Hours per Week: _____

Reason for Change: _____

Date of Employment: Beginning _____ thru _____

Name of Employer: _____ Phone Number: _____

Address of Employer: _____

City and State: _____

Title/Type of Work: _____

Rate of Pay: _____ Hours per Week: _____

Reason for Change: _____

APPLICANT

Bank Accounts:

Name and Address of Bank: _____ Phone Number: _____

Checking Account Number: _____

Savings Account Number: _____

Other Account Info: _____

Name and Address of Bank: _____ Phone Number: _____

Checking Account Number: _____

Savings Account Number: _____

Other Account Info: _____

CO-APPLICANT and/or HOUSHOLD MEMBER 18 YEARS OF AGE OR OVER:

Bank Accounts:

Name and Address of Bank: _____ Phone Number: _____

Checking Account Number: _____

Savings Account Number: _____

Other Account Info: _____

Name and Address of Bank: _____ Phone Number: _____

Checking Account Number: _____

Savings Account Number: _____

Other Account Info: _____

CASH HOUSEHOLD INCOME SUMMARY:

Applicant

2019 Estimated Earnings _____

Co-Applicant's/Household Members 18 years of Age or Over

2019 Estimated Earnings _____

Does anyone in the household receive any of the following sources of income (please provide monthly amount):

- _____ Interest and/or Dividends
- _____ Net Income from Business (Please, include a quarterly loss and profit statement and an affidavit of anticipated net income for the next twelve months.)
- _____ Rental Income (Please provide the property tax statement and indicate if there is a mortgage on the property.)
- _____ Social Security, Pensions, Retirement Funds
- _____ Unemployment Benefits, Workers Compensation, etc.
- _____ Alimony, Child Support (Please, include a copy of your divorce decree'.)
- _____ Welfare Payments (Please include your case worker's name and phone number.)
- _____ Regular gifts from family and friends (Please include a statement from family and/or friends of the amount given to you)
- _____ Other. Please explain: _____

Total Source of Income Received: _____

ASSETS:

LIST CURRENT ASSETS OF ALL HOUSEHOLD MEMBERS:

Real Estate: _____ Amount: \$ _____

Individual Retirement Account (IRA, 401K): _____ Amount: \$ _____

Whole life or universal life insurance policy: _____ Amount: \$ _____

() Checking () Savings: Bank: _____ Amount: \$ _____

() Checking () Savings: Bank: _____ Amount: \$ _____

() Checking () Savings: Bank: _____ Amount: \$ _____

Other
Describe: _____ Amount: \$ _____



All applications are subject to the Public Records laws of Florida, SF Chapter 119.

Applicant Statement: The information on this form is to be used to determine maximum income for eligibility. I/we have provided for each person 18 and over acceptable verification of current anticipated annual income. 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 and is punishable by fines and imprisonment provided under S775.082 or 775.83

Applicant

Signature Box:

_____	_____
Applicant's Signature	Date
_____	_____
Co-Applicant's Signature	Date
_____	_____
Household Member 18 or Over	Date





**HENDRY COUNTY
HOUSING REHABILITATION PROGRAM
UNEMPLOYMENT AFFIDAVIT**

(A separate form is required for any unemployed person over the age of 18, residing in the household)

[1] I, _____, verify that I am presently unemployed and have no other source(s) of income at this time.

OR:

[2] I, _____, verify that I am presently unemployed and have other source(s) of income at this time.

If box 2 is signed please list other sources of income. And provide all official supporting documentation that verifies the sources of the stated income.

SOURCE(S) OF INCOME DERIVED FROM MEANS OTHER THAN EMPLOYMENT

1.	_____
2.	_____
3.	_____

APPLICANT/CO-APPLICANT/ADULT HOUSEHOLD MEMBER SIGNATURE

PRINT NAME

WARNING: Florida Statute 817 provides that willful false statements of misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment under Statutes 775.082 or 775.83.

Subscribed and sworn before me this _____ day of _____, 2020.

(SEAL)

Notary Public, State of Florida

Print Name of Notary Public

Personally Known

Produced Identification

Type of Identification _____



**HENDRY COUNTY
HOUSING DEPARTMENT**

AUTHORIZATION FOR THE RELEASE OF INFORMATION

The undersigned hereby authorizes you to release without liability, information regarding employment, credit, income and/or assets to the Hendry County Housing Program for purposes of verifying information provided as part of the Housing Assistance.

Privacy Act Notice: *This information is to be used by the agency collecting it or its assignees in determining whether you qualify as an applicant for the SHIP 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 may be delayed or rejected for SHIP Funds.*

INFORMATION COVERED: I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity: employment, credit, income and assets, criminal history, medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for the Hendry County SHIP Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Social Security Admin.
Veterans Administration	Banks and Financial Institutions	Credit Reporting Agencies
Unemployment Agencies	Retirement Systems	Background Check
Internal Revenue Service	Public Housing Agencies	Support & Alimony

CONDITIONS:

I/We agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file and will stay in effect for one year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that I/We provided that is incorrect.

Household Member 1 Signature

Date

Household Member 2 Signature

Date

Household Member 3 Signature

Date

Household Member 4 Signature

Date



HENDRY COUNTY

HOUSING PROGRAM

Verification of Special Needs

This is verification that _____ is currently under our care or working with our agency, and falls within one of the following categories: **(Please check one)**

Developmental disability.
“Developmental disability” means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of eighteen (18); and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

Other disability/special need.
*“Person with special needs” means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; a young adult formerly in foster care who is eligible for services under s. 409.1451(5); a survivor of domestic violence as defined in s. 741.28; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veteran’s disability benefits.
OR A “Disabling condition”: A diagnosable substance abuse disorder; serious mental illness.*

SIGNATURE

TITLE

AGENCY/OFFICE



