



OWNER OCCUPIED REHAB DOCUMENT CHECKLIST AND APPLICATION

- Completed and signed application
 - Authorization to Release Information for all household members over the age of 18 (or will turn 18 within 3 months of application)
 - The Privacy Policy for all household members over the age of 18 (or will turn 18 within 3 months of application)
- Identification for applicant and co-applicant
- Proof of income from **ALL** sources for **ALL** household members for the last sixty (60) days (i.e. Paystubs, Social Security Income, Food Stamps/Cash Assistance, Child Support, Alimony, etc.) (see attached for additional requirements)
- If applicable, Self Employed year to date profit and loss statement (see attached for additional requirements)
- Last two year's Tax returns all pages, with all schedules and W-2s/1099(s)
- If applicable, Verification of Disability Form, if disability code is not identified on Social Security statement
- Most recent and consecutive last six (6) months of actual bank statements (With bank name and account number) (**ALL PAGES**, even if blank) for all household members with accounts
- Current Mortgage Statement, if applicable
- If applicable, bankruptcy, judgment or lien release/satisfaction/discharge/dismissal
- Copy of current Homeowner's Insurance policy declaration page
- If applicable, legal guardianship documents regarding for any household member, if applicable.
- Property tax statement showing taxes are current
- Proof of ownership of at least two (2) years
- Property value cannot exceed \$240,000, as determined by the property appraiser's office Assessed Value.

Please contact the Community Development Department at (727) 834-3447.

GENERAL INFORMATION:

	APPLICANT	CO-APPLICANT
Full Name		
Social Security Number		
Date of Birth / Age	/	/
Demographics	() Black () White () American Indian () Asian () Hispanic () Other	
Marital Status	() Married () Unmarried	() Married () Unmarried
	() Separated FT Student ____	() Separated FT Student ____
Status	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly (60 or older) <input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly (60 or older) <input type="checkbox"/> Veteran
Phone (incl. Area Code)		
Alternate Phone (incl. Area Code)		
Email address		
Present Address (Street)		
City, State, Zip Code		
Year home purchased _____ Monthly Mortgage Payment \$ _____ Mortgage Company Name: _____ Phone: _____		
Number of Bedrooms _____ Number of Bathrooms _____		

Home Owner's Insurance Company:
Policy No. _____ Expiration Date: _____

Other Household Members					
Name(s)	SS Number	Date of Birth/Age	Relationship to Applicant	Full Time Student?	Employed?
		/			() Y () N
		/			() Y () N
		/			() Y () N
		/			() Y () N
		/			() Y () N
		/			() Y () N

REHABILITATION NEEDS:

(For reporting purposes only, please check all that apply):

<input type="checkbox"/> Leaking or failed roof system <input type="checkbox"/> Failing or lacking plumbing <input type="checkbox"/> Lack of working Heat/AC <input type="checkbox"/> Electrical systems <input type="checkbox"/> Handicapped accessibility improvements
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SPECIAL NEEDS: Special needs households include persons that are elderly, physically disabled, at risk of being or are homeless, and/or have extremely low incomes.

(For reporting purposes only, please check all definitions that apply to any household member (must provide documentation that can be verified by a third party and identify person who meets criteria below.)

<input type="checkbox"/> “Disabling condition” means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is: <ul style="list-style-type: none"> <input type="checkbox"/> Expected to be of long-continued and indefinite duration; and <input type="checkbox"/> Not expected to impair the ability of the person with special needs to live independently with appropriate supports. 		
<input type="checkbox"/> “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; <ul style="list-style-type: none"> <input type="checkbox"/> A young adult formerly in foster care who is eligible for services under s. <u>409.1451(5)</u>; <input type="checkbox"/> A survivor of domestic violence as defined in s. <u>741.28</u>; <input type="checkbox"/> A person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans’ disability benefits. 		
Name(s)	SS Number	Documentation supporting (include with application)

EMPLOYMENT INFORMATION:

	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
City/State/Zip Code		
Employer Phone #	()	()
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

NOTE: Attach additional sheets for ALL EMPLOYED household members 18 years and older.

OTHER SOURCES OF INCOME: (For ALL Household Members 18 and older)

List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, etc.

Name of Recipient	Type of Income	Frequency of pay	Amount received (Income)
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$

	Total		\$
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ASSETS AND ASSET INCOME: (For ALL Household Members)

List Checking and Savings Accounts, etc.

Account Owner	Type of Asset:	Bank/Ins. Co. Name	Account #	Asset Value
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Declarations:

Do you own more than one property? _____

Do you occupy the property as your primary residence? _____

I have owned the property for more than two (2) years? _____

Have you received assistance under any Pasco County Community Development program in the last two (2) years?

Are your property taxes and mortgage current? _____

How did you hold title to home – solely by yourself (S), jointly with your spouse (SP), or jointly with other (O)?

Are there any outstanding judgments against you? _____

Are you court ordered to receive alimony or child support? _____

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 statements 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 the all documents are subject to Florida’s public records laws.

I certify that (i) neither I, the applicant, or the co-applicant is employed by Pasco County or by any agency/ developer which built the "Subject Property" in this application utilizing funds provided by Pasco County, and that (ii) neither I, the applicant, or the co-applicant is related to any employee of Pasco County or of the agency/developer which built the "Subject Property" in this application utilizing funds provided by the Pasco County.

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

AUTHORIZATION FOR RELEASE OF INFORMATION

I consent to allow Pasco County Community Development Department, to request and obtain employment, income, credit history, and/or assets to for the purpose of verifying information provided, as part of determining eligibility for assistance under the Owner Occupied Rehab 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: 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:

- | | |
|--|--|
| <input type="checkbox"/> Past /Present Employers | <input type="checkbox"/> Alimony/Child/Other Support Providers |
| <input type="checkbox"/> Banks or Financial Institutions | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> State Unemployment Agency | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Welfare Agency | <input type="checkbox"/> Other _____ |

Agreement to Conditions:

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

Signature of Applicant/Co-Applicant/Other Adult	Print Name	Date
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Social Security number

DOB (mm/dd/yyyy)

AUTHORIZATION FOR RELEASE OF INFORMATION

I consent to allow Pasco County Community Development Department to request and obtain employment, income, credit history, and/or assets to for the purpose of verifying information provided, as part of determining eligibility for assistance under the Owner-Occupied Rehab 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: 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:

- | | |
|--|--|
| <input type="checkbox"/> Past /Present Employers | <input type="checkbox"/> Alimony/Child/Other Support Providers |
| <input type="checkbox"/> Banks or Financial Institutions | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> State Unemployment Agency | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Welfare Agency | <input type="checkbox"/> Other _____ |

Agreement to Conditions:

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

Signature of Applicant/Co-Applicant/Other Adult

Print Name

Date

Social Security number

DOB (mm/dd/yyyy)

Privacy Policy

Pasco County is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations.

Additionally, we want you to understand how we use the personal information we collect about you. The type of information that we collect about you is:

- Information we receive from you orally, on applications, or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balances, payment history, parties to transactions and credit card usage, tax statements, bank statements, etc.
- Information we receive from a credit reporting agency, such as your credit history.

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes and/or any other pre-authorized individuals and/or organization. The types of information we disclose is as follows:

- Information you provide on application/forms or other forms of communication. This may include your name, address, social security number, employer, occupation, account numbers, assets, expensed, and income.
- Information about your transactions with us, our affiliates, or others: such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency: such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

Florida's Public Records Law

Florida's Public Records Law provides a right to access the records of the state and local governments as well as private entities acting on their behalf. The information you provide to Pasco County and its contracted third parties, through writing and email, is considered public record. This information may be disclosed in response to a public records request. **Fl. Stat. 119.07(1)**. Although this information is public record, Chapter 119 of the Florida Statutes provides several disclosure exemptions. The information provided below will not become public record and will remain confidential.

- Social Security numbers - Fl. Stat 119.071(5)(a)(5)
- Medical history records - Fl. Stat. 119.071(5)(f)
- Bank account numbers - Fl. Stat. 119.071(5)(b)

- Debit/Credit card numbers - Fl. Stat. 119.071(5)(b)
- Information related to health and property insurances - Fl. Stat. 119.071(5)(f)

You must notify Pasco County if you qualify for additional public record exemptions provided in the Florida Statutes.

How is your personal information secured?

We restrict access to your nonpublic personal information provided to Pasco County employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Opting-Out of Certain Disclosures

You may direct Pasco County to not disclose your nonpublic personal information to third parties (such as your creditors). However, if you choose to "opt-out" we will not be able to answer any questions from your creditors, which may limit Pasco County's ability to provide services. If you choose to "opt-out" please check the box next to the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, please check the box next to the "Release" clause. You may change your decision any time by contacting our office in writing at Pasco County Community Development Department, 8610 Galen Wilson Blvd., Port Richey, FL 34668. The "Opt-Out" clause does not include information that is public record under Fl. Stat. 119.011.

OPT-OUT: I request that Pasco County, make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Pasco County will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting Pasco County.

Applicant:

Date

Applicant/Household Member:

Date

Household Member (Over 18 years of age)

Date

Household Member (Over 18 years of age)

Date

Household Member (Over 18 years of age)

Date

RELEASE: I hereby authorize the Pasco County to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Applicant:

Date

Applicant/Household Member:

Date

Household Member (Over 18 years of age)

Date

Household Member (Over 18 years of age)

Date

Household Member (Over 18 years of age)

Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title IV of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C.3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

IDENTITY VERIFICATION

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I HEREBY REPRESENT THAT ALL ABOVE INFORMATION IS TRUE AND ACCURATE.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

The applicant(s) listed above presented the following form(s) of identification as proof of his/her identity:

- Driver's License or Government Identification Card
- U.S. Passport
- U.S. Military ID Card
- State Identification Card
- Social Security Card
- Other: _____
(description)

REPRESENTATIVE (Print)

DATE

PASCO COUNTY REPRESENTATIVE (Signature)

LIEN ACKNOWLEDGMENT

I/We acknowledge that the funds received will be in the form of a 0% Deferred Loan.

I/We understand if **I/We** remain in the home as owner-occupant(s) for the term of the loan, the loan will be due upon death. However, if during the term of the loan, the home is sold or **I/We** fail to comply with the owner occupancy requirements, the full amount of the loan will be owed back to the County.

I/We acknowledge a lien will be placed on the property to insure the affordability period.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

PHOTO RELEASE FORM

I, _____ (printed name), hereby consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs, digital images, videotapes, or recordings made of for use by Pasco County, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes or recordings in conjunction with my name.

I also give permission for the photographs, digital images, videotapes, or recordings to be used in their entirety and/or edited versions as deemed necessary by Pasco County Community Development Department, including the use of images on the County's website.

I understand that these photographs, digital images, videotapes, or recordings may be used for marketing purpose, flyers (including websites) by Pasco County Community Development Department at any time in the future without further clearance from me.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

SIGNATURE _____

DATE _____

Witness _____

Please note that this authorization can be rescinded at any time by contacting Pasco County Community Development at (727) 834-3447.

Verification of Disability

DATE: _____

<p><u>TO:</u></p> <p>_____ Healthcare Provider:</p> <p>_____ Address:</p> <p>_____ Phone:</p> <p>_____ Fax:</p>	<p><u>FROM:</u></p> <p>Pasco County Community Devevelopment Department 8610 Galen Wilson Blvd. Port Richey FL 34668 Main #: (727) 834-3447 Fax #: (727) 834-3450 www.pascocountyfl.net/385</p> <p>Attn.: _____</p>
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RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

Verification of Disability for:

NAME _____

Date of birth: _____ Social Security Number: _____

ADDRESS _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. YES NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2. YES NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. YES NO

Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

4. YES NO

Is a person whose sole impairment is alcoholism or drug addiction.

NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

Public reporting burden for this collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT:

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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).