

Notice of Funding Availability (NOFA) Wakulla County Housing Authority Announces the Availability of Funds for the Wakulla County Hurricane Housing Recovery Program (HHRP) Funds for the State Fiscal Years 2019/2020 and 2020/2021

The Wakulla County Housing Authority announces approximately \$702,000 in funding covering current funds for 2019/2020, and 2021/2022 (which excludes administration costs), available through the Hurricane Housing Recovery Program (HHRP) program to be used for the strategies noted currently in the HHRP Local Housing Assistance Plan, and special strategies noted only for this program: The special strategies are noted as Structure Hardening, Elevation of Structures in Special Flood Hazard Areas, and Reconstruction with or without Demolition. Please note that if you received insurance or FEMA funds for any of these activities, those funds will have to be utilized prior to or in conjunction with the HHRP funds. The strategies are as follows:

- **Structure Hardening**

The purpose of this strategy is to provide retrofitting of existing homes with items such as hurricane straps, shutters, generators, impact resistant windows and doors. Funds will be awarded on a first come, first approved basis. Funding for this category is limited to no more than \$30,000, and improvements must be less than 50% of the value of non-conforming structures. Any mobile/manufactured home assisted must be built after June of 1994.

- **Elevation of Structures in Special Flood Hazard Areas**

The purpose of this strategy is to elevate structures located in Special Flood Hazard Areas to meet the current minimum elevation requirements as noted in the Wakulla County Floodplain Management Ordinance and the Florida Building Code. Funding for this category will not exceed more than \$75,000. Any mobile/manufactured home assisted must be built after June of 1994.

- **Reconstruction or Replacement with Elevation, With or Without Demolition**

Reconstruction or Replacement of existing homes when more than 51% structurally unsound as determined by a Certified Housing Rehabilitation Inspector or building inspector, or whose home has already been demolished as a result of Hurricane Michael. Funding for this category will not exceed \$150,000.

All interested persons will need to initially apply. HHRP Applications will be available beginning Monday, October 21, 2019 between the hours of 9:00 AM and 4:00 PM, EST, Monday thru Friday by calling **Jay Moseley, Government Services Group, Inc. at (352) 381-1975** or via online at www.mywakulla.com. Applications can be picked up at the following address:

**Wakulla County Board of County Commissioners
3093 Crawfordville Highway
Crawfordville, Florida**

Applications **must** be returned by mail to Government Services Group, Inc. at the following address:

**Government Services Group, Inc.
P.O. Box 357995
Gainesville, FL 32635-7995**

All applications will be considered on a **first come/first qualified** basis. **Funding priority for all categories will be persons with special needs as defined by 420.0004 Florida Statutes.** Questions regarding the HHRP program and application process should be directed to Jay Moseley, Government Services Group, Inc., at (352) 381- 1975.

A FAIR HOUSING/EQUAL OPPORTUNITY/HANDICAP ACCESS JURISDICTION



Updated 9-2019



**WAKULLA COUNTY
HURRICANE HOUSING RECOVERY PROGRAM (HHRP)
Owner Occupied Rehabilitation or Replacement Application**



Developed By:

Government Services Group, Inc.
Application Processing Department
P. O. Box 357995 ● Gainesville, FL 32635-7995
352-381-1975 (Phone) ● 352-381-8270 (Fax)

HHRP PROGRAM INFORMATION

Thank you for your interest in the Wakulla County HHRP Housing Assistance Program. We hope that the program will be able to assist you with your housing needs. Applications for assistance in rehabilitating/replacing a home are accepted first come, first qualified basis, as funds are available. Applications for owner occupied rehabilitation assistance are reviewed by the Wakulla County Local Housing Assistance Plan (LHAP) designed for the HHRP. Return the application with the required supporting documents to:

**Government Services Group, Inc. Application
Processing Department
P. O. Box 357995
Gainesville, FL 32635-7995**

Please call Jay Moseley, Government Services Group at 352-381-1975 for assistance.

Application will not be accepted at any other location or by any Wakulla County Staff.

PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

General Information

Wakulla County utilizes Hurricane Housing Recovery Program(HHRP) program funds to administer and provide Demolition/Replacement, and Rehabilitation to qualified individuals and families to build, or repair qualified single- family, owner-occupied homes that meet certain requirements. **Repairs will only be considered on mobile homes constructed 1994 or later. Funding for repairing mobile/manufactured homes is limited to an overall total of not more than 20% of the HHRP allocation.**

The HHRP program is a state-provided grant to assist residents of Wakulla County in rehabilitating or replacing homes damaged by Hurricane Michael. HHRP funds are available only to households that qualify according to state-established guidelines for extremely low, very low, low and moderate income levels. **HHRP funds will be given to qualified individuals in the form of a zero percent (0%) second mortgage; due upon sale, transfer, or refinancing for, and rehabilitation/replacement expenses. All zero percent interest second mortgages will be forgiven after five (5) years or twenty (20) years for replacement houses if the home is not sold, has not changed ownership and is owner occupied for five (5) years or twenty (20) years. The obligated amount will be prorated annually reducing the loan amount by twenty percent (20%) per year or five percent (5%). A repayment agreement will be recorded with the local Clerk of Courts that outlines procedures for recapture of the second mortgage if the home is sold or ownership changes. If the unit is sold before the lien expiration, only the remaining portion of the sum of the grant must be repaid to the Wakulla County Local Housing Trust Fund.**

All assistance will be in compliance with the Florida Statute 420.907 and Florida Administrative Code, Rule 67-37. Funding priority for all categories will be persons with special needs as defined by 420.0004 Florida Statutes.

ABOUT THE CONSULTANT

Government Services Group, Inc. (GSG) is a grant consulting firm hired by Wakulla County to administer the HHRP program. GSG will handle all your paperwork, verify your qualification and will oversee the construction process. It is important that you provide GSG with all the required information and cooperate in every way to make this a positive experience. In addition, GSG will be able to assist you in understanding the process of construction and in dealing with your contractor. Please note that Wakulla County will have final authority with all processes and procedures.

**Jay Moseley, Government Services Group, Inc.
P.O. Box 357995
Gainesville, FL 32635-7995
352-381-1975**

Application Process

Please complete all sections of the application, if it does not apply please indicate by using **N/A**. This will show that you have reviewed this section of the application. All signatures must be in blue ink to distinguish originals from copies. Fax copies of applications will not be accepted. If you have any questions about the application please call Jay Moseley, Government Services Group, Inc. at 352-381-1975. Again, thank you for your interest in the Wakulla County HHRP Program.

IF I HAVE A QUESTION OR PROBLEM, WHOM DO I CALL?

If you have a question or problem, you may contact Jay Moseley, **Government Services Group, Inc.** at the following number: **352-381-1975**

NOTICE:

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. You further understand that any willful misstatement of information will be grounds for disqualification. You will sign your application certifying that the application information provided is true and complete to the best of your knowledge.

OWNER OCCUPIED REHABILITATION/REPLACEMENT PROGRAM APPLICANTS

Wakulla County has been successful in obtaining a HHRP grant for Housing Rehabilitation/Replacement. This grant is designed to help very low, low, and moderate-income families who's currently occupied home needs repair, hardening or replacement. Eligible applicants may receive up to the maximum amounts noted in the adopted LHAP. The determination on whether a home qualifies for repair or replacement will be determined by Wakulla County. Rehabilitation will include items necessary to correct code violations and/or substantially rehabilitate the home, harden the structure or replace the structure. **Funds received from homeowner's insurance or FEMA for home repairs must be utilized first, prior to any grant funding.**

Rehabilitation Program

This program is designed to bring existing currently occupied resident homes back into compliance with minimum HUD Housing Quality Standards by repairs or improvements needed for safe and sanitary habitation and/or correction of code violations to existing homes. Priority will be given to applicants that received damage from Hurricane Michael. HHRP funds will be awarded to qualified individuals in form of a first or second mortgage deferred principal zero (0%) percent interest loans. All deferred zero (0%) interest loans will be forgiven if the home is not sold, has not changed ownership or transferred, refinanced, and is owner occupied continuously for five (5) years for rehabilitation and twenty (20) years for replacement. The obligated amount will be prorated annually reducing the annual amount by twenty (20%) percent per year or five (5%) per year. A repayment agreement will be recorded with Wakulla County's Clerk of Courts office that outlines procedures for recapture of deferred loans if the home is sold, refinanced, or ownership changes. Only the obligated portion must be repaid to the Local Housing Assistance Trust Fund. Funds are available to very low income, low income, and moderate-income households and prioritized according to the Wakulla County LHAP scoring. **All assistance will agree with the Florida Statue 420.907 and Florida Administrative Code, rule 67-37.**

Proof of Ownership

A copy of a warranty deed or mortgage deed is required. If you have a mortgage deed, you must provide a copy of your most recent mortgage statement showing proof that you are current on all payments. **The Ownership, or "Title", must be clear (no certified judgments against owners).** If there are persons on the title whom are deceased, a death certificate must accompany the deed. If there are persons on the deed whom are still living, but are not in the house, they must release their rights to the property. A quitclaim deed releasing the property back to you will be sufficient. Please note that heir property will not qualify for this program.

Proof of Hazard Insurance

A copy of your homeowners insurance is required either with your application or if not insurable due to existing conditions, after rehabilitation. The homeowner shall keep the property insured against loss by fire; hazards included with the term "extended coverage". The insurance will be required for the life of the grant assistance. Homes located in a flood zone or wetlands will also be required to have coverage for such damage. There are restrictions on properties located in Special Flood Hazard Areas – not all homes will qualify for assistance.

Proof of Income

As a condition of admission to the HHRP program we must obtain documentation to verify each source of income received in the home (employment, social security, pension, retirement, gifts, trust, stock, bonds etc.). An executed Release of Information form will be obtained from all household members that are eighteen (18) years or older. Parent or legal guardian will complete one for each minor household member. This authorizes the release of information from any depository, employer, or federal, state or local agency. We will make every attempt to obtain written verification by third-party only as this is a State requirement. Please note that we will not be able to process your application until these items are complete, so please begin working on them as soon as possible.

SOCIAL SECURITY RECIPIENTS MUST REQUEST A STATEMENT OF BENEFITS LETTER FROM THE SOCIAL SECURITY OFFICE OR ONLINE USING THE FOLLOWING WEBSITE:

<https://secure.ssa.gov/apps6z/BEVE/main.html>

*HHRP Program rules require Social Security documentation to verify income only, not for purposes of identification. Social Security information will not be disclosed as public record. Please sign the disclosure agreement included as part of this application package.

Income Eligibility Criteria

Annual income **cannot exceed** the amount shown on the chart below:

No. of people in household	1	2	3	4	5	6	7	8
Annual Household Income	\$63,420	\$72,520	\$81,620	\$90,580	\$97,860	\$105,140	\$112,420	\$119,700

WHAT TO SUBMIT WITH YOUR APPLICATION

- Application and all verification forms that pertain to your family included with this packet.
- A copy of your warranty deed or mortgage deed. (Must be clean title. No certified judgments)
- If submitting a mortgage deed, you must include a copy of your most recent mortgage statement.
- A copy of your tax receipt confirming that your property taxes are current, and all previous year taxes are paid. (See the tax collector’s website <http://www.Wakullacountytaxcollector.com/>)
- All forms that require notarization **must** be notarized prior to submitting your application.
- Pay stubs for the last four (4) months for each employed or self-employed household member
- Copies of the last **six (6) months statements** of banks, credit union or financial institution for each household member and each account
- Photo ID of all household members 18 or over.
- Birth certificate of all family members under 18 years of age
- Copy of current homeowner’s insurance policy.
- Copy of tax return for all employed or self-employed household members
- Copy of court ordered child support or alimony
- Copy of award letters from Social Security (SS) and/or Supplemental Security Income (SSI)
- Copy of award letters for retirement, pension, annuities or other income
- Copy of most current 1099’s received from Stocks, Bonds, or other items

REMINDER: The faster you provide the correct information, the faster your house will be considered.

If applying for repairs related to Hurricane Michael, please submit copies of all documentation received from your insurance company, FEMA and photographs of the damage. If you do not have any documentation from insurance or FEMA, send photographs of the damage.

Any funds received from Insurance or FEMA will have to be spent prior to any grant funds awarded. This program does not allow the duplication of benefits.

Funding priority for all categories will be persons with special needs as defined by 420.0004 Florida Statutes.

Please go to application forms starting on page nine (8)

DO NOT INCLUDE INSTRUCTION PAGES WHEN SUBMITTING APPLICATION

HURRICANE HOUSING RECOVERY PROGRAM APPLICATION FOR HOUSING ASSISTANCE

Office Use Only

Annual Income: \$ _____ Income Category (VL, L, M): _____

Type of Assistance – Please check one: _____Rehab/Replacement or _____Hardening

General Information	Head of Household/Applicant	Spouse/Co-Applicant
Full Name:		
Social Security #:		
Date of Birth:		
Age:		

Property and Phone Information:

Full Address (include city and zip):			
Full Mailing address (if different):			
Primary Phone:		Alternate Phone:	

Other Household Members:

Name(s)	Social Security #	Date of Birth	Age	Gender	RelationHHRP to Applicant

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student? If yes, please list: _____

Does Applicant/Co-Applicant own a home? _____ **Do you have a mortgage?** _____

Current Monthly rent/mortgage: \$ _____ **Are you current on your mortgage?** _____

If No, type of unit to be purchased? _____ Existing unit _____ Newly constructed unit

Use additional paper if needed for all items below

Applicant/Co-Applicant Employment Information: (included last years W2) Current Only

Employee Name:		Employer Name:	
Position:		Supervisor:	
Address:		Phone contact:	
Pay Rate:	\$ _____ Per hour	Months employed:	Pay Frequency:
Annual Income including gross salary, overtime, tips, bonuses, etc.:			\$ _____

Employee Name:		Employer Name:	
Position:		Supervisor:	
Address:		Phone contact:	
Pay Rate:	\$ _____ Per hour	Months employed:	Pay Frequency:
Annual Income including gross salary, overtime, tips, bonuses, etc.:			\$ _____

Other Sources of Income:**(For ALL Household Members 18 and Over, List Business or Rental Net Income, awarded Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)**

Household Member Name	Type of Income	Gross Annual Amount
1.		\$
2.		\$
3.		\$
4.		\$
Total		\$

Assets and Asset Income**(For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)**

Bank Name	Account Number	Type of Asset	Asset Value
1.			\$
2.			\$
3.			\$
4.			\$
Total			\$

Handicap/ Disability

(List household members and the disability. Please call 352-381-1975 for a disability form or send SSI information) Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment."

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. **List name or names below:**

Ethnicity/Special Needs**(For reporting purposes only, please check all that apply for Head of Household only):**

White ___ Black ___ Hispanic ___ Asian/Pacific Islander ___ Native American ___
 Farm worker ___ Disabled or Disabled Minor ___ Elderly ___ Homeless ___
 Other: _____

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 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.

Head of Household/Applicant_____
Print Name_____
Date_____
Spouse/Co-Applicant_____
Print Name_____
Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Social Security Disclosure Statement:

This Community and its Consultant collect your Social Security number for the following purpose: Qualification for grant or loan processing under Section 119.071 (5) (a) 2, Florida Statutes. Social security numbers are confidential and do not become public records. They will not be released in any public records request. By signing below, I/We acknowledge receipt of this Social Security Number Collection Policy disclosure.

Signature – Applicant

Signature – Co-Applicant

Printed Name

Printed Name

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

NOTICE

One form per household member

You may need to make additional copies for your household members.

1. Authorization for the Release of Information: (2 included)
 - a) One per adult (18 or older) in the home needs to fill out this form and include it with the application
2. Authorization for the Release of Information (minor)
 - a) One per minor child (under 18 years of age) in the household. One parent or guardian will need to sign each form
3. Third Party Verification for Employment
 - a) One per employer per household member that has employment (full time, part time, seasonal or day labor)
 - b) Household member fills out top portion and gives form to employer to complete lower portion.
4. Third Party Verification of Unemployment
 - a) One per household member on unemployment
 - b) Household member fills out top portion and gives form to Unemployment representative to complete lower portion
5. Social Security Administration
 - a) One per household member on Social Security or Social Security Disability
 - b) Include most current Social Security Benefits Award letter

One form per household needed for items below

1. Income Affidavit
 - a. Please fill out this form and include the name of any household member that receives no income. **FORM MUST BE NOTARIZED!**
2. Bank Account Affidavit
 - a. Please fill out this form and include the names of any household member that does not have a bank or other financial institution to draw funds into or from. **FORM MUST BE NOTARIZED!**
3. Tax Return not Filed
 - a. Please fill out this form if any adult (18 years of age or older) in the household did not file a tax return for the previous year. **FORM MUST BE NOTARIZED!**

If you have any question about any of the forms, call 352-381-1975 before you fill them out as you may need to make copies to accommodate your household.



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to Government Services Group, Inc., for the purposes of verifying information provided as part of determining eligibility for assistance under the **HHRP Housing Assistance** 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 | Other: _____ |

Agreement to Conditions:

I 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.

Applicant or Household Member Signature (blue ink) Print Name Date

NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return”, prepare, and sign separately.



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to Government Services Group, Inc. for the purposes of verifying information provided as part of determining eligibility for assistance under the **HHRP Housing Assistance** 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 | Other: _____ |

Agreement to Conditions:

I 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.

Applicant or Household Member Signature (blue ink) **Print Name** **Date**

NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return”, prepare, and sign separately.



AUTHORIZATION FOR RELEASE OF INFORMATION (minor)

I, _____, the undersigned parent or legal guardian of _____, a minor, hereby authorizes _____ to release without liability, information regarding income and/or assets to Government Services Group, Inc., for the purposes of verifying information provided as part of determining eligibility for assistance under the **HHRP Housing Assistance** 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 my child 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 | Other: _____ |

Agreement to Conditions:

I 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.

Parent/Legal Guardian Signature (blue ink)	Print Name	Date

NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return”, prepare, and sign separately.

HHRP HOUSING ASSISTANCE PROGRAM
REQUEST FOR VERIFICATION OF EMPLOYMENT AND/OR BENEFITS

THIRD PARTY VERIFICATION OF EMPLOYMENT

State and/or Federal Regulations require us to verify employment history and income verification for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Scan and e-mail to jmoseley@govserv.com or you may fax to **Government Services Group, Inc @ 352-381-8270**

Employee Name (Print)

Social Security Number

Employee Full Address

I have applied for housing assistance through the State of Florida's (HHRP) Housing Assistance Program and I authorize you to furnish verification of my income and/or benefits.

Employee Signature

Date

Company Name

Company Full Address

STOP: Employee please do not write below this line. Please give to your employer to complete.

VERIFICATION OF EMPLOYMENT (Please complete all questions. Use N/A if not applicable)

Current Position with company: _____ **Length of Employment:** _____

Current Pay Rate \$ _____ per hour **Pay Frequency (Hr. Wk, Mo):** _____

Circle one: Full Time Part Time Seasonal Day labor **Hours per week** _____

Current Overtime Pay Rate: \$ _____ **Average Overtime Hours/Wk:** _____

Total Annual Base Pay Earnings: \$ _____ **Total Overtime Base Pay Earnings:** \$ _____

Amount and Frequency of other Compensation (bonus, raise, commission): \$ _____

Does the employee receive tips? (Y or N) _____ **Average amount received per day** \$ _____

Vacation Pay (Y or N) _____ **If yes, number of days :** _____

Retirement Account (Y or N) _____ **Amount of Retirement Accessible to Employee:** \$ _____

Total Gross Annual Income including Compensation, for the next 12 months: \$ _____*

*Mandatory

I certify that the above information is true and correct.

Signature of Employer

Date

Name (Print or Type)

Title at Company

Phone Number

Extension (if applicable)

Please return completed form to:

Government Services Group, Inc.
Attn: Third Party Verification Processing Department
PO Box 357995, Gainesville, FL 32635-7995
Alternatively, you may fax information to 352-381-8270 attention: Jay Moseley



HOUSING REHABILITATION ASSISTANCE PROGRAM

No Income Affidavit

(Please use this form if any household member **does not** receive income of any kind, any age)

I _____ verify that the following household members in my home address of (full address) _____ does not have any type of income in the following areas: Unemployment, Social Security, home- base business, Independent Contractor, pension, retirement, Stocks, Bonds, Annuity, Money Market, 401K, Child Support, rental property, investment property, Treasury Bills, Certificates of Deposit (CD's), college 529 plan, Revocable Trust, IRA, Keogh Account or other retirement account, family or friends to assist in paying bills belonging to this home, gift of cash from others, eBay sales, newspaper ads, foster children assistance, cash value on a Life Insurance Policy, Lump Sum Receipt or one-time Receipt

- Name _____
- Name _____
- Name _____
- Name _____
- Name _____

Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.

Sign only in presence of notary

Owner/Applicant Signature (blue ink)

Co-owner/Spouse Signature (blue ink)

Subscribed and sworn before me this _____ day of _____, 20____

(SEAL)

Notary Public, State of Florida
____ Personally Known
Type of owner Identification
Type of co-owner Identification
Commission Expires

Notary Print Name
____ Produced Identification



**HOUSING REHABILITATION ASSISTANCE PROGRAM
No Bank Account Information**

Please use this form if any member in the household does not have a checking or savings account at a financial institution

I _____ verify that the following household members in my home address of (full address) _____ do not have any checking, savings, or other investment account in a bank or credit union account or other financial institution.

- Name _____
- Name _____
- Name _____
- Name _____
- Name _____

Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.

Sign only in presence of notary

Owners Signature (blue ink)

Co-Owner/Spouse Signature (blue ink)

Subscribed and sworn before me this _____ day of _____, 20__.

(SEAL)

Notary Public, State of Florida

Print Name

____ Personally Known

____ Produced Identification

Type of owner Identification

Type of co-owner Identification

Commission Expires



**HOUSING ASSISTANCE PROGRAM
Non – Submission of Last Years Tax Return**

Please use this form is a household member **DID NOT** file a tax return last year.
Applies to all adult members of household

I _____ verify that the following adult household members living at (full address) _____ did not file a tax return in the previous year.

- Name _____
- Name _____
- Name _____
- Name _____
- Name _____

Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.

Sign only in presence of notary

Owners Signature (blue ink)

Co-Owner/Spouse Signature (blue ink)

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public, State of Florida Print Name
____ Personally Known _____ Produced Identification
Type of owner Identification _____
Type of co-owner Identification _____
Commission Expires _____



MEDICAL DISCLOSURE FORM

I, _____, the patient, or the undersigned parent or legal guardian of _____, a minor, hereby authorizes the release of medical information without liability to Government Services Group, Inc., for the purposes of verifying information provided as part of determining eligibility for assistance under the **Housing Assistance** program. I understand that only information necessary for determining eligibility will be requested.

Signature – Patient, Parent or Guardian Print Name Date .

MEDICAL CONDITION OR DIAGNOSIS _____

Check the statement or statements that most applies:

_____ An adult person requiring independent living services to maintain housing or develop independent living skills and who has a disabling condition 420.0004(7) FL Statutes.

_____ 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:

_____ Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

_____ (a)Expected to be of long-continued and indefinite duration; and

_____ (b)Not expected to impair the ability of the person with special needs to live independently with appropriate supports.

_____ None of the above.

Signature of Medical Professional Print Name Date

Complete these forms ONLY if you received damage from Hurricane Michael

ELIGIBILITY INFORMATION: - If the answer to any of the following questions is NO, you are not eligible for assistance:		
i. Was the unit damaged or destroyed by Disaster:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ii. Was the unit a single-family residence (including manufactured housing units)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
iii. At the time of the disaster, were you the Homeowner of this residence (including manufactured housing units)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
iv. Was the unit the primary residence of the applicant on the date of the disaster?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>The following question will require a special review to determine eligibility:</i>		
v. Did you register with FEMA for disaster related assistance for structural damage to the home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DAMAGED PROPERTY INFORMATION - Provide basic information concerning the damaged property (i.e. physical address of damaged property, floodplain information, and other names on the deed).				
Damaged Property Address:				
City:	State:		Zip:	
Damaged Property Phone No:				
i. What type of structure is the property? (Select One)				
<input type="checkbox"/> Single Family		<input type="checkbox"/> Manufactured Housing Unit	<input type="checkbox"/> Modular	<input type="checkbox"/> Other (Describe):
				Year Built:
ii. Did you occupy the property at the time of the event?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
iii. Are you currently living in the property? If no, explain your current living situation below: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain your current living situation:				
iv. Is the damaged property in a Flood Plain?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
v. Are you seeking assistance for a manufactured/modular housing unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
vi. Do you own the land?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
vii. Do you have a deed on the damaged property?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
viii. Are there any other names on the deed for the damaged property?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If yes, describe what deed information you have on the damaged property (including any entity, for example, a Trust):				

ix. I/We have been displaced from property due to damage caused by the disaster. If yes, explain your current living situation in the space below, e.g. renting in another part of the City, County etc...	<input type="checkbox"/> Yes <input type="checkbox"/> No

needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). List all insurance companies currently covering your real property. List all insurance companies that were providing coverage to your real property on

Have you applied for any event related assistance for damage to your home from any source (local, state, federal, private)? If yes, proceed with this section. If no, proceed with Section # 9 Income Information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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A. FEMA

i. Have you received any disaster related assistance from FEMA for structural damage to your home? (If no, continue to letter B. in this section.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Amount Approved?	Amount Received to date:
iii. What is your FEMA Registration No.(s)?	1
	2
	3

B. Small Business Administration (SBA)

i. Have you received any event-related assistance from the SBA for damage to your home? (If no, continue to letter C. in this section.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Amount Approved?	Amount Received to date:
iii. What is your SBA Application No.(s)?	1
	2
iv. What is your SBA Loan No.(s)?	1
	2
v. What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc.	

C. INSURANCE

i. Were you carrying Homeowner's Insurance at the time of the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", what type?	<input type="checkbox"/> Hazard <input type="checkbox"/> Wind <input type="checkbox"/> Flood <input type="checkbox"/> Contents
Other: (Explain)	
ii. Did you file a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Claim Amount Received:	Deductible: \$
Purpose: (Explain)	

iii. Provide the name of the Insurance Company(s): Provide Insurance Policy #	
iv. Is the insurance coverage currently in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Are you involved in an appeal or a lawsuit against your insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. What is the status of your insurance appeal/lawsuit? (If Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. OTHER

i. Did you receive any other assistance for the repair of your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal or state assistance (SHIP, CDBG, CDBG-DR, HOME), etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you own any other real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, provide address, city and state of property(s):	
ii. Do you have a mortgage on the damaged property you are seeking assistance on?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the current balance owed on the mortgage?	
iii. Are your payments current on your mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Is your primary residence currently in foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

v. List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.)

Household Member Name	Type & Source of Asset	Cash Value of Asset	Annual Income from Asset

Written Consent to Share Client Information

I, _____ (Name) authorize the Federal Emergency Management Agency (FEMA), the State of Florida, the member agencies of the Florida Voluntary Organizations Active in Disaster (VAVOAD), and Wakulla County the recognized Long-Term Recovery Group serving Wakulla (County) to share information related to my disaster recovery needed. I consent to the disclosure of:

- My entire case file
- (Specify) _____
- My contact information only

I understand that this consent to release my information does not guarantee that assistance will be provided.

Birthplace: _____

Birth Date: _____

FEMA #: _____

Disaster #: _____

Damaged Home Address: _____

Current Home Address: _____

Current Mailing Address: _____

Phone Number: _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Applicant _____

Date _____

WHAT IS A LEGALLY SUFFICIENT WRITTEN CONSENT?*

In order for any information to be disclosed to a third party, the individual to Whom the record pertains must provide a written consent for its disclosure. To be a valid, the written consent must--

- 1. Be in Writing. Verbal permission is not acceptable because the agency is required to keep a written accounting of all Privacy Act disclosures. The request must include the individual's name, application number, damaged property address, and telephone number.**
- 2. Include Information on the Individual's Identity. The individual must verify his/her identity (see 6 CFR § 5.21(d)). To verify identity, the individual must state his/her full name, current address, and date and place of his/her birth. The individual must sign the request and his/her signature must either be notarized or submitted with declaration under penalty of perjury (28 U.S.C. §1746). As a substitute for notarization, individuals requesting that their records be released into their own custody may provide a copy of a state or federally issued identification card (e.g. driver's license or passport).**
- 3. Include an Individual Identifier. The individual must include a record identifier (e.g. Social Security number, application number, etc.).**
- 4. Specifically state what information is to be disclosed. The individual must specifically state what they want released (e.g., my entire case file, my current contact information, the amount of my disaster assistance, etc.).**
- 5. Specify who is to receive it. The individual must designate, identify, or name the individual to whom the disclosure may be made (e.g., my sister Jane Doe who lives at . . .). The records may only be disclosed to the person or entity identified in the consent. Disclosures are made in writing; verbal disclosures are prohibited.**

A written consent must be given by the individual prior to release of his/her record

This agreement will be executed at contract signing and recorded at the Clerk of Courts Office.

HHRP DISASTER ASSISTANCE WRITTEN AGREEMENT

Whereas, _____ (“Homeowner”) is receiving Hurricane Housing Recovery Funds (HHRP) Program financial assistance from Wakulla County (“Jurisdiction”) in the amount of \$ _____ to provide funding to rehabilitate home located at _____ (address) in compliance with Wakulla County building codes.

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:

Owner Occupancy

Homeowner agrees that if during the 5 year or 20 year in the case of replacement, the Homeowner uses the property as (1) an investment property or (2) the Homeowner uses the Property as a recreational house or “second” home, then the Jurisdiction may require immediate payment in full of the entire loan amount provided by the Jurisdiction. The property must remain owner occupied during the affordability period.

Homeowner agrees that if during the 5 year or 20 year he/she/they sell or rent the property without Jurisdiction’s prior written consent then the Jurisdiction may require payment in full the amount of the loan outstanding at time of sale or rental of the property.

Insurance Proceeds and Federal Benefits

Homeowner agrees that if he/she receives further insurance proceeds and/or federal benefits for rehabilitation, repairs or reconstruction to their primary residence in connection with Hurricane Michael the homeowner will report receiving benefits by emailing jmoseley@govserv.com or calling 352-381-1975 within one (1) month of receipt of additional proceeds and/or benefits. If homeowner fails to report additional insurance proceeds and/or federal benefits, then the Jurisdiction may require immediate repayment in full of the entire loan amount provided by the Jurisdiction.

Duplication of Benefits

Homeowner agrees that if benefits received subsequent to the receipt of SHIP funds are a duplication of benefits (DOB) received from other sources such as insurance proceeds, that the following shall apply:

1. If the Award has been fully expended by the County, any Subsequent DOB Proceeds shall be repaid by Homeowner to the County up to the amount of the Award.
2. If no portion of the Award has been expended by the County, any Subsequent DOB Proceeds shall be paid by Homeowner to the 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 Homeowner to the County shall be returned to the Homeowner, and this Agreement shall terminate.
3. If some portion of the Award has been expended by the 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 Homeowner to the 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 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 Homeowner, and this Agreement shall terminate.
4. If the County makes the determination that the Homeowner does not qualify to participate in the Program or the Homeowner decides not to participate in the Program,

the Subsequent DOB Proceeds and any funds previously paid by the Homeowner to the County that have not been used or obligated by the Program shall be returned to the Homeowner, and this Agreement shall terminate.

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

Income Eligibility

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

Enforcement

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

Whereas, if the Homeowner does not violate any of the terms listed in this agreement, then this agreement will be considered paid in full on the _____ day of _____ 20__ and the Note will be released.

IN WITNESS WHEREOF, the undersigned homeowner(s) has/have affixed his/her signature(s) and seal(s) this _____ day of _____.

Signed, sealed and delivered in _____ the presence of:

Witness

Borrower

Notary Public

Borrower

Commission Expiration Date: