

**Hernando County, Florida**  
**State Housing Initiatives Program (SHIP)**  
**Owner-Occupied Home Rehabilitation Program Application**



Please complete application in full. Mobile homes built prior to 1994 and properties with unpaid property taxes are ineligible. Applications will not be accepted without the following information in order to verify program eligibility:

- Verify all adult household members have signed the application
- Verify all adult household members have signed the authorization to verify form (additional copies will be provided upon request)
- Verify all adult household members have signed the Notice of Collecting Social Security Numbers
- Include a photocopy of state issued identification for all adult household members
- Include a copy of social security card for all household members
- Include a photocopy of birth certificate, legal guardianship documentation for each **dependent** household member
- Proof of income for all household members, acceptable documentation includes:
  - 4 weeks paystubs
  - Social Security Benefit Statement
  - Social Security Disability Income Statement
  - Child Support (include court ordered support detail)
  - Alimony (include divorce decree)
  - Self-Employed Applicants (provide last two years income tax return)
  - Unemployment Compensation
- Most recent income tax return (if applicable)
- Most recent two months, consecutive bank statement for all bank accounts (checking and savings) including Cash App, Venmo, Zelle transactions.
- Asset disclosure of all assets including 401K, stocks/bonds, CDs, mutual funds, annuities, investments, rental properties
- Most recent electric bill
- Homeowners insurance declaration page for the current policy coverage period
- Most recent mortgage statement (if applicable)

|                          | Applicant                         |                                  | Co-Applicant                      |                                  |
|--------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| Full Name                |                                   |                                  |                                   |                                  |
| Social Security Number   |                                   |                                  |                                   |                                  |
| Marital Status           | Single <input type="checkbox"/>   | Married <input type="checkbox"/> | Single <input type="checkbox"/>   | Married <input type="checkbox"/> |
|                          | Divorced <input type="checkbox"/> | Widow <input type="checkbox"/>   | Divorced <input type="checkbox"/> | Widow <input type="checkbox"/>   |
| Phone Number             | (      ) _____                    |                                  | (      ) _____                    |                                  |
| Alternate Phone Number   | (      ) _____                    |                                  | (      ) _____                    |                                  |
| Email Address            |                                   |                                  |                                   |                                  |
| Address:                 |                                   |                                  |                                   |                                  |
| City, State and Zip Code |                                   |                                  |                                   |                                  |
| Mailing Address:         |                                   |                                  |                                   |                                  |
| City, State and Zip Code |                                   |                                  |                                   |                                  |

**Other Household Members:**

| Name | Relationship | Age | Date of Birth | Employed |
|------|--------------|-----|---------------|----------|
|      |              |     |               |          |
|      |              |     |               |          |
|      |              |     |               |          |
|      |              |     |               |          |
|      |              |     |               |          |
|      |              |     |               |          |



**Special Needs Households:**

|  |  |
|--|--|
| Does the Applicant or Other Household Members have Special Needs Resulting from any of the below conditions? |  |
| Person with Developmental Disability [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO        |  |
| Disabling Condition [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO                         | Serious Mental Illness [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO      |
| Chronic Physical Illness [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO                    | Receiving SSDI [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO              |
| Receiving SSI [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO                               | Receiving Veterans Benefits [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO |
| Young Adult Formerly in Foster Care [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO         |  |
| Survivor of Domestic Violence [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO               |  |

*\*Please provide supporting documentation from the agency services are provided from if you answered yes to any of the above conditions. For example, SSDI award letter, Community Based Agency provider.*

**Employment Information:**

|                          | <b>Applicant</b> | <b>Co Applicant</b> |
|--------------------------|------------------|---------------------|
| Employer Name            |                  |                     |
| Employer Address         |                  |                     |
| City, State and Zip Code |                  |                     |
| Employer Phone Number    |                  |                     |

|                          | <b>Additional Household Members</b> |
|--------------------------|-------------------------------------|
| Employer Name            |                                     |
| Employer Address         |                                     |
| City, State and Zip Code |                                     |
| Employer Phone Number    |                                     |

|                          | <b>Additional Household Members</b> |
|--------------------------|-------------------------------------|
| Employer Name            |                                     |
| Employer Address         |                                     |
| City, State and Zip Code |                                     |
| Employer Phone Number    |                                     |



**Sources of Income for all Household Members:**

| Monthly Source of Income | Applicant | Co Applicant | Other Household Members | Monthly Total |
|--------------------------|-----------|--------------|-------------------------|---------------|
| Employment               |           |              |                         |               |
| Social Security/SSI      |           |              |                         |               |
| Unemployment<br>Wages    |           |              |                         |               |
| Retirement               |           |              |                         |               |
| Rental Income            |           |              |                         |               |
| Child Support            |           |              |                         |               |
| Alimony                  |           |              |                         |               |
| Other                    |           |              |                         |               |

**Asset Information:**

| Account Holder | Type of Asset | Financial Institution | Account # | Asset Value |
|----------------|---------------|-----------------------|-----------|-------------|
|                |               |                       |           |             |
|                |               |                       |           |             |
|                |               |                       |           |             |
|                |               |                       |           |             |

Please provide a description of the repairs needed on your home:

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**Disclosures:**

Do you own more than one property? \_\_\_\_\_

Do you occupy the property as your primary residence? \_\_\_\_\_

Does the property have multiple owners listed on the deed? \_\_\_\_\_

Have you lived at the property for one year or longer? \_\_\_\_\_

Are you related to any member of the County Commission, Advisory Committee or County Employee? If yes, please explain below.  
\_\_\_\_\_

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.

I/We understand that Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds. If you knowingly and willingly make fraudulent statement or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

I/We understand that all documents are subject to Florida's public records laws.

I/We understand that by entering into an agreement for the rehabilitation of my home; a deferred payment mortgage lien will be placed on my property for the amount of assistance provided to be forgiven at the end of the term and no repayment will be required as long as the loan is in good standing.

|                            |      |                            |      |
|----------------------------|------|----------------------------|------|
| Applicant Signature        | Date | Co Applicant Signature     | Date |
| Household Member Signature | Date | Household Member Signature | Date |
| Household Member Signature | Date | Household Member Signature | Date |



## **NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES**

24 CFR (Part 5 (General HUD Program Requirements; Waivers) 5.216 specifically states the following:

(b) Disclosure required of assistance applicants. Each assistance applicant must submit the following information to the processing entity when the assistance applicant's eligibility under the program involved is being determined.

(1) The complete and accurate SSN assigned to the assistance applicant and to each member of the assistance applicant's household; and

(2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(c) Disclosure required of individual owner applicants. Each individual owner applicant must submit the following information to the processing entity when the individual owner applicant's eligibility under the program involved is being determined:

(1) The complete and accurate SSN assigned to the individual owner applicant and to each member of the individual owner applicant's household who will be obligated to pay the debt evidenced by the mortgage or loan documents; and

(2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

The social security number is needed to determine eligibility under federal and state programs such as HOME, CDBG and SHIP that are determined eligible using 24 CFR part 5.

The applicant and household member hereby agree to allow the County to use the SSN to verify the following information:

|                 |               |
|-----------------|---------------|
| Employment      | Unemployment  |
| Pension         | Benefits      |
| Social Security | Child Support |
| Assets          |               |

Signed by all adult household members:

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature



**Authorization for Release of Information****Must be signed by all household members over the age of 18**

I/We consent to allow Hernando County Housing and Supportive Services to request and obtain employment, income, credit history and/or assets for the purpose of verifying information provided, as part of determining eligibility for assistance under the Owner-Occupied Rehabilitation Program. I/We understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: Personal identity, employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposit (CD), payment from Social Security, annuities, insurance policies, retirement funds, pension, disability, or death benefits; unemployment, disability and/or worker's compensation; welfare assistance; net income from the operation of a business; and alimony or child support payments, etc.

Organization/Individuals that may be asked to provide written/oral verification are but not limited to:

|                                 |                                       |
|---------------------------------|---------------------------------------|
| Past/Present Employers          | Alimony/Child/Other Support Providers |
| Banks or Financial Institutions | Social Security Administration        |
| State Unemployment Agency       | Veteran's Administration              |
| Welfare Agency                  | Other _____                           |

Agreement to Conditions:

I/We agree that a photocopy of this authorization may be used for the purpose stated above. I/We understand that my authorization will remain effective from the date of signature until the project completion, and that the information will be handled confidentially in compliance with all applicable federal laws.

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|                        |            |      |
|------------------------|------------|------|
| Signature of Applicant | Print Name | Date |
|------------------------|------------|------|

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|                        |                  |
|------------------------|------------------|
| Social Security Number | DOB (mm/dd/yyyy) |
|------------------------|------------------|

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|                           |            |      |
|---------------------------|------------|------|
| Signature of Co-Applicant | Print Name | Date |
|---------------------------|------------|------|

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|                        |                  |
|------------------------|------------------|
| Social Security Number | DOB (mm/dd/yyyy) |
|------------------------|------------------|

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|                               |            |      |
|-------------------------------|------------|------|
| Signature of Household Member | Print Name | Date |
|-------------------------------|------------|------|

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|                        |                  |
|------------------------|------------------|
| Social Security Number | DOB (mm/dd/yyyy) |
|------------------------|------------------|

