

**HOMEOWNER REHABILITATION PROGRAM
APPLICATION FOR ASSISTANCE
Housing Division, Economic and Community Development**

Note: Repairs to mobile homes are not permitted under this program.

Date: _____

A. Applicant Information

Applicant: _____ DOB: _____ SSN: _____

Co-Applicant: _____ DOB _____ SSN: _____

Street Address: _____ Phone # _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Family/Emergency Contact: _____ Phone: _____

Do you OWN your home? _____ Is it your permanent residence? _____

Do you have Homeowner's Insurance? _____ If so, name of insurer: _____

B. List Repairs Needed. This program will provide assistance to homeowners to make needed repairs to single family homes so that they meet the City building codes and ordinances. This program does not provide "home improvements".

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Have you received a Notice of Violation from the City's Code Enforcement Department? _____

Have you received home repairs through the Emergency Home Repair Program in the past?
Circle One: Yes No If yes, and when? _____

Have you received home repairs through the Homeowner Rehabilitation Program?
Circle One: Yes No If yes, when? _____

C. Household Information

Provide the following information for all members of your household including yourself:

Member	Name	Relationship	Age	Social Security #
1				
2				
3				
4				
5				
6				
7				

D. Household Data for Statistical Use Only. Failure to provide this information will not affect any rights of the applicant.

Head of Household									
Race/Ethnicity						Age			
African-American	White	Hispanic	Asian	American Indian	Other	Up to 25	26-40	41-61	62+

Special Targeting/Special Needs (check all that apply)					
Farm worker	Developmentally Disabled	Physically Disabled	Homeless	Elderly	Other (Please Specify)

Is there someone in the household who is disabled? Yes No

of Bedrooms _____

E. Assets.

Please list the assets of all household members, including yourself **and minors**. Assets include checking and savings account balances; retirement, 401K, IRA and Keogh accounts; Certificates of Deposit; and other investments, including land or other homes that you own. Assets **do not** include clothes or personal items, the cars you drive, the home you live in, or the land your home is located on.

Member	Asset Description (Include Bank Name)	Account Number	Cash Value	Income From Assets
1				
2				
3				
4				
5				
6				
Total Cash Value of Assets =				

F. Anticipated Annual Income:

In the table below, list all sources of income for yourself and all other household members over 18:

Member	Wages & Salaries. Include tips, commissions and bonuses	Social Security benefits, disability, retirement and pensions	Public Assistance	Other Income, including child support
1				
2				
3				
4				
5				
6				
Totals				

Do you anticipate any changes to your income or household in the next 12 months? Yes No

If yes, please describe: _____

Proof of income and assets is required. The City of Tallahassee is **required to obtain third-party verifications of all income sources.** However, if you provide copies of one or more of the following documents, as applicable, your application can be processed more quickly:

- Pay stubs
- Last two bank statements
- Statement of retirement or pension benefits, or copy of retirement or pension check
- Proof of interest or dividends from real or personal property, such as a 401K or savings account
- Statement of Social Security, disability, worker’s compensation, welfare or unemployment benefits
- Proof of net income from a business. **If self-employed, need past three years’ tax returns.**
- Court documents showing child support payment and/or alimony payment
- Any other documents showing periodic and determinable income

G. Applicant’s Employer:

Place of Employment: _____ Years Employed: _____

Supervisor: _____ Fax: _____ Phone: _____

Your Current Position: _____ Phone: _____

Previous Employer: _____ Years Employed: _____

Supervisor: _____ Phone: _____

H. Co-Applicant’s Employer:

Place of Employment: _____ Years Employed: _____

Supervisor: _____ Fax: _____ Phone: _____

Current Position: _____ Phone: _____

I. Homeownership Information. Applicant and Co-applicant’s proof of homeownership must be verified. The City of Tallahassee will use the information on file in the Property Appraiser’s Office. However, if you can provide copies of one of the following documents, it will allow your application to be processed more quickly:

- Property deed or purchase agreement in Applicant and Co-Applicant’s name(s). Quit claim deeds are not sufficient;
- Property tax documents in Applicant and Co-Applicant’s name(s); or
- Homestead exemption card in Applicant and Co-Applicant’s name(s).

NOTE THAT THE HOUSE TO BE REPAIRED MUST BE OWNED BY THE APPLICANT AND BE THE APPLICANT’S PERMANENT, FULL TIME PLACE OF RESIDENCE.

CERTIFICATION BY CLIENT(S)

I/We understand that Chapter 817, F.S. 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 sections 775.082, F.S. and 775.83, F.S. 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 purposes of income and home ownership verification related to this application for financial 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 the repairs are intended to benefit my/our household, and I/we shall own and occupy the property for the duration of the repair work and after the repairs are complete. By my/our signature below, I/we hereby certify that the property to be repaired is my/our homestead and affirm that I/we will continue maintain the property as homestead unless otherwise approved by the City.

The assistance is provided in the form of a zero-interest loan that requires no monthly payments. If the homeowner continues to occupy the home for a minimum of ten years* after the repairs are complete, then the loan amount is forgiven.

(Note: All household members aged 18 or older must sign this application.)

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Completed Application and Documentation can be **MAILED** to:
Economic and Community Development (ECD)
Housing Division
300 South Adams Street, Box B-27
Tallahassee, Florida 32301-1731

OR

HAND DELIVER to:
435 N. Macomb Street, Tallahassee, Florida



*Ten-year lien requirement became effective October 2007