



**2018 CDBG Housing Application**  
**City of Palm Coast CDBG Entitlement Housing Rehabilitation Program**  
**160 Lake Avenue, Palm Coast, FL 32164**

**PLEASE READ AND NOTE THAT** Mid- Florida Housing Partnership is in partnership with the City of Palm Coast, is managing the application intake process for the CDBG Entitlement Housing Rehabilitation Program. Questions about this application or the application process should be referred to **Ms. Lydia Gregg at 386-274-4441 x 301 or lgregg\_mfhp@bellsouth.net**. In addition, completed applications should be submitted to Ms. Lydia Gregg by appointment at City of Palm Coast, 160 Lake Avenue, Palm Coast FL 32164. **APPLICATIONS WILL ONLY BE ACCEPTED THROUGH APPOINTMENTS WITH LYDIA GREGG @ MID-FLORIDA HOUSING PARTNERSHIP, 386-274-4441 x 301.**

**HOUSING REHABILITATION ASSISTANCE APPLICATION**

Date:\_\_\_\_\_ Application Reviewed By:\_\_\_\_\_ Reviewer Signature:\_\_\_\_\_

This program will assist eligible homeowners in the City of Palm Coast with Housing Rehabilitation/Replacement Improvements to owner-occupied Low to Moderate Income (LMI) and Very Low Income (VLI) households.

The following requirements apply under this program:

- A. Total Household income must not exceed the low limits set for HUD at the time assistance is provided.
- B. The owner must possess and provide clear title to the property, although it may be jointly owned and the property may be mortgaged. Ownership through life estate their property or other legal satisfactorily documented ownership is considered satisfactory for program participation. Providing proof of title is an owner responsibility and expense.
- C. The owner must have resided in the dwelling to be rehabilitated for at least one year prior to the time of application.
- D. Property taxes, mortgage payments, and utility bills must be current. Ownership must not be jeopardized by any other threat of foreclosure, default or clouded title.
- E. The property must be fully insured for flood insurance if the home is in the 100-year flood plain. Flood insurance must remain in effect for the entire period of the Deferred Payment Loan Agreement. Any unit to be addressed with rehabilitation funds must be elevated to at least 1' above base flood elevation (or to local code) whichever is greater.
- F. All participants that may have a business or familial relationship with a member of the Palm Coast City Council, the Citizens Advisory Task Force, the Housing Rehabilitation Specialist, the Program Administrator, and participating construction contractors must fully disclose this relationship at the time of the application, at the point in time in which the conflict occurs, and definitely before a construction contract is executed.
- G. If a boundary survey is required, the owner is responsible for providing necessary proof or documentation at the owner's expense.
- H. Residents and owners of rental property are not eligible to participate in the program.



**FY 2018 INCOME LIMITS SUMMARY FLAGLER COUNTY, FLORIDA**

FY 2018 Income Limit Area	<u>Median Income</u>	FY 2018 Income Limit Category	1	2	3	4	5	6	7	8
Flagler County	<b>\$58,900</b>	<u>Low (80%) Income Limits</u>	\$33,000	\$37,700	\$42,400	<b>\$47,000</b>	\$50,900	\$54,650	\$58,450	\$62,200

**APPLICANT/CO-APPLICANT GENERAL INFORMATION:**

Applicant Name \_\_\_\_\_ Soc. Sec. # (provide on last page) D.O.B. / / \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone (Cell/Other) \_\_\_\_\_

Email \_\_\_\_\_

**Check One:** Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_ Soc. Sec. # (provide on last page) D.O.B. / / \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone (Cell/Other) \_\_\_\_\_

Email \_\_\_\_\_

**Check One:** Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_

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

**Proof of number of dependents claimed-Bring your federal Tax return AND one of the following:**

- Birth Certificate on which parents/applicants name is listed
- School records that provide the parents/applicants name and address
- Court ordered letter of guardianship
- Divorce decree that list dependents
- Letter of adoption
- Social Security Card

**HOUSEHOLD COMPOSITION:**

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

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

**INCOME AND EMPLOYMENT:**

Applicants Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) \_\_\_\_\_

Co-Applicant Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) \_\_\_\_\_

**MOST CURRENT INCOME FOR ALL MEMBERS OF THE HOUSEHOLD  
(EXCLUDING DEPENDENT MINORS)**

<b>SOURCE OF INCOME (PER MONTH)</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>	<b>OTHER Household Members Total Income</b>	<b>TOTAL</b>
1. Employment				
2. Soc. Sec./S.S.I				
3. Unemployment Wages				
4. Retirement/Pension(s)				
5. Public Assistance				
6. Rental Income				
7. Interest/Dividends				
8. Support Payments/Alimony				
9. Disability Wages				
10. Other				
<b>TOTAL MONTHLY INCOME</b>				

**TOTAL HOUSEHOLD COMBINED ANNUAL INCOME: \$** \_\_\_\_\_

**ASSETS:**

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

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

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

Other  
Describe: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other  
Describe: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other  
Describe: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**PLEASE INCLUDE A COPY OF THE FOLLOWING:**

1. Completed application and disclosures with signatures and date.
2. Picture Identification for applicant and any co-applicants and copies of Social Security cards for all household members.
3. Proof of handicapped if applicable.
4. Proof of Ownership Recorded Copy of Property Deed (if applicable for current home)
5. Most Current Monthly Mortgage Statement, before signing a contract.
6. Property Tax Receipt (if applicable for current home)
7. Most current year's Tax Returns or year's Tax Transcripts from IRS.
8. Paycheck Stub (Last 2 pay stubs for each working member) or most current Social Security Verification (Statement of Benefits).
9. Most current other assets - 401(k), retirement/pension, IRA, CDs, annuities, etc.
10. Most current Self-employment income statement with schedule C, E, or F.
11. Six months current bank statements for all open checking, savings, or other interest bearing accounts at the time of application and contract signing.

**LIABILITIES / DEBTS (FOR ALL HOUSEHOLD MEMBERS 18 AND OVER):**

*List Credit Card Debt, Auto, Real Estate and Mortgage Loans, etc. (For ALL Household Members 18+)*

Creditor's Name / Company	Type	Balanced Owed	Monthly Payment
1. _____	/ _____	/ _____	/ _____
2. _____	/ _____	/ _____	/ _____
3. _____	/ _____	/ _____	/ _____
4. _____	/ _____	/ _____	/ _____
5. _____	/ _____	/ _____	/ _____
6. _____	/ _____	/ _____	/ _____

List Additional Liabilities / Debts on back of this page, include in total.

**Total: Liabilities \$** \_\_\_\_\_

**HOME AND APPLICANT INFORMATION:**

**Handicap Status** (Please lists any household member(s) who has a physical handicap and describe handicap)

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

1. _____
2. _____

**CONFLICTS OF INTEREST:**

Are you related to any member of the City of Palm Coast Commission, Advisory Committee, City employees? \_\_\_\_ Yes \_\_\_\_ No (If yes, please provide the names of all related parties)

1. _____	3. _____
2. _____	4. _____

**AUTHORIZATION TO RELEASE INFORMATION TO THE CITY OF PALM COAST FOR THE PURPOSE OF VERIFYING DATA FOR HOUSING ASSISTANCE**

The applicant understands that the intent of this application is for purposes of certification only. It does not guarantee acceptance or approval, and no commitment is hereby made on the part of any party.

The City of Palm Coast is authorized to verify any of the above information. I/We hereby waive any and all claims for defamation, violation of privacy, or other claims against any person, firm, or corporation by reason of any statement or information released to the City in its verification of the subject information.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENTS:** U.S.C. Title 18, Sec. 1001, provides that whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes false, fictitious or fraudulent statements or entries shall be fined not more than \$10,000.00 or imprisoned not more than five years or both.

Any intentionally false or fraudulent statements or supporting documents can constitute cancellation of my/our application.

**Additional Documentation Agreement**

I/We, \_\_\_\_\_ am/are voluntarily participating in the City of Palm Coast Housing Rehabilitation Program and in consideration of the privilege afforded to me under this Program and in the event the need arises, I agree to execute any and all additional documents necessary to properly consummate this privilege.

**APPLICANT CERTIFICATION**

**Please Initial each:**

\_\_\_\_\_ The application information I have provided is true and complete to the best of my knowledge.

\_\_\_\_\_ I consent to the disclosure of any information for the purpose of verification of income and expenses related to making a determination of my eligibility for program assistance.

\_\_\_\_\_ I agree to provide any documentation needed to assist in determining my eligibility for program assistance.

\_\_\_\_\_ I understand that this application will only be valid through the current Federal Fiscal year. If this application for assistance is approved, such approval is conditioned upon my eligibility on the day that assistance is provided.

\_\_\_\_\_ I understand that my application and supporting documentation, including income documentation, are open to the public in accordance with Florida's Public Records Law, Chapter 119, Florida Statutes (however those items which are expressly exempt from the public record by statute, such as your social security number, will be separately maintained).

\_\_\_\_\_ I understand that if I am found to be qualified to participate in the City Housing Rehabilitation program and am eligible to receive assistance from either of the said programs that I and any member of my family or any person that will benefit from this assistance may be subject to a background check consisting of a criminal history check and a sex offender registry check to be used solely to ensure that the person or persons are eligible to receive assistance from programs that are HUD funded.

**(Note: Only certain criminal convictions may result in a denial of your application depending upon the type of assistance applied for and the applicable federal regulations.)**

\_\_\_\_\_ My/Our signature below indicates that I/We am/are obligated to advise the Palm Coast Housing Rehabilitation Program Administrator of all changes in my/our income and household size. A change in household size and/or income may disqualify me/us from receiving assistance.

Applicant/Co Applicant Signature Box:

Applicant's Signature	Co-Applicant's Signature	Date
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**OFFICIAL USE ONLY**

HH Size _____ / # Male _____ Female _____ /White _____ /BL _____ /Hispanic _____ /Other _____ /Over 62 _____ /Handicap _____	
The undersigned has examined this application for assistance as described herein. The application meets the requirements for eligibility for the local housing program.	
Housing Rehabilitation Specialist	Date

\*\*\*\*\*

**Please call LYDIA GREGG AT MID FLORIDA - HOUSING PARTNERSHIP Valerie Bradley at (386) 274-4441 x301 to make an appointment to bring in application and documents. The DEADLINE for application submittal is 3 pm DECEMBER 14, 2018.**

**APPLICATIONS WILL NOT BE ACCEPTED BY FAX OR E-MAIL**



*Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.*

*The City of Palm Coast is an Equal Opportunity Employer, Fair Housing, and Disability Accessible Jurisdiction.*



# CONFIDENTIAL SHEET – ADDENDUM PAGE

## COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

### Notice of Privacy Act

*"The Privacy Act regulates the use of Social Security Numbers by government agencies. When a Federal, State, or local government agency asks an individual to disclose his or her Social Security number, the Privacy Act requires the agency to inform the person of the following: the statutory or other authority for requesting the information; whether disclosure is mandatory or voluntary; what uses will be made of the information; and the consequences, if any, of failure to provide the information."*

### City of Palm Coast Disclosure Statement

CITY OF PALM COAST COLLECTS YOUR SOCIAL SECURITY NUMBER, OR A PORTION THEREOF, FOR ONE OR MORE OF THE FOLLOWING PURPOSES: VERIFICATION OF FINANCIAL; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, AND TRACKING; PAYROLL AND BENEFIT INFORMATION; TAX, UTILITY ACCOUNT INFORMATION; BANK INFORMATION; FOR BACKGROUND CHECKS; AND VERIFICATION OF IDENTITY.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Co-Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other household member: \_\_\_\_\_

Other household member Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other household member: \_\_\_\_\_

Other household member Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other household member: \_\_\_\_\_

Other household member Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other household member: \_\_\_\_\_

Other household member Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Please attach a second sheet if necessary)

**THIS SHEET SHALL BE KEPT IN A NON-PUBLIC PORTION OF THE APPLICATION FILE.**