



**MARION COUNTY COMMUNITY SERVICES**

*3003 SW College Road, Suite 109*

*OCALA, FL 34474*

*(352) 671-8770*

**S.H.I.P. APPLICATION**

State Housing Initiatives Partnership

Rehabilitation

Reconstruction

Applicant (s) Name: \_\_\_\_\_

Applicant (s) Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received

APPLICANT(S) FILE # \_\_\_\_\_

**Please complete all forms and return to Community Services. In order to process the application you must include the following:**

- ❖ **Copies of your two most recent paystubs. If Social Security is received, please send a copy of the Social Security Benefit letter for the current year.**
- ❖ **A copy of your most recent income tax return, including W-2's.**
- ❖ **Child support documentation, if applicable (court order and courthouse printout of payments received, or a statement from the courthouse that child support is not received).**
- ❖ **A copy of birth certificates for all children.**
- ❖ **Complete copy of divorce papers or notarized statement that you have never been married.**
- ❖ **Copy of recorded deed to the property.**
- ❖ **Copies of bank statements, for the last two months.**

**Check boxes as you complete each form**

- 1. Application cover page (to be returned with application packet)
- 2. Application for loan assistance (to be filled out completely to the best of the applicants ability). Pgs. 1-3
- 3. Authority to verify credit information form. ( Allows Community Services staff to verify the applicant's credit, bank accounts, and employment). Pg. 4
- 4. Asset Addendum (additional assets). Pg. 5
- 5. Unemployment Affidavit (to be completed by applicants who are not employed at the present time). Pg. 6
- 6. Verification of Deposit (**top portion to be filled out by applicant**). Pg. 7
- 7. Employment verification (**top portion to be filled out by applicant**). Pg. 8
- 8. List of Repairs form (for Rehabilitation applicants only; please be very detailed, list all repairs needed). Pg. 9
- 9. Directions to home form (for Rehabilitation applicants only). Pg. 10

**APPLICANT INFORMATION - FOR YOUR RECORDS:**

- 1. Program information (**for applicant to keep**).
- 2. SHIP Rehabilitation Program Process to help you keep track of which step you are on in the program (**for applicant to keep**).

Revised 1/07/04

File #

# S.H.I.P. REHABILITATION - RECONSTRUCTION LOAN APPLICATION

APPLICANT'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

CO-APPLICANT'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Check ONE:**

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

Do you: Reside in Marion County? Yes No Live within the city limits of Ocala? Yes No

Do you: Own your own home? Yes No

Do you: Rent? Yes No What is your monthly rent or mortgage payment? \$\_\_\_\_\_

**ANNUAL INCOME - Please list all household annual (YEARLY) income.**

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBER	TOTAL
Gross Salary				
Overtime, Tips, etc.				
Interest/Dividends				
Business Net Income				
Rental Net Income				
Social Security, Pensions, etc.				
Unemployment, Workers Comp				
Alimony, Child Support				
Welfare Payments				
Other				

**\*\* Note: Please use GROSS income not net income\*\***

Qualifies For: SHIP _____ HOME _____ ADDI _____	<b>FOR OFFICE USE ONLY:</b>		<b>APPROVED:</b> Yes _____ No _____
	Income Level:		
	Extremely Low	30% _____	
	Very Low	50% _____	
	Low	80% _____	
	Moderate	120% _____	

**APPLICANT'S EMPLOYER:**

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Years \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**CO-APPLICANT'S EMPLOYER:**

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Previous Employer : \_\_\_\_\_ Years \_\_\_\_\_ Phone \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**HOUSEHOLD COMPOSITION** List the head of your household and all members who live in your home. Give the relationship of each family member to the HEAD.

FULL NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #
		HEAD	





**Marion County**  
Board of County Commissioners  
Community Services  
3003 SW College Road, Suite 109, Ocala, FL 34474  
(352) 671-8770 – Fax (352) 671-8769

## **AUTHORITY TO VERIFY CREDIT INFORMATION**

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualifications for a mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



**Marion County**  
Board of County Commissioners  
Community Services  
3003 SW College Road, Suite 109, Ocala, FL 34471  
(352) 671-8770 – Fax (352) 620-3992

## ASSET ADDENDUM TO APPLICATION

In order to properly qualify for SHIP Assistance, the income of applicants must be certified. The following asset information must be obtained. This information will be used for income eligibility purposes only.

**Assets include:** cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (such as lottery winnings, insurance settlements, etc.), and personal property held as an investment (such as gems, coin collections, paintings, antique cars, rental property, etc.). **ASSETS DO NOT INCLUDE:** necessary personal property such as furniture, automobiles, and clothing.

The total value of my (our) assets are:	\$ _____
The total annual income (interest, rent) received from these assets are:	\$ _____

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**REQUEST FOR VERIFICATION OF DEPOSIT**

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38USC, Chapter 37 (if VA); by 12 USC, Section 1701, et.seq. (If HUD/FHA); BY 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et.seq. Or 7 USC, 1921 et seq. (If USDA/FmHA).

**Part I - Applicant Instructions: COMPLETE ITEMS 1, 7, 8, AND 9.**

1. To (Name and COMPLETE Mailing Address of depository/bank)	2. From: Marion County Community Services 3003 SW College Road, Suite 109 Ocala, FL 34474
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I certify that this verification was sent directly to the bank/depository and has not passed through the hands of the applicant or any other party.

3. Lender Signature	4. Title Community Services Specialist	5. Date	6. Lender Phone Number (352) 671-8770
7. Information to be Verified			
Type of Account	In Name(s)	Account Number	Estimated Balance

**To Depository:** I/We have applied for a mortgage loan and stated in my financial statement that the balance on deposit with you is shown above. You are authorized to verify this information and to supply the lender identified above with the information requested in items 10 through 13. Your response is solely a matter of courtesy which no responsibility is attached to your institution or any of your officers.

8. Name and address of Applicant(s)	9. Signature of Applicant(s)
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**❖ APPLICANT - DO NOT SUBMIT THIS FORM TO YOUR DEPOSITORY/BANK. WE ARE REQUIRED TO MAIL IT DIRECTLY TO THEM FOR COMPLETION.**

**Part II - Verification of Depository (To be completed by Depository)**

10. Deposit Accounts

Type Account	Account Number	Current Balance	Withdrawal Fee	Avg. 6 Month Balance	Rate/Interest Income YTD	Date Opened

11. Loans Outstanding

Loan Number	Date of Loan	Original Amount	Current Balance	Mo. Installment	Secured by	Number Late Payments

12. Additional information which may be of assistance in determination of credit worthiness, including loans paid-in-full.

**13. If the name(s) on the accounts differ from those listed in Item 7, please supply the name(s) on the account(s) as reflected in your records.**

**Part III - Authorized Signature** - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance or any guaranty or insurance by the VA secretary, the U.S.D.A., FmHA/FHA Commissioner, or the Hud/CPD Assistant Secretary.

14. Signature of Depository Representative	15. Title (Please print or type)		
16. Please print or type name signed in Item 14.	17. Phone Number	18. Date	

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**MARION COUNTY**  
**Board of County Commissioners**  
**Community Services**  
3003 SW College Road, Suite 109, Ocala, FL 34474  
(352) 671-8770 – Fax (352) 671-8769

**Section I - To be completed by Applicant and returned to Community Services.**

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER MAILING ADDRESS: \_\_\_\_\_

APPLICANT NAME: (Print) \_\_\_\_\_ S.S. #: \_\_\_\_\_

I hereby grant permission and authorize my employer to disclose full information as to my anticipated annual income to the Marion County Community Services Department where I have applied for assistance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**\* APPLICANT - DO NOT SUBMIT THIS FORM TO YOUR EMPLOYER. WE ARE REQUIRED TO MAIL IT DIRECTLY TO THEM FOR COMPLETION.**

**Section II - To be completed by Employer and returned to Community Services.**

Hire Date: \_\_\_\_\_ Position: \_\_\_\_\_

**Please complete ONE of the following:**

- |               |          |             |          |
|---------------|----------|-------------|----------|
| 1. Hourly     | \$ _____ | 4. Weekly   | \$ _____ |
| 2. Bi-Weekly  | \$ _____ | 5. Monthly  | \$ _____ |
| 3. Bi-Monthly | \$ _____ | 6. Annually | \$ _____ |

Average hours worked per week: \_\_\_\_\_ Weeks worked per year: \_\_\_\_\_

Vacation Pay (Y or N): \_\_\_\_\_ Number of days: \_\_\_\_\_

**ANTICIPATED** additional ANNUAL INCOME from:

- |            |          |                |          |
|------------|----------|----------------|----------|
| 1. Tips    | \$ _____ | 3. Commissions | \$ _____ |
| 2. Bonuses | \$ _____ | 4. Overtime    | \$ _____ |

Has employee been terminated? \_\_\_\_\_ If yes, is the individual eligible for unemployment benefits? \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**WARNING:** 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



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**Printed Name:** \_\_\_\_\_

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# MARION COUNTY SHIP REHABILITATION PROGRAM



**Dear Applicant:**

**Please read the following information in regards to our Rehabilitation Program. If you have any questions regarding these terms, please contact our office at 671-8770.**

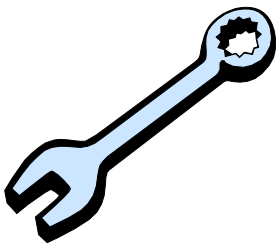
- ◆ This program is designed to assist homeowners with needed repairs, alterations, and or additions in order to improve health, safety, and well being.
- ◆ A no interest deferred LOAN will be provided. REPAYMENT of the loan is required when the home is sold, the deed is transferred, or the home is refinanced.
- ◆ A MORTGAGE will be placed on the unit in the amount of assistance provided. This is a LIEN.
- ◆ Homes must be OWNER OCCUPIED and located OUTSIDE the City Limits of Ocala. The Marion County Property Appraisers, mortgage deeds, and title searches are used to obtain ownership information.
- ◆ Mobile homes are NOT eligible for assistance.
- ◆ Income received by ANYONE living in the home is used to determine income eligibility.
- ◆ All property taxes and mortgage payments must be current.
- ◆ Units that can not be repaired to meet the Standard Housing Code will be denied assistance.

**APPLICANT COPY**

# MARION COUNTY SHIP REHABILITATION PROGRAM PROCESS

**PLEASE HOLD ON TO THIS FORM WHICH EXPLAINS EACH STEP YOU WILL ENCOUNTER WHEN APPLYING FOR ASSISTANCE TO REPAIR YOUR HOME.**

1. Applicant returns completed application to SHIP office.
2. Application is evaluated, the Marion County Property Appraisers system is checked to confirm ownership of property; A letter is sent to applicant requesting additional documentation OR stating why the applicant does not qualify for the program at this time.
3. Applicant provides SHIP office with all additional documentation in a timely manner.
4. A credit report and a title search is ordered.
5. Rehabilitation Specialist inspects the home to see what repairs are needed and to determine if the repairs are feasible. Work write up/Bid is sent to applicant for their approval.
6. Letter is sent to applicant explaining loan terms. If applicant finds the terms acceptable they then notify the SHIP office,
7. Repair list is sent to qualified SHIP contractors so that they may bid on the repairs, and a walk through of the home is held so that all contractors bid on like items,
8. Bids are opened and reviewed by Rehabilitation Specialist, SHIP Representative, and applicant,
9. A Pre-Construction Conference is held so that the applicant, the Rehabilitation Specialist, the contractor and a SHIP representative can discuss the repairs and explain agreements. In addition, closing documents are signed,
10. Construction will begin.
11. After repairs are complete Rehabilitation Specialist will inspect the home and applicant will sign an authorization for contractor to be paid.



**APPLICANT COPY**

