

# APPLICATION: MORTGAGE PAYMENT ASSISTANCE GRANT PROGRAM

The emergency grant will not be funded if:

- Mortgage or utility payments were delinquent prior to December 1, 2020
- Mortgage or utility payments are delinquent for any reason other than the results of COVID-19
- Mortgage payments were more than 90 days late during 2020 or in Lis Pendens (foreclosure)
- Homeowner is obligated to the State, Federal or local government for liens or assessments
- Mortgage payments are currently delinquent 90 days and the homeowner cannot provide evidence that payments can be maintained moving forward
- Homeowner is currently in a mortgage forbearance agreement with the primary lender
- Liquid assets exceeding \$6,000
- Homeowner voluntarily resigned employment for any reason other than related to COVID-19

Applicant's home must be:

- A single-family residence
- Located within the St. Pete municipal boundaries
- Occupied as the principal homestead residence of the homeowner
- Valued at less than 90% of the average sales price established within the Clearwater-Tampa-St. Petersburg geographic area (\$294,601)

A. GENERAL INFORMATION					
<b>APPLICANT(S)</b>					
	<b>Property Owner</b>			<b>Property Co-Owner</b>	
<b>Print Full Legal Name</b>					
<b>Social Security Number</b>					
<b>Date of Birth &amp; Age</b>					
<b>Property Address</b>					
<b>City &amp; ZIP Code</b>					
<b>Email Address</b>					
<b>P.O. Box &amp; ZIP</b> (if applicable)					
<b>Phone</b>	Home:	Work:	Cell:	Work:	Cell:
<b>OTHER HOUSEHOLD MEMBERS</b>					
<b>Name</b>	<b>Social Security Number</b>		<b>Date of Birth &amp; Age</b>		<b>Relationship</b>
1.					
2.					
3.					
4.					
5.					
Are owners or any adult household member, a full-time student?      Yes      No					



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



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## B. EMPLOYMENT INFORMATION

Currently unemployed?    Yes    No  
 If unemployed, are you collecting unemployment compensation or income from another source?    Yes    No  
 Identify additional income sources:

### APPLICANT

	Owner	Co-Owner
Employer Name		
Employer Address		
City/State/ZIP		
Phone Number		

## C. OTHER SOURCES OF INCOME

**NOTE:** All household members, 18 years or older, must list: business income, child support, alimony, Social Security benefits, pensions, unemployment or workers compensation, welfare payments, disability, AFDC and/or any other sources of income.

Other Household Occupants	Source of Income	Gross Annual Income Received
1.		
2.		
		<b>Total: \$</b>

## D. ASSET AND ASSET INCOME

**NOTE:** All household occupants, including minors, must list: checking and savings accounts, IRA's, CD's, bonds, stocks, equity in real estate owned, etc.

Type of Asset	Asset Value	Name of Bank	Account Number	Name on Account
1.				
2.				
3.				
4.				
<b>Total: \$</b>				

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## E. DISPOSITION OF ASSETS

Has any household occupant given away, transferred ownership of, or sold, an asset in an amount in excess of \$1,000 within the past two years?      Yes      No

Type of Asset	Asset Value	Date of Disposition

## F. CHILD SUPPORT AND ALIMONY

Is child support and/or alimony received by the owner, co-owner or another household occupant?      Yes      No

Is child support or alimony ordered to be paid by the applicant or co-applicant.      Yes      No

If yes, the amount is \$ \_\_\_\_\_ paid      Weekly      Monthly      Annually

Is any household member receiving subsidies or mortgage payment assistance from any state or Federal agency?      Yes      No

If so, from what agency:

*Owners now receiving mortgage assistance are not eligible for Mortgage Payment Assistance.*

## G. MORTGAGE LENDER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

How many mortgage payments past due: \_\_\_\_\_      Total amount past due: \$ \_\_\_\_\_

Are your utility payments current?      Yes      No

Are your electric payments current?      Yes      No

Are your water payments current?      Yes      No

## H. ETHNICITY AND SPECIAL NEEDS

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

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

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## I. ACKNOWLEDGEMENTS

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 determine 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 may be a matter of public record. All Adult household members must sign.

\_\_\_\_\_

Owner Signature

\_\_\_\_\_

Co-Owner Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Another Adult Occupant Signature

\_\_\_\_\_

Another Adult Occupant Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

# APPLICATION: MORTGAGE PAYMENT ASSISTANCE GRANT PROGRAM

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

### Owners & Co-Owners

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 mortgage assistance. 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 "City" collects Social Security numbers from prospective grant recipients during the application process for data collection and benefit processing.

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](mailto:lendel.bright@stpete.org). Please allow 72 hours for your request to be processed.

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. All copies shall be as effective as those containing my/our original signature(s) dated this \_\_\_\_ day of \_\_\_\_\_, 2020.

	Owner	Co-Owner
<b>Social Security Number</b>		
<b>Date of Birth &amp; Age</b>		
<b>Property Address</b>		
<b>City &amp; ZIP Code</b>		
<b>Post Office Box, if applicable</b>		
<b>City &amp; ZIP Code</b>		

_____		_____	
Owner Signature		Co-Owner Signature	
_____		_____	
Print Name	Date	Print Name	Date

# APPLICATION: MORTGAGE PAYMENT ASSISTANCE GRANT PROGRAM

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

### Other Adult 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 mortgage assistance. 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 "City" collects Social Security numbers from prospective grant recipients during the application process for data collection and benefit processing.

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This Consent Form may be a photocopy. All copies shall be as effective as those containing my/our original signature(s) dated this \_\_\_\_ day of \_\_\_\_\_, 2020.

	Household member	Household member
<b>Social Security Number</b>		
<b>Date of Birth &amp; Age</b>		
<b>Property Address</b>		
<b>City &amp; ZIP Code</b>		
<b>Post Office Box, if applicable</b>		
<b>City &amp; ZIP Code</b>		

<hr/> Another Adult Occupant		<hr/> Another Adult Occupant	
<hr/> Print Name	<hr/> Date	<hr/> Print Name	<hr/> Date

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## J. ADDENDUM

### TOTAL MONTHLY EXPENSES

Complete the tables below regarding monthly expenses.

Expense	Monthly Amount
Mortgage Payment (Principal, Interest, Taxes, Ins.)	
Utilities (Water, Garbage, Sewer, Electric, Gas)	
Car Payment	
Gas (Automobile)	
Phone (Cell/Cable)	
Food	
All Credit Cards	
Childcare or Child Support	
Medical	
Student Loan	
All Loans/Debt	
Other	
<b>TOTAL MONTHLY EXPENSES</b>	

Describe any expenses in the "Other" category (if applicable).

### STATEMENT OF HARDSHIP

Provide a brief written statement as to how COVID-19 has impacted your financial ability to maintain a current mortgage payment, utilities and other expenses.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner

\_\_\_\_\_  
Date

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## SUBMISSION INSTRUCTIONS

Review and complete the Application Checklist found at [stpete.org/MortgageAssistance](http://stpete.org/MortgageAssistance) before submitting your application. Applications with photographed documents will not be accepted. Documents scanned as PDFs are acceptable.

Mail application to:

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