



QUALIFYING INCOME CHART

This reflects the Maximum Gross Income for the HOUSEHOLD.

PROPERTY VALUE MAY NOT EXCEED

\$250,000 BASED ON THE PROPERTY

APPRAISER "JUST" VALUE

EFFECTIVE 05/15/2023

Income limits are subject to revisions by the Florida Housing Finance Corporation.

Household Size	Very Low Income (30% to 50% of AMI)	Low Income (51% to 80% of AMI)	Moderate Income (81% to 120% AMI)
1	* Up to - \$30,050	Up to - \$48,550	NOT APPLICABLE FOR HOME REPAIR
2	* Up to - \$34,700	Up to - \$55,500	
3	* Up to - \$39,050	Up to - \$62,450	
4	* Up to - \$43,350	Up to - \$69,650	
5	* Up to - \$46,850	Up to - \$74,900	
6	* Up to - \$50,300	Up to - \$80,450	
7	* Up to - \$53,800	Up to - \$86,000	
8 or more	* Up to - \$57,250	Up to - \$91,550	

YOUR ELIGIBILITY WILL BE BASED ON THE INCOME LIMITS THAT ARE IN EFFECT AT THE TIME OF APPROVAL



**HOME REPAIR PROGRAM
SFY 2023-2024 APPLICATION**

ALACHUA COUNTY S.H.I.P. PROGRAM

Application # AC HR

APPLICANT'S INFORMATION:

Applicant (Head of Household): _____ Last 4 of SS number: _____

Age: _____ Marital Status: Single _____ Married _____ Divorced _____ Widow _____

Spouse or Co-Applicant: _____

Other Person(s) in the title (on the deed):

Property Address: _____
City State Zip

Mailing Address (if different): _____

Telephone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Total number of people residing in the household (including you): _____

Is anyone in the household considered disabled?

Please see the addendum to the application.

Are you a veteran? Yes ___ No ___ Do you receive veteran benefits? Yes ___ No ___

Are you employed? Yes ___ No ___ Are you self-employed? Yes ___ No ___

Do you currently have a mortgage/lien on the property? Yes ___ No ___

If yes, what is your monthly mortgage payment? \$ _____

Name of Lender: _____

LIST NAMES OF ALL INDIVIDUALS WHO RESIDE IN THE HOUSEHOLD

Name	Age	Relationship to Head of Household
		Applicant/Head of Household



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INCOME QUALIFICATION INFORMATION

List the names, ages, relationship to head of household, and income of **ALL** persons living in the household:

INCLUDE ANNUAL GROSS INCOME for **ALL persons 18 years and over.**

*Types of Income: SSI, SSD, "R" for retirement, "E" for employment, "SE" self-employed, "UNE" unemployed

Name	Age	Relationship to Head of Household	* Type of Income	Gross Income
		Applicant / HOH		

**COMPLETE INFORMATION FOR EVERYONE 18 AND OVER
WHO IS EMPLOYED OUTSIDE THE HOME?**

APPLICANT'S EMPLOYER INFORMATION (If applicable)

COMPANY: _____ PHONE: _____
ADDRESS: _____
HR CONTACT: _____ PHONE: _____

OTHER HOUSEHOLD MEMBERS EMPLOYER INFORMATION

COMPANY: _____ PHONE: _____
ADDRESS: _____
HR CONTACT: _____ PHONE: _____

OTHER HOUSEHOLD MEMBERS EMPLOYER INFORMATION

COMPANY: _____ PHONE: _____
ADDRESS: _____
HR CONTACT: _____ PHONE: _____

**IF A HOUSEHOLD MEMBER IS 18 AND OVER AND IS NOT EMPLOYED,
THEY MUST COMPLETE AN UNEMPLOYMENT AFFIDAVIT**



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ASSET INFORMATION

List all assets with the current value (checking, savings, retirement, cash on hand, etc.) for all persons living in the household¹:

<u>HOUSEHOLD MEMBER</u>	Type of Asset (Checking, Savings) With last 4 digits of account number)	Cash Value	Income From Asset

Other real estate properties owned / List addresses and if you rent / contract for sale / etc.:

Items Needing Repair

Item	In Need of Repair Yes / No	Brief Description
ROOF		
WINDOWS		
DOORS		
ELECTRICAL		
PLUMBING		
HOW WATER HEATER		
WELL / SEPTIC		
ACCESSIBILITY		
OTHER		

(Attach an additional sheet for further explanation of repairs needed)

WE DO NOT REMODEL.



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I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME IS SUBJECT TO REVIEW AND VERIFICATION BY ALACHUA COUNTY THROUGH ITS AGENTS AND/OR EMPLOYEES, IN ORDER TO DETERMINE ELIGIBILITY FOR THE PROGRAM BENEFITS/SERVICES FOR WHICH I AM APPLYING. PROVIDING INACCURATE OR INCOMPLETE INFORMATION WILL RESULT IN A DENIAL OF SERVICES.

I further understand that all information listed above is subject to the Open Records Law, Chapter 119 of the Florida Statutes (most clearly stated under 119.07), and therefore is considered public record.

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 S 775.082 or 775.83.

ALL HOME OCCUPANTS 18 AND OVER MUST SIGN APPLICATION
THE INFORMATION PROVIDED IS TRUE AND ACCURATE:

Applicant's Signature	Date	Spouse Signature	Date
Signature Other Adult Member	Date	Signature Other Adult Member	Date
Signature Other Adult Member	Date	Signature Other Adult Member	Date

GOVERNMENT REQUIRED INFORMATION FOR REPORTING PURPOSES ONLY
PLEASE COMPLETE INFORMATION FOR **HEAD OF HOUSEHOLD**

Ethnicity		Race					Age			
Hispanic	Non-Hispanic	White	Black/ (African-American)	Asian	American Indian	Other	0-25	26-40	41-61	62+

SPECIAL NEEDS FOR HEAD OF HOUSEHOLD OR OTHER MEMBER OF THE HOUSEHOLD

Developmentally Disabled	Disabling Condition	Receives SSI or SSD	HOH (>62)	Foster Care	Domestic Violence
HOH	HOH	HOH	HOH		
Other	Other	Other			



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All occupants 18 and over must sign the application, authorization to release information, and Social Security Disclosure

YOU WILL NEED TO PROVIDE THE FOLLOWING DOCUMENTATION THAT APPLIES TO THE HOUSEHOLD

- PROOF OF INCOME:**
(Current SS awards letter, retirement statement, paystub, etc.)
All home occupants 18 and over must supply income and asset information
- INCOME AND ASSETS:**
(Six months consecutive bank statements (must include all pages for each statement). Must include the statements of all household members)
*** Documents where/what each of your deposits came from, with as much detail as possible (i.e., a family member is helping with bills, you have an online sales job, you sell Avon, Mary Kay, etc.)***
- TWO YEARS TAX RETURNS (Only if self-employed)**
- PROOF OF HOME OWNERSHIP:**
(Deed, Certificate of Title, Probate Documents, etc.)
(We may need you to provide a copy of the document if it is not accessible via public records.
Example: The document was recorded prior to 1980 or it is a probate document.)
- PROOF OF HOME INSURANCE**
- VERIFICATION THAT PROPERTY TAXES ARE CURRENT**
(We may need proof if you recently made a payment and it is not showing in public records yet.)
- VERIFICATION OF HOUSEHOLD MEMBERS**
(Copy of ID with the property address, copy of the first page of tax return reflecting all minors in household, doctor records, school records.)
- COPY OF STATE ID**
(Divers License, State Issued ID, Passport)
*** Social Security Card are not a form of ID ***
- DOCUMENTATION 1ST MORTGAGE IS CURRENT**
(Copy of Mortgage Statement or Letter from Lender.)

DOCUMENTS ENCLOSED FOR YOUR SIGNATURE

- **COMPLETED APPLICATION** Everyone 18 and older must sign
- **ADDENDUM TO APPLICATION IF A HOUSEHOLD MEMBER IS DISABLED**
- **AUTHORIZATION TO RELEASE INFORMATION** Everyone 18 and older must sign
- **PHOTO & VIDEO RELEASE (OPTIONAL)**
- **OPEN RECORDS STATEMENT**
- **UNEMPLOYED AFFIDAVIT**
- **ACKNOWLEDGEMENT OF LIEN TO BE PLACED ON PROPERTY**

All home occupants 18 and over must supply income and asset information.

IF ANYONE IN THE HOUSEHOLD IS DISABLED, PLEASE PROVIDE STATEMENT OF DISABILITY FROM A DOCTOR OR CAREGIVER.



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ADDENDUM TO APPLICATION

I Certify that either myself or a member of my household qualifies for “SPECIAL NEEDS” Consideration.

Initial one of the three following options:

Self

Other Household Member

Name of household Member

There is not a member of the household that qualifies for Special Needs based on the items listed below.

If Self or Other Household Member is Selected, Initial the following applicable options:

Development Disabilities
(Cerebral Palsy, Autism, Spina Bifida, Prader-Willi Syndrome, Developmentally Challenged, etc.)

Receives SSD / SSI or other Disability Benefits

Youth Aging Out of Foster Care

Survivor of Domestic Violence

Person with a Disabling Condition requiring independent living services (Chronic Physical illness or disability, developmental disability, serious mental illness, diagnosable substance abuse disorder, etc.)

I have enclosed documentation from either a service provider or a doctor if any of the above disabling conditions are applicable.

Signature of Applicant

You may have the service provider copy the following statement on their letterhead and sign and date as documentation.

We have determined that _____ is eligible for and is receiving services for their “Special Needs” or has been determined eligible and is on a waiting list.

OR

I am the doctor providing care for _____ We are treating them for a disabling medical condition. (Mental or Physical)



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Authorization for the Release of Information

I _____, 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, certificates 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 and other: _____

Agreement to Conditions

I the undersigned 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 Applicate	Printed Name	Date
Co-Applicant or Other Household Member	Printed Name	Date



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Optional Photograph & Video Release

I hereby grant to Alachua County, Florida (“Alachua County”) the permission to use reproductions of my photographs and video and to use my name associated with those photographs and video in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these reproductions will become the property of Alachua County and will not be returned.

I hereby irrevocably authorize Alachua County to edit, alter, copy, exhibit, publish or distribute these photographs and videos for purposes of publicizing Alachua County programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive my right to royalties or other compensation arising or related to the use of the photograph or video.

I hereby hold harmless and release and forever discharge Alachua County from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

(Date)

(Witness Signature)

(Date)

Youth Photograph & Video Release

If the person in the photograph or video is under 18 or not competent to contract for any other reason, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____
_____, and _____,

and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent or guardian’s Signature)

(Date)

(Parent or guardian's Printed Name)

(Date)

Witness Signature)

(Date)



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Acknowledgement of Lien

My name is: _____

I have applied for the SHIP Home Repair Program to make needed repairs to my home located at:

I understand that one of the requirements of this program is that I must own and occupy the property for 15 years from the date of the note and mortgage. If at any time during the 15 year term, if any part of the Property or any interest in it is sold, transferred, gifted or otherwise conveyed, or the BORROWER ceases to occupy it as his/he primary residence, or if the property is leased or rented during the 15 year period, then the full amount of this Note becomes due and payable to Alachua County, Florida a political subdivision of the State of Florida, by its Board of County Commissioners, **P.O. Box 5547, Gainesville, Florida 32627-554.**

EXCEPTION, In the event that the sole owner or all owners executing this agreement are deceased during the fifteen-year term thereof, the agreement shall be considered satisfied and will no longer constitute a lien against the property.

I acknowledge that I will be signing a note and mortgage for the amount of the total costs of repairs. The note is a deferred payment note at 0.00% interest. The mortgage will be recorded on the public records and is a lien on my property for a 15-year term. After the 15years, the amount of the note and mortgage is fully forgiven, and a satisfaction of mortgage will be recorded on the public records to remove the lien.

(Applicant Signature)

(Date)



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Social Security Number Disclosure

The Florida Legislature adopted new requirements effective October 1, 2007, relating to the collection of personal Social Security Numbers by public agencies in Florida. The legislation, which is codified in Section 119.071(5), Florida Statutes, requires that a public agency may not collect an individual’s Social Security Number unless the agency has stated in writing the purpose for its collection.

Social Security Number Policy

Policy related to the collection and release of Social Security Numbers:

Alachua County collects Social Security Numbers for the following purposes: background check/or employment purposes, classification of utility accounts, customer identification and verification, customer billing and payment, establishment of creditworthiness, and other lawful purposes necessary in the conduct of the business of Alachua County. Alachua County may also release your Social Security Number to other commercial entities engaged in the performance of commercial activities as required or permitted by law. It will be the policy of Alachua County to advise individuals of this policy in writing upon collection of Social Security Numbers.

At the time of application for housing program assistance, the Alachua County Community Support Services Housing Division request that each applicant provide a Social Security Number (SSN). The SSN will not be used as the applicant’s file ID number. Upon submission of an application, an applicant will be assigned a unique and randomly generated identification case file number. This permanently assigned identification number (ID) is directly connected with the applicant’s case file records. If required, will provide to and/or share your SSN with an entity to obtain verification of income, assets, employment, credit history, debt information, and identifying information, such as your address, telephone number, and SSN to determine your eligibility to receive housing program assistance.

Providing your SSN is voluntary, if you choose to provide, it means you consent to allow use to use the number in the manner described above. Applicants who choose not to provide the SSN will be ineligible to receive housing program assistance. The privacy and confidentiality of applicant records is protected by applicable Federal and State laws. We will not disclose a SSN without the applicant’s consent for any purposes other than those disclosed herein, except as allowed or required by law. Under the Florida “Public Records Law” Chapter 119 of the Florida Statutes, your application for housing assistance is a public record. This law provides that any records made or received by any public agency in the course of its official business are available for inspection, unless specifically exempted by the legislature.

I/We acknowledge that I/We have read and received a copy of the Social Security Number Disclosure:

(Applicant Signature)

(Date)

(Co-Application or Other Household Member Signature)

(Date)



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Unemployment Affidavit

Before me this _____ day of _____ personally appeared _____
_____ Who, being duly sworn, deposes and says:

- 1. I have made an application for SHIP assistance from Alachua County
- 2. I will be occupying the property, and I am 18 or over
- 3. Check (a) or (b) as applicable:
 - a. I am not presently employed but anticipate becoming employed within the next twelve months
 - b. I am not presently employed and do not anticipate becoming employed in the next twelve months

(Affiant Signature)

(Date)

STATE OF FLORIDA
COUNTY OF ALACHUA

I HEREBY CERTIFY the forgoing instrument was acknowledged before me by means of Physical Presence or

Online notarization, this the _____ day of _____ 20____, A.D.,

Known to me to be the person(s)

OR

Produced Identification

described in and who executed the forgoing instrument

WITNESS my hand and official seal the date aforesaid.

IDENTIFICATION: _____

NOTARY PUBLIC: _____

My Commission Expires: _____

Type of Identification Produced: _____



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Conflict of Interest Disclosure Form

For Housing Programs - Alachua County

I/We, the undersigned, have read and understand this Conflict-of-Interest Disclosure Form, and I/We have fully disclosed the information requested, if any, as provided. I/We have been provided a list or I/We have knowledge of the commissioners, members, and individuals referenced below. I/We agree that conditions, restrictions, or terminations may be imposed to reduce or eliminate a real or potential conflict of interest. By signing below, I/We agree:

I am not an employee of Alachua County, Florida, or the Alachua County Board of County Commissioners.

I am not a relative (spouse, fiancé, sibling, parent, child, stepchild, or in-law) of any current member of the Alachua County Affordable Housing Advisory Committee.

I will update this document promptly if circumstances change the statements above.

Buyer/Applicant Signature

Print Name

Date

Buyer/Co-Applicant Signature

Print Name

Date

STATE OF FLORIDA
COUNTY OF ALACHUA

I HEREBY CERTIFY the forgoing instrument was acknowledged before me by means of Physical Presence or

Online notarization, this the ____ day of _____ 20__, A.D.,

Known to me to be the person(s)

OR

Produced Identification Type of Identification Produced: _____

described in and who executed the forgoing instrument.

WITNESS my hand and official seal the date aforesaid.

IDENTIFICATION: _____

NOTARY PUBLIC: _____

My Commission Expires: _____