

**Notice of Funding Availability (NOFA)**  
**Wakulla County Housing Authority**  
**Announces the Availability of**  
**State Housing Initiatives Partnership (SHIP) Funds**  
**for the State Fiscal Years 2014/2015**

The Wakulla County Housing Authority announces approximately \$315,000 in funding covering FY 2014/2015 (which excludes administration costs) available through the State Housing Initiatives Partnership (SHIP) program to be used for the following Local Housing Assistance Plan strategies: Owner-Occupied Rehabilitation and Homebuyer Purchase Assistance. Please note that funding for rehabilitation will only be used to support existing housing. The strategies are as follows:

- **Homebuyer Purchase Assistance Strategy**

The purpose of this strategy is to provide down payment assistance and principle reduction to first-time homebuyers that are eligible under the SHIP guidelines. The maximum amount of SHIP funds that may be awarded per unit is \$15,000. Potential homebuyers will be required to qualify for a mortgage through a financial institution. Up to \$15,000 may be applied towards securing the home. Homebuyers may not have claimed homestead exemption in the last three years. Funds will be awarded on a first come, first ready-to-close basis. Funding for this category is very limited.

- **Owner-Occupied Rehabilitation/Replacement Strategy**

The purpose of this strategy is to provide repairs or improvements needed for safe and sanitary rehabilitation or replacement and/or correction of code violations. The maximum amount of SHIP funds that may be awarded per unit is \$35,000 for Rehabilitation or \$75,000 for Replacement. The decision on whether or not the house is to be considered for replacement or rehabilitation will be made by Wakulla County. The homeowner must claim homestead exemption and the home must be occupied by the owner in order to be considered for rehabilitation or replacement. Applicants are limited to assistance once every (10) years. Applications will be considered as directed by the Local Housing Assistance Plan.

**All interested persons will need to initially apply or re-apply.** SHIP Applications will be available beginning Monday, November 3, 2014 between the hours of 9:00 AM and 4:00 PM, EST, Monday thru Friday by **calling Government Services Group, Inc. at (850) 325-6288** or via online at [www.mywakulla.com](http://www.mywakulla.com). Applications will **NOT** be accepted prior to Thursday, December 4, 2014. Applications are due no later than Thursday, December 4 between 12:00 Noon, EST and 4:00 PM. No applications will be accepted after the designated time. Applications submitted via mail WILL NOT be accepted. All applications must be **hand-delivered** to the following address on **Thursday, December 4 between 12:00 Noon, EST and 4:00 PM.**

**Wakulla County Board of County Commissioners**  
**3093 Crawfordville Highway**  
**Crawfordville, Florida 32327**

Any person with a qualified disability requiring special accommodations shall contact purchasing at the phone number listed above at least 5 business days prior to the event. If you are hearing or speech impaired, please contact this office by using the Florida Relay Services which can be reached at 1.800.955.8771 (TDD).

Questions regarding the SHIP program and application process should be directed to Government Services Group, Inc., at (850) 325-6288.

**A FAIR HOUSING/EQUAL OPPORTUNITY/HANDICAP ACCESS JURISDICTION**





**WAKULLA COUNTY  
STATE HOUSING INITIATIVE PROGRAM (SHIP)  
Purchase Assistance for Newly Constructed or Existing Home  
or  
Owner Occupied Rehabilitation Application**



Developed By:

**Government Services Group, Inc.**  
**Application Processing Department**  
P. O. Box 357995 ● Gainesville, FL 32635-7995  
850-325-6288 (Phone) ● 850-219-2562 (Fax)

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# SHIP PROGRAM INFORMATION

Thank you for your interest in the Wakulla County SHIP Housing Assistance Program. We hope that the program will be able to assist you with your housing needs. Applications for assistance in purchasing 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). Return the application with the required supporting documents to

All applications must be **hand-delivered** to the following address on **Thursday, December 4 between 12:00 Noon, EST and 4:00 PM.**

Wakulla County Board of County Commissioners  
3093 Crawfordville Highway  
Crawfordville, Florida 32327

Please call Government Services Group at 850-625-6288 for assistance.

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

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## **PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION**

\*\*\*\*\*

### General Information

Wakulla County utilizes State Housing Initiatives Partnership (SHIP) program funds to administer and provide Home-Buyer Assistance, Demolition/Rehabilitation, and Rehabilitation to qualified individuals and families in order to build, purchase or repair qualified single-family, owner-occupied homes that meet certain requirements. **Please be advised that SHIP does not provide money for the purchase of mobile homes or second mortgage homes. Repairs will only be considered on mobile homes constructed 1994 or later.**

The SHIP program is a state-provided grant to assist residents of Wakulla County in obtaining affordable housing. Affordable housing is defined by statute as monthly mortgage payments, including taxes and insurance that does not exceed 30 percent of the median adjusted gross income for the County. SHIP funds are available only to households that qualify according to state-established guidelines for extremely low, very low, low and moderate income levels. **SHIP funds will be given to qualified individuals in the form of a zero percent (0%) second mortgage; due upon sale, transfer, or refinancing for down payment, closing cost, and rehabilitation 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. Please note applicants whom receive assistance are prohibited from receiving additional assistance for the duration of the respective mortgage under the SHIP program; therefore Home-Buyer Assistance applicants will receive assistance ONLY**

once. All assistance will be in compliance with the Florida Statute 420.907 and Florida Administrative Code, Rule 67-37.

### **ABOUT THE CONSULTANT**

Government Services Group, Inc. (GSG) is a grant consulting firm hired by Wakulla County to administer the SHIP program. GSG will handle all of your paperwork, verify your qualification and will oversee the construction process. It is important that you provide GSG with all of the required information and cooperate in every way in order 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.

Government Services Group, Inc  
P.O. Box 357995 • Gainesville, FL 32635-7995  
850/325-6288

### **Application Process both Programs**

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 Government Services Group, Inc. at 850-325-6288. Again, thank you for your interest in the Wakulla County SHIP Program.

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

If you have a question or problem, you may contact **Government Services Group, Inc.** at the following number: **850-325-6288**

### **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.**

## Purchase Assistance for Newly Constructed or Existing home

SHIP funds will be made available to assist qualified first-time homebuyers for underwriting down payment and closing cost of a new or existing home purchase not to exceed the \$247,032 maximum purchase price. First-time homebuyer is defined as: an applicant who has not owned a home during the past three years; one who has been displaced as a result of a divorce or domestic abuse; or a person displaced as a result of a governmental action. Qualified applicants must be able to secure financing from a lender for a first mortgage on a home located in Wakulla County. The estimated maximum amount of the award will be up to \$15,000 for very-low, low and moderate income households. **Applicants will be approved on a first come, first ready to close basis. All first-time home buyers are required to attend the First-time Homeowner Workshop prior to closing of your home.**

### *Sales Price & Affordability*

The purchase price for new or existing homes cannot exceed the \$247,032.00 maximum purchase price. The monthly housing costs, including taxes and insurance shall not exceed thirty percent (30%) of the applicant's monthly gross income unless the first mortgage lender is satisfied that the household can afford mortgage payments in excess of the thirty percent (30%) benchmark. Please note the combined First and Second Mortgage Loan-to-Value cannot exceed 105% of the appraised value of the home.

### *Income Eligibility Criteria*

Annual income **cannot exceed** the Annual Household Income amount shown on the chart below.

Number of people in household	1	2	3	4	5	6	7	8
<b>Annual Household income</b>	\$56,160	\$64,200	\$72,240	\$80,160	\$86,640	\$93,000	\$99,480	\$105,840

### *Applicant Eligibility Guidelines*

Eligible applicants must meet the following affordability guidelines in order to be qualified:

- Meet income guidelines that are based on the household's anticipated gross annual income and the number of household members
- Qualify with a lender for mortgage financing
- Be a first time homebuyer by definition above
- Monthly mortgage payment including taxes and insurance must not exceed 30% of your gross annual income
- Take a State-Approved First-Time Homebuyer's course

### Funding Information

Maximum award amount for down payment and closing costs are as follows:

<b>Very low income up to \$15,000</b>	<b>Low income up to \$15,000</b>	<b>Moderate income up to \$15,000</b>
---------------------------------------	----------------------------------	---------------------------------------

The total purchase price including closing costs of new or existing home shall not exceed **\$247,032.00**

## **Proof of Income**

As a condition of admission to the SHIP program we must obtain documentation to verify each source of income. An executed Release of Information form must be obtained from all household members that are eighteen (18) years or older. 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 PROOF OF INCOME LETTER FROM THE SOCIAL SECURITY OFFICE OR ONLINE USING THE FOLLOWING WEBSITE:**

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

\*SHIP 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.

## **Hazard Insurance**

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.

# WHAT TO SUBMIT WITH YOUR APPLICATION

- Application and all verification forms that pertain to you. Make copies as needed for your family members
- All forms that require notarization **must** be notarized prior to submitting your application.
- Copy of all household members social security cards.
- Photo ID of all household members 18 or Over
- Birth Certificate of household members under 18 years of age
- Bank, Credit Union or other Financial institution you use for checking or savings accounts for any member of your household (**last 6 months**)
- Copy of Pay Stubs for last four (4) months from each employer (full or part time) from each household member (must be consecutive in dates)
- Tax return of all working or self-employed household members
- Copy of court ordered child support or alimony if applicable
- 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 you can qualify for SHIP assistance. Once approved for the assistance, your application will be processed on "First come, first ready to close" for funds.

**Please go to application forms starting on page nine (9)**

**DO NOT INCLUDE PAGE 1 TO 8 WHEN SUBMITTING YOUR APPLICATION**

## OWNER OCCUPIED REHABILITATION PROGRAM APPLICANTS

Wakulla County has been successful in obtaining a SHIP grant for Housing Rehabilitation. This grant is designed to help very low and low income families who's currently occupied home are in need of repair. Eligible applicants may receive up to \$35,000 to assist with the rehabilitation of their properties, or up to \$75,000 if home must be replaced. The determination on whether or not 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.

### 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. SHIP 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 or low income households and prioritized according to the Wakulla County LHAP scoring. **Applicants are prohibited from receiving assistance for the duration of the respective mortgage under the SHIP program and only once every ten (10) years with the exception of those affected by disaster and/or deemed required emergency assistance. All assistance will be in agreement 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 with your application.** The homeowner shall keep the now existing 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.

### Proof of Income

As a condition of admission to the SHIP 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 PROOF OF INCOME LETTER FROM THE SOCIAL SECURITY OFFICE OR ONLINE USING THE FOLLOWING WEBSITE:**

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



\*SHIP 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.

**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	\$37,450	\$42,800	\$48,150	\$53,450	\$57,750	\$62,050	\$66,300	\$70,600

**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 of banks, credit union or financial institution for each household member
- Copy of **all** household members social security cards.
- 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 completed.

**Please go to application forms starting on page nine (9)**

**DO NOT INCLUDE PAGES 1 TO 8 WHEN SUBMITTING APPLICATION**

## WAKULLA COUNTY STATE HOUSING INITIATIVE PROGRAM APPLICATION FOR HOUSING ASSISTANCE

Office Use Only

Annual Income: \$ \_\_\_\_\_

Income Category (VL, L, M): \_\_\_\_\_

Type of Assistance – Please check one: \_\_\_\_\_ Rehab/Replacement or \_\_\_\_\_ Purchase Assistance

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	Relationship 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			\$

**Liabilities:**

(For ALL Household Members 18 and Over, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)

Type of Credit/Loan	Creditor's Name	Balanced Owed	Monthly Payment
1.			\$
2.			\$
3.			\$
4.			\$
Total			\$

**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 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.

<b>Head of Household/Applicant</b>	<b>Print Name</b>	<b>Date</b>
<b>Spouse/Co-Applicant</b>	<b>Print Name</b>	<b>Date</b>

# 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. You will receive a Tax Form 4506-T to fill out and return for each of the names you listed on the form. **FORM MUST BE NOTARIZED!**

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**If you have any question about any of the forms, call 850-325-6288 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 **Wakulla County SHIP 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.

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**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 Wakulla County SHIP 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.

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<b>Applicant or Household Member Signature (blue ink)</b>	<b>Print Name</b>	<b>Date</b>
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**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 **Wakulla County SHIP 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.**

**WAKULLA COUNTY  
SHIP 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. A self-addressed return envelope is enclosed or you may fax to **Government Services Group, Inc @ 850-219-2562**

\_\_\_\_\_  
**Employee Name (Print)**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Employee Full Address**

I have applied for housing assistance through the State of Florida's (SHIP) 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:** \$\_\_\_\_\_

**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 850-219-2562 attention: James Moseley**



**Wakulla County**  
**THIRD-PARTY VERIFICATION OF UNEMPLOYMENT BENEFITS**

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. A self-addressed return envelope is enclosed or you may fax to **Government Services Group, Inc @ 850-219-2562.**

**Authorization:**

I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

**Please return information to:**

Government Services Group, Inc. (GSG)

Attn: James Moseley,

PO Box 357995; Gainesville, FL 32635-7995

**Fax Number:** 850-219-2562 ● **Office Phone Number:** 850-325-6288

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

\_\_\_\_\_  
Employee Signature (**blue ink**)

\_\_\_\_\_  
Employee Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Full Address

**Please give to unemployment representative to complete and mail or fax to the address above:**

**Are benefits being paid now? (Y or N):** \_\_\_\_\_ **If yes, Gross Weekly Payments:** \_\_\_\_\_

**Date of Initial Payment:** \_\_\_\_\_ **Duration of Benefits:** \_\_\_\_\_

**Claimant Eligible for Future Benefits (Y or N):** \_\_\_\_\_ **If Yes, provide # of weeks:** \_\_\_\_\_

**If No, Provide Date of Benefits termination:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Authorized Representative:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

\_\_\_\_\_  
**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 775.083.

**NOTE:** For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate administration; do not send form through applicant. Upon receiving verification, date-stamp, and compare, information to that received on application. Make any necessary notations, date, and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.

OMB No. 0960-0566



## 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	Notary Print Name
____ Personally Known	____ Produced Identification
Type of owner Identification	
Type of co-owner Identification	
Commission Expires	



**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 if 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.

I have included the signed Tax Form 4096-T per household member listed below to fill out and return for verification with the IRS.

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  
\_\_\_\_ Personally Known  
Type of owner Identification  
Type of co-owner Identification  
Commission Expires

\_\_\_\_\_  
Print Name  
\_\_\_\_ Produced Identification  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_