

DESOTO COUNTY HOUSING ASSISTANCE PROGRAM APPLICATION

The State Housing Initiative Partnership (SHIP) program provides assistance for low to moderate income households. This application will be accepted for SHIP, SHIP Disaster & HHRP. Once all funds are encumbered, new applications will go on a waiting list.

SHIP funds can be used to meet needs not covered by insurance and/or FEMA such as insurance deductibles for rehabilitation of homes covered under homeowners' insurance; temporary relocation assistance interim emergency repairs to prevent further damage when no charitable organizations are available to perform the work for free.

Submit the following along with completed application:

- _____ Proof of US citizenship (or legal alien status) full-time, permanent DeSoto County residency required
- _____ Copy of Property Card
- _____ Proof of homestead exemption (required)
- _____ Driver's License or Passport – (All household members over the age of 18)
- _____ Social Security Card – (All household members)
- _____ Proof of income for all household member over the age of 18 – (Current Social Security Benefit Letter, Retirement, Stocks, Bonds, 1 month paystub (1099 are not accepted)
- _____ Self-employment (must submit the last 2 years tax returns and Profit & Loss Statement)
- _____ One month bank statement
- _____ Proof of Homeowner Insurance (if requesting disaster assistance)
- _____ Proof of filing with FEMA (if requesting disaster assistance)

RESTRICTIONS

- ❖ Income eligibility restrictions apply: Gross household income, 120 of Area Median Income (AMI) adjusted for household size
- ❖ No direct payments/reimbursement to the applicant; eligible payment direct to the contractor or qualified vendors only
- ❖ At this time 120% of Area Median Income is only for deductible assistance
- ❖ Other restrictions may apply

SHIP INCOME LIMITS FOR DESOTO COUNTY

<i>Income Eligibility</i>	<i>Percentage Category</i>	<i>HH Size 1</i>	<i>HH Size 2</i>	<i>HH Size 3</i>	<i>HH Size 4</i>	<i>HH Size 5</i>	<i>HH Size 6</i>
ELI	30%	\$13,590.	\$18,310.	\$23,030.	\$27,750.	\$32,470	\$35,250.
VLI	50%	\$21,250.	\$24,300.	\$27,350.	\$30,350.	\$32,800.	\$35,250.
LI	80%	\$34,000.	\$38,850.	\$43,700.	\$48,550.	452,450.	\$56,350.
MOD	120%	\$51,000.	\$58,320.	\$65,640.	\$72,840.	\$78,720.	\$84,600.

County of DeSoto – Housing Assistance Program

201 E. Oak Street, Suite 202, Arcadia, Florida 3466

(863)-993-4858

_____Hurricane Disaster _____Insurance Deductible _____Rehabilitation _____Emergency Repairs

_____Purchase Assist _____Rapid Re-Housing _____Temporary Relocation Assistance

_____Disaster Loss of Employment Rent/Mortgage Payment Assistance

APPLICATION CHECK LIST

Applicant: _____

Property Address: _____

Current Mailing Address: _____

Contact Phone Number: _____

E-Mail Address: _____

Please answer the following questions.

- 1. Was the home damaged as a direct result of Hurricane Ian? Yes No
- 2. Is the home located in the city limits of Arcadia or DeSoto County? Yes No
- 3. Do you own the home you are applying for? Yes No
- 4. Is the home your primary residence? Yes No
- 5. Do you have homestead exemption status? Yes No
- 6. Is the home a mobile or manufactured home? Yes No
- If Yes: (1) Was the home built prior to June 1994? Yes No
- (2) Do you own the land? Yes No
- 7. Have you applied for FEMA? Yes No

If Yes: What is the amount awarded by FEMA?

- 8. Do you have homeowners' insurance? Yes No
- If Yes: (1) Did you file a claim with your insurance? Yes No
- (2) What is the amount of your deductible? _____
- (3) What is the amount awarded by insurance? _____

9. If applying for home repair, have the repairs already been completed? Yes No

The following information is collected for reporting purposes only:

Race: American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 White Asian Black or African American Other/Multi-Racial

Hispanic Ethnicity: Yes No

County of DeSoto – Housing Assistance Program
201 E. Oak Street, Suite 202, Arcadia, Florida 3466
(863)-993-4858

Household Composition

List current household members:

Household Member Name	Relationship to Applicant	Birthdate	Age	Marital Status	Employed
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional pages as necessary

Household Income

List income for ALL household members. Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Social Security, unemployment, other benefits.

Household Member Name	Full-time Student?	Source of Income If Applicable (Include employer name)	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Attach additional pages as necessary

Household Assets

Do you own any real estate assets? Yes No if yes, complete the following:

Household Assets (Continued)

List assets for ALL household members. Check yes or no for each household member and asset type.

Household Member Name	Checking	Savings	401(k), Pension	Stocks, Bonds, Investments
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Penalties for False or Fraudulent Statement

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.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Florida’s Public Records Law

Information provided by applicant(s) may be subject to Chapter 119 Florida Statutes, regarding Open Records.

Acknowledgement and Certification

- I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Hurricane Ian Emergency Disaster Program.
- I/We hereby certify that the property address listed is our primary residence.
- I/We hereby certify that all the information provided herein is true and correct.
- I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.
- I/We authorize the above-referenced County of DeSoto and any of its duly authorized representatives to verify all information provided in this application.
- I/We understand that additional information may be required to move forward with this program.
- I/We acknowledge in the event of a duplication of benefit, repayment of funds will be determined by the County of DeSoto.

Applicant(s) Signature

The Head of Household must sign this form, if applicable, the Co-Head must sign as well.

Print Name	Signature	Date
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County of DeSoto – Emergency Disaster Assistance
201 E. Oak Street, Suite 202, Arcadia, FL 34266
(863) 993 - 4858

Eligibility Release

Your signature on this form, and the signature of the co-head if applicable, authorizes the state or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and participation in the Hurricane Ian Emergency Disaster Program.

Privacy Act Notice Statement: County of DeSoto requires the collection of the information listed in this form to determine an applicant's eligibility for the program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. The County of DeSoto is authorized to ask for this information under the National Affordable Housing Act of 1990.

Inquiries to the following sources may be needed to process this application:

Past and Present Employers	Agencies Providing Welfare or Assistance
Unemployment Agencies	Social Security Administration
Retirement Systems	Veterans Administration

Information may be released to sources, including but not limited to the following, related the assistance received as a result of this application. The purpose of sharing this information is to coordinate services and prevent a duplication of benefits:

Agencies Providing Welfare or Assistance	DeSoto County Municipalities providing assistance
All DeSoto County Non-Profit Entities	

Applicant's Authorization: I authorize the County of DeSoto to obtain information about me and my household that is pertinent to determining my eligibility for participation in the program. I acknowledge that:

1. A photocopy of this form is as valid as the original; AND
2. I have the right to review information received using this form; AND
3. I have the right to a copy of information provided to the County of DeSoto and to request correction of any information I believe to be inaccurate; AND
4. The Head of Household and the Co-Head, if applicable, will sign this form and cooperate with the County of DeSoto in the eligibility verification process.

Print Name

Signature

Date

**DESOTO COUNTY
HOUSING REHABILITATION PROGRAM
CONFLICT OF INTEREST STATEMENT**

CHECK THE FOLLOWING THAT APPLY:

BOARD OF COUNTY COMMISSIONERS

Commissioners: Elton Langford, JC Deriso, Judy Schaefer, Steve Hickcox, Jared Gross

_____ I hereby certify that **I am not** related to any of the current County Commission members as identified by the following list:

_____ **I am** related to Commission member _____

_____ I hereby certify that **I am not** a DeSoto County employee **nor** am I related to any DeSoto County employee.

_____ **I am** a DeSoto County employee **or** I am related to the following DeSoto County employee or employees:

Name _____ Department _____

Name _____ Department _____

**AHAC
Affordable Housing Advisory Committee**

AHAC Board Members:

Judy Schaefer, Derek Taylor, Donna Doubleday, Jennifer Bowser, Melanie Brown, Mike Provau, Oralia Ramirez Thelma Guice

_____ I certify that **I am not** related to any member of the Affordable Housing Advisory Committee.

_____ I am related to the following member(s) of the Affordable Housing Advisory Committee.

Name: _____ Name: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

SIGNATURE: _____

SIGNATURE: _____

HOUSING REHABILITATION PROGRAM
NOTICE OF VOLUNTARY PARTICIPATION

I, _____ do hereby acknowledge that I VOLUNTARILY request to be included in the housing rehabilitation program. I acknowledge that such inclusion will require me to provide personal data, such as income information, which is a private matter, but that by signing I acknowledge that release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated as confidentially as the DeSoto County Housing program permits.

I further acknowledge that I am responsible to follow the following program rules:

1. The purpose of the program is to place my residence in a condition equal to minimum housing standards. I consent to attainment of the standard and will not demand a greater extent of assistance.

2. I understand that the contract for assistance is prepared between the contractor and my-self as an administrative matter, but that the local government as the funding agency reserves the right of decision making. While I have the right to provide my view, I will not dispute the final decision made by the local government or their agent.

3. I understand that I am subject to immediate program disqualification, with existing financial responsibility for the incurred costs, if I
 - a) Provide any inaccurate or untruthful information,
 - b) Fail to comply with existing program guidelines,
 - c) Perform any action to receive more assistance than I am entitled, unless I can prove or disprove the cause contributing to the situation.

I recognize that assistance is provided as good will of the local government and that my participation binds me to the rules and regulations of the program and to the maintenance of the property after rehabilitation. I understand that my participation may affect my ability to qualify for housing assistance in the future.

I agree to all terms contained in this document.

Homeowner Signature	Date	Witness Signature	Date

Homeowner Signature	Date	Witness Signature	Date

Duplication of Benefits Agreement with Recipient

Whereas (Name), _____ is receiving assistance in the amount of \$ _____ to provide funding for _____ (pay rent, pay mortgage payments, pay utilities) for the property located at: _____

Now, therefore, the Jurisdiction has an option to recoup assistance used on the above described property upon the terms, conditions and contingencies herein set forth:

Federal Benefits and Charitable Donations

Recipient agrees that if he/she receives further federal, state or local benefits, insurance benefits or charitable donations, or any other funding source not listed here to _____ (pay repairs, hotel, rent, pay mortgage payments, pay utilities) in connection with Hurricane Ian from any funding source, the recipient will report receiving benefits by emailing <insert email address> or calling <insert phone number> within one (1) month of receipt of additional proceeds and/or benefits. If recipient fails to report additional benefits from any funding source, then the Jurisdiction may require immediate repayment in full of the entire amount of assistance provided by the Jurisdiction.

Duplication of Benefits

Recipient agrees that if benefits received subsequent to the receipt of Hurricane Ian funds are a duplication of benefits (DOB) received from other sources such as federal benefits, state, local, insurance, charitable donations or any other funding source not listed here, that the following shall apply:

1. If the Award has been fully expended by the City/County, any Subsequent DOB Proceeds shall be repaid by Recipient to the City/County up to the amount of the Award.
2. If no portion of the Award has been expended by the City/County, any Subsequent DOB Proceeds shall be paid by Recipient to the City/County and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City/County shall be returned to the Recipient, and this Agreement shall terminate.
3. If some portion of the Award has been expended by the City/County, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by Recipient to the City/County to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award and retained by the City/County; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the Recipient, and this Agreement shall terminate.
4. If the City/County makes the determination that the Recipient does not qualify to participate in the Program or the Recipient decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City/County that have not been used or obligated by the Program shall be returned to the Recipient, and this Agreement shall terminate.

Once the City/County has recovered an amount equal to the Award, the City/County will reassign to Recipient any rights assigned to the City/County pursuant to this Agreement.

Income Eligibility

Recipient certifies that he/she has provided complete, accurate, and current information regarding household income to demonstrate Recipient’s eligibility to receive Hurricane Ian funds.

Enforcement

The Recipient and the Jurisdiction acknowledge that the Jurisdiction has the right and responsibility to enforce this agreement.

Whereas, if the Recipient does not violate any of the terms listed in this agreement, then this agreement will be considered released on the _____ day of _____, 20_____.

WITNESS WHEREOF, the understanding recipients (s) has /have affixed his/her signatures(s) this _____ day of _____ Signed, sealed and delivered in the presence of:

Head of Household: _____
 Co-Head of household: _____
 Witness: _____
 Witness: _____

Date: _____
 Date: _____
 Date: _____
 Date: _____

