

APPLICATION: HOUSING REHABILITATION ASSISTANCE PROGRAM

Completion of this application does not obligate the applicant.

Select which loan or grant for which you are applying (select all that apply):

Housing Rehabilitation Loan

Funding to remove health and safety risks and correct code violations to an owner-occupied residence

Barrier Free Grant/Loan

Funding to render a home accessible for homeowners or renters with physical, visual or hearing impairments

NOTE: The City will inspect your property to determine that requested repairs are those necessary to meet the City’s Code of Ordinance and/or to provide for a safe and healthy environment for the occupants. The Housing Rehabilitation Assistance Program is not designed to address deficiencies caused by deferred maintenance, that is the responsibility of the homeowner, or to provide home improvement upgrades. If your property has been cited by the Codes Compliance Assistance Department, please include a copy of the citation with the application.

A. GENERAL INFORMATION

	Applicant Owner	Co-Applicant Owner
Full Legal Name*		
Date of Birth		
Property Address		
ZIP Code		
P.O. Box, City, ZIP Code		
Home Phone		
Cell Phone		
Email Address		

*List all other names by which known on a separate sheet.

Marital Status: Married Single Widowed Divorced
 U.S. Citizen? Yes No
 Resident Alien? Yes No

ALL OTHER HOUSEHOLD MEMBERS

Include roommates and children

Name	Date of Birth	Relationship

List additional household members and contact information for non-resident owners and/or spouses on a separate sheet.



Housing & Community Development Department
 727-893-7247
 stpete.org/housing



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Is any household member, age 18 or older (not including the head of household or spouse) a full-time student? Yes No

If yes, provide their name(s) and submit proof of fulltime student status:

B. HOUSEHOLD INCOME INFORMATION

EMPLOYMENT	Applicant Owner		Co-Applicant Owner	
Employer/Company Name				
Employer Address				
City, State, ZIP Code				
Employer Phone Number				
Employee Identification #				
Length of Employment/ Hire Date				
Frequency and Rate of Pay	Hourly Monthly Amount: \$ _____	Weekly Annually	Hourly Monthly Amount: \$ _____	Weekly Annually

EMPLOYMENT	Household Member - 18 or Older		Household Member - 18 or Older	
Employer/Company Name				
Employer Address				
City, State, ZIP Code				
Employer Phone Number				
Employee Identification #				
Length of Employment/ Hire Date				
Frequency and Rate of Pay	Hourly Monthly Amount: \$ _____	Weekly Annually	Hourly Monthly Amount: \$ _____	Weekly Annually

C. ALL OTHER SOURCES OF INCOME

Income from all sources for all household members must be listed. For example: business or rental income, child support, alimony, Social Security benefits, pensions, disability, supplemental, unemployment or workers compensation, AFDC/TANF payments, disability, adoption and/or any other sources of income.

Household Member	Source of Income	Gross Annual Income Received

Use separate sheet to list additional sources.

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D. ASSET AND ASSET INCOME

All household members, including minors, must list and provide copies of checking and savings from all accounts. For example: IRA's, CD's, bonds, stocks, equity in real estate owned and annuities.

Type of Asset	Asset Value	Name of Bank	Account Number	Name on Account
Total:		\$		

Use separate sheet to list additional sources.

E. MORTGAGE LOAN INFORMATION

Is there a 1st mortgage on your property?	Yes	No	Fixed Interest Rate: 1st	Yes	No
Is there a 2nd mortgage on your property?	Yes	No	Fixed Interest Rate: 2nd	Yes	No
Is the 1st and 2nd mortgage current?	Yes	No	Is foreclosure pending:	Yes	No

NOTE: If your property is encumbered by an adjustable rate mortgage, a reverse mortgage, an interest only payment loan or a loan with negative amortization, is past-due, threatening foreclosure or included in a bankruptcy and more than two loans are secured by your home, you may not qualify for assistance. Stop and call 727-893-7247 for more information.

	First Mortgage Loan	Second Mortgage, Home Equity Loan or Credit Line
Lender's Name		
Account Number	#	#
Mortgage Balance	\$	\$
Monthly Payment	\$	\$

Is your home insured against fire and other hazards?	Yes	No
Has your property been cited by the City for a code violation?	Yes	No
Do you currently own real estate other than your primary residence?	Yes	No
If yes: Address: _____	Value: \$	_____

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F. DISPOSITION OF ASSETS

Have you given away, transferred ownership of or sold an asset in an amount exceeding \$1,000 within the past two years? Yes No

If yes, list the asset, its value and the date the asset was sold.

Asset Type	Asset Value	Date Sold

Use separate sheet to list additional items.

G. PRIOR ASSISTANCE

Have you or your property received the benefit of prior financial assistance from the City of St. Petersburg or any other agency within the past 15 years? Yes No

If yes, please provide the following information for all:

Assistance Provided to Whom	Date of Assistance	Purpose of Assistance	Assistance by what Agency

H. CHILD SUPPORT/ALIMONY

Does court-ordered child support and/or alimony apply to any household member? Yes No

If yes, attach a copy of the court order.

I. LIABILITIES

Type of Credit or Loan	Creditor's Name	Balance Owed	Payment Owed

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J. ETHNICITY AND SPECIAL NEEDS

Please check all that apply for the head of household. This information is requested for reporting purposes only.

White	Black	Hispanic/Haitian
Asian/Pacific Islander	Native American	Farm Worker
Disabled	Elderly	Other

K. ACKNOWLEDGEMENTS

For all household members 18 years of age or older

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 and 775.083. 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 deciding my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility; aware that all information and documents provided may be a matter of public record.

All household members over the age of 18 must sign this application.

This grant/forgivable loan from the City is considered taxable grant income. Recipients of a Community Redevelopment Area grant in excess of \$600 must submit a federal tax form W-9. The City is required to issue a federal tax form 1099-G to recipients of grants in excess of \$600 whether paid directly to the grant recipient or to a third-party pursuant to authorization from the recipient. It is the grant recipient's responsibility to consult with their tax professional regarding the 1099-G issued by the City and any associated tax consequences.

Owner Applicant Signature

Date

Household Member Signature

Date

Co-Owner Applicant

Date

Household Member Signature

Date

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K. ACKNOWLEDGEMENTS

SOCIAL SECURITY NUMBER COLLECTION POLICY DISCLOSURE AUTHORIZATION TO RELEASE INFORMATION CONSENT FORM

Owner Applicant & Owner Co-Applicant

We/I hereby consent that the City of St. Petersburg ("City") or any credit reporting agency or bureau designated by the "City", may collect and retain any and all information concerning our/my employment, bank accounts, credit card accounts, installment obligations and any other matter, which may be required in processing our/my application for a mortgage loan. We/I also authorize release of related information by our/my employer(s), designated credit reporting agency or bureau, financial institution(s), government agency and any other creditors as listed in my/our application for assistance from the "City."

The Florida Public Records Law, Florida Statutes (2007) Section 119.071(5) requires the "City" provide written statement explaining that it collects Social Security numbers from prospective mortgage loan and grant recipients during the application process to determine credit worthiness of the applicant, data collection, benefit processing and tax reporting.

This Consent Form may be a photocopy and all copies shall be as effective as those containing my/our original signature(s) dated this _____ day of _____ 20__

Under Florida law, this application is a public record. Most of the information that you provide will be released if there is a public record request. If you believe that you qualify to have your information protected, you must notify the City in writing of the specific Florida Statute that protects your information. All non-exempt information will be released in response to a public record request.

	Owner Applicant	Owner Co-Applicant
Social Security Number		
Date of Birth		
Property Address		
City & ZIP Code		
Post Office Box, if applicable		
City & ZIP Code		

Applicant Signature

Co-Applicant Signature

Print Name

Print Name

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SOCIAL SECURITY NUMBER COLLECTION POLICY DISCLOSURE AUTHORIZATION TO RELEASE INFORMATION CONSENT FORM

Other Household Members

We/I hereby consent that the City of St. Petersburg ("City") or any credit reporting agency or bureau designated by the "City", may collect and retain any and all information concerning our/my employment, bank accounts, credit card accounts, installment obligations and any other matter, which may be required in processing our/my application for a mortgage loan. We/I also authorize release of related information by our/my employer(s), designated credit reporting agency or bureau, financial institution(s), government agency and any other creditors as listed in my/our application for assistance from the "City."

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	Household Member	Household Member
Social Security Number		
Date of Birth & Age		
Property Address		
City & ZIP Code		
Post Office Box, if applicable		
City & ZIP Code		

Household Member Signature

Household Member Signature

Print Name

Print Name

Date

Date

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This publication can be made available upon request in alternative formats for persons with disabilities by calling 727-893-7345 or 711 for the Florida Relay Service or e-mail the ADA Coordinator at lendel.bright@stpete.org. Please allow 72 hours for your request to be processed.

SUBMISSION INSTRUCTIONS

Mail application to:

City of St. Petersburg
Housing and Community Development Department
Municipal Services Building
One 4th St. N., 9th Floor
St. Petersburg, FL 33701