



CITY OF FORT PIERCE

HOME PURCHASE ASSISTANCE PROGRAM

APPLICATION

Equal Housing Opportunity

2022 Maximum Income Limits – Adjusted for Household Size

Household Size	Maximum Income Limit
1	\$67,200
2	\$76,800
3	\$86,400
4	\$96,000
5	\$103,680
6	\$111,360
7	\$119,040
8	\$126,720

Income Limits Effective 4/18/2022 and Subject to Change

HOME PURCHASE ASSISTANCE PRE-SCREENING CHECKLIST

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION:

Applications can be submitted via email at GrantsAdministration@cityoffortpierce.com. Applicants will be approved on a **first-come, first eligible basis**.

YOU MUST PROVIDE THE FOLLOWING DOCUMENTS FOR YOUR APPLICATION TO BE COMPLETE:

1. **Completely fill out and sign all pages of the application. If there are sections that do not pertain to your situation, please write "N/A" and initial the form in the top right corner.**
2. **Mandatory Orientation Certification** issued by the Grants Division.
3. **Your Prescreening Checklist.**
4. **Certificate of Completion for HUD Approved Homebuyer Education Workshop.** Must be submitted before Closing. Approved programs can be found here: <https://apps.hud.gov/offices/hsg/sfh/hcc/hcs.cfm?&webListAction=search&searchstate=FL>
5. **Pre-Approval Mortgage letter** by a financial institution.
6. **Copies of last two month's pay stubs** for all employed members of the household 18 years of age or older.
7. **Copy of your current home rental lease agreement or letter from your landlord stating length of residency.**
8. **Copies of most recent award letters or statements for pension, VA, Social Security and/or disability.**
9. **Copies of 3 most recent** statement(s) for all checking and savings accounts.
10. **Copies of most recent statements of CDs** for all household members *including minors and/or dependents*. Social Security numbers are used for identification and verification of eligibility for housing assistance.
11. **Copy of most recent statement(s) for all IRAs, Money Market, Brokerage, 401K, Annuity or Retirement Accounts**, and/or information on Stocks, Bonds, etc. for all household members **including minors and/or dependents.**
12. **Copy** of all **Whole Life** insurance policies for all household members, including minors if applicable.
13. **Copy of last year's complete IRS income tax return** for every household member 18 years of age or older, including all W-2's, 1099s and all schedules. If self-employed, you must provide **copies of the last two (2) years tax returns** with all pages and schedules. If self-employed for less than two (2) years, provide copies of any tax returns that include self-employed income. If your business is incorporated, provide two (2) years of corporate returns. **If applicant did not file taxes, please contact the IRS for form 4506-T, fill this out and provide for each household member aged 18 or older.**
14. **Copies of Driver's License(s) or State issued I.D. Card** for all family members **aged 18 and older.**
15. **Copies of Social Security Card(s) for applicant and** all household members/dependents.
16. **Proof of US Residency (copies of birth certificates for all children under the age of 18).**
17. If you receive **alimony or child support**, you will need to submit **copies of divorce decrees**, mediation agreements, paternity orders or judgments indicating how much you have been awarded. We are required to count as income any child support or alimony awarded by the courts. If you are

not receiving the specified amount, you must submit the following information for us to accept a lesser figure: (1) signed statement indicating that payments are not being made according to the court order, and (2) proof that you have filed to collect delinquent child support or alimony with the courts responsible for enforcing these payments. This information will be verified with the appropriate agencies.

NOTE: Income of a spouse will be included unless documentation is provided to show that the spouse is not a member of the household. **IF YOU ARE SEPARATED BUT NOT DIVORCED, YOUR SPOUSE WILL BE REQUIRED TO SIGN THE MORTGAGE**

- 18. Proof of current residence (such as a copy of utility or cable bill, etc.) for anyone who is listed on your financial account(s) **who is not residing in your home** or planning to reside in the new home (i.e., children, parents, etc. listed for convenience but living elsewhere).
- 19. Any change in the number of household members planned to live in the new residence in the next 12 months (relatives moving in, etc.) will require documentation. All household members must be listed in the Section labeled **Household Composition** on Page 5. Current pregnancies may be added to the list of household members on Page 5 if the household wishes to disclose this information and provide adequate documentation.

APPLICATIONS WITHOUT COMPLETE INFORMATION AND/OR DOCUMENTATION CANNOT BE ACCEPTED. PLEASE SIGN AND DATE ALL PAGES WHERE REQUIRED.

Applications can be submitted via email at GrantsAdministration@cityoffortpierce.com. Applicants will be approved on a **first-come, first eligible basis.**

Once your application is received, staff will review your application and required documentation and provide next steps for the program. Please note that applying does not guarantee program approval or assistance.

If you have any questions, please do not hesitate to contact the Grants Administration Division at **772-467-3161 or grantsadministration@cityoffortpierce.com**.

Applicant _____
Date _____

Co-Applicant _____

THE CITY OF FORT PIERCE HOUSING ASSISTANCE PROGRAM DOES NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN OR AGAINST ANY OTHER PROTECTED CLASSES. IN ADDITION, ANY REASONABLE ACCOMMODATIONS REQUIRED BY THE PUBLIC MAY BE ARRANGED THROUGH GRANTS ADMINISTRATION DIVISION BY CALLING (772) 467-3161.

PLEASE ANSWER THE FOLLOWING:

1	A member of the household is age 62 or older	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	A member of the household is a farm worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Applicant claims "single head-of-household" on IRS tax forms	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	There are five (5) or more members in the household	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	A member of the household is handicapped or disabled IF YES, LIST THE HOUSEHOLD MEMBER(S) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	A member of the household is unemployed and over the age of 18. IF YES, LIST THE HOUSEHOLD MEMBER(S) _____ *Attach benefit statement or award letter	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	A member of the household has been awarded alimony and/or child support. IF YES, LIST THE HOUSEHOLD MEMBER(S) AND CHILD'S NAME, IF APPLICABLE _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	If either the applicant or co-applicant is a student enrolled at least 1/2 time, can the student be claimed as a dependent by a parent/guardian for federal tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Is there a claim or settlement being received, pending, or in litigation for insurance disability, worker's compensation, inheritance, lottery winnings, or any similar compensation for any member of the household? IF YES, LIST THE HOUSEHOLD MEMBER(S) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Applicant or co-applicant owns, co-owns real property - includes vacant land, or lot(s) within or outside of the U.S.A. IF YES, LIST DESCRIPTION NEXT TO "REAL PROPERTY" ON PAGE 3, ITEM D, AND INCLUDE THE CURRENT EQUITY UNDER CASH VALUE. (Note: You cannot own a home and receive assistance under Home purchase program.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Does household or member of household receive public assistance? If yes, list household members _____ Type of assistance: Cash assistance \$ _____ Other \$ _____ (Attach benefit award letter)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you previously applied for assistance from the City of Fort Pierce? IF YES, WAS IT UNDER A DIFFERENT NAME? WHEN? PRINT NAME: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Is any member of the household a City Employee, relative of a City Employee or an acquaintance of any employee in the Grants Administration office? IF YES, LIST HOUSEHOLD MEMBER AND RELATIONSHIP _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant _____
Date _____

Co-Applicant _____



**CITY OF FORT PIERCE
HOME PURCHASE ASSISTANCE PROGRAM
APPLICATION**

APPLICANT'S INFORMATION

DATE: _____

Applicant's Name (Last) (First) (Middle)			Home Phone: Work: Cell:	
Email Address				
Present Street Address	City	State	Zip Code	No. of Years ___Own ___Rent
Former Street Address (If at current address for less than 2 years)	City	State	Zip Code	No. of Years ___Own ___Rent
Marital Status ___Married ___Unmarried (Single, divorced, or widowed) ___Separated		No. Of Dependents (Living in home)		Ages:
Social Security Number:			Date of Birth:	
Name and Address of Employer:			Phone and Fax Number:	

CO-APPLICANT'S INFORMATION

Applicants Name (Last) (First) (Middle)			Home Phone: Work: Cell:	
Email Address				
Present Street Address	City	State	Zip Code	No. of Years ___Own ___Rent
Former Street Address (If at current address for less than 2 years)	City	State	Zip Code	No. of Years ___Own ___Rent
Marital Status ___Married ___Unmarried (Single, divorced, or widowed) ___Separated		No. Of Dependents (Living in home)		Ages:
Social Security Number:			Date of Birth:	
Name and Address of Employer:			Phone and Fax Number:	

HOUSEHOLD COMPOSITION (List everyone who lives in your home. Give the relationship of each person listed to the head of household).

Member No.	Full Name	Relationship	Age	Race	Social Security Number
1					
2					
3					
4					
5					
6					

_____ **INITIAL(S)**

MONTHLY HOUSING EXPENSE & INCOME

Item	Monthly Payment	Unpaid Balance	Describe any special financing circumstances:
A. Rental/Lease	\$	\$	
B. Utilities	\$	\$	
C. Other (please specify)	\$	\$	
TOTAL	\$	\$	

LIABILITIES (List outstanding obligations [your debts] including auto loan, credit cards, charge accounts, credit union loans, personal loans, real estate loans {except for the home you live in}, and all other loans.)

Type	Creditors Name	Monthly Payment	Unpaid Balance	Due Date

If **Yes** to answer is given to any questions below, please explain below

- Do you have any outstanding unpaid judgments? Yes No Amount (if applicable)
\$ _____
- In the past 7 years, have you been declared bankrupt? Yes No
- Are you a party in a lawsuit? Yes No
- Have you had property foreclosed upon or given title or deed in lieu thereof? Yes No
- Are you a co-maker or endorser on a note? Yes No
- Are you obligated to pay alimony, child support, or separation maintenance? Yes No Amount (if applicable)
\$ _____

_____ **INITIAL(S)**

AGREEMENT: The undersigned applied for assistance indicated in this application to be secured by a mortgage or deed of trust on the property described herein and represents that the property will not be used for any illegal and/or restricted purpose, and that all statements made in the application are true and are made for the purpose of obtaining a loan, combination loan and grant, or grant. Verification may be obtained from any source named in this application. The original or a copy of this application will be retained by our office, even if the assistance is not granted.

The undersigned(s) intend to occupy the property as their primary residence. I/we authorize this office to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the program.

CERTIFICATION: Under the penalties of perjury, I/we certify that the taxpayer identification number (i.e., social security or employer identification number) listed in this application is true, correct, and complete.

I/we fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provision of Title 18, United States Code, Section 10114.

Federal Collection Policies for Consumer Debts the Federal Government is authorized by law to take any or all the following actions in the event your loan payments become delinquent, or you default on your loan:

- Report your name and account information to a credit bureau
- Refer your account to the Department of Justice for litigation in the courts
- Access additional interest and penalty charges for the period that the payment is not made
- If currently a retired Federal employee, take action to offset your salary, or civil services retirement benefits
- Access charges to cover additional administrative costs incurred by the government to service your account
- Refer your debt to the Internal Revenue Service for offset against any amount owed to you as an income tax refund
- Offset amounts owed to you under other Federal programs
- Report any written off debt to the Internal Revenue Service as taxable income
- Refer your account to a private collection agency to collect the amount due

All the above actions can and will be used to recover any debts owed when it is determined to be in the interest of the Government to do so.

I/We have read and understand the actions the Federal Government can take if I fail to meet my scheduled payments in accordance with the terms and conditions of my agreement.

APPLICANT(S) CERTIFICATION: I certify that the information given by me is accurate to the best of my knowledge. I give permission for any authorized employee of the City of Fort Pierce to verify any statements made me/us.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

RELEASE AND CONSENT FORM

I/We, the undersigned, hereby authorize you to release, without liability, information regarding my/our employment, income and/or assets to the Grants Administration Division of the City of Fort Pierce for the purpose of verifying information provided as part of the application for financial assistance.

I/we agree that a photocopy of this form may be used for the purposes stated above. The original of this authorization is on file with the Grants Administration Division.

I/we certify that the information provided in the Application and Income Certification is correct and may be verified as part of the review process. **I/we understand that material misrepresentation of facts may result in prosecution to the fullest extent of the law. I/we understand that this information will be maintained by the City of Fort Pierce and is subject to public disclosure.**

Information may be requested from but is not limited to the following groups or individuals: past and present employers, welfare agencies, Veterans Administration, unemployment agencies, retirement systems, support and alimony providers, Social Security Administration, utility providers and financial institutions.

_____ Applicant Signature	_____ Print Name	_____ Date	_____ Social Security #
_____ Co-Applicant Signature	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member 18 years or older	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member 18 years or older	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member 18 years or older	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member 18 years or older	_____ Print Name	_____ Date	_____ Social Security #

RELEASE AND ACKNOWLEDGEMENT

**FOR USE BY
FORT PIERCE HOME PURCHASE ASSISTANCE PROGRAM**

RELEASE OF PICTURES/LETTERS

Please place an "x" in one of the boxes below to indicate whether you consent to the use of any pictures of your home and/or letters of appreciation that may be received or collected by Urban Redevelopment staff for informational or educational purposes or promotion of the NSP Home Purchase Program.

Yes, consent is given

No, consent is not given

ACKNOWLEDGEMENT OF REFINANCING PROVISIONS

Because the City will be placing a Mortgage on your property, we must approve of any refinancing that you may consider. In general, we will allow you to refinance (subordinate our Mortgage) if your household will benefit with an interest rate or monthly housing cost reduction that is sufficient to allow you to recover the new loan costs and fees within a reasonable number of years. **You cannot receive any funds (cash out) in the transaction, but the City may approve of funds paid directly to a contractor for home improvements.** In general, the City will require that its original Mortgage position be maintained, and that tax and insurance payments be escrowed.

X _____
APPLICANT SIGNATURE

DATE _____

X _____
CO-APPLICANT SIGNATURE

DATE _____

**ASSET ADDENDUM HOME PURCHASE ASSISTANCE APPLICATION
(For Assets Less Than \$5,000)**

To properly qualify an applicant for housing assistance, the following asset information for all occupants including minors must be obtained. This information will be used for qualification purposes only.

Assets Include:

Cash held in savings and 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 (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.).

Assets does not Include:

Necessary personal property such as furniture, automobiles, and clothing.

A. I/we hereby state that the combined value of my/our assets ____ does/____ does not exceed \$5,000.

TOTAL VALUE OF ASSETS: \$ _____

TOTAL ANNUAL INCOME EXPECTED TO BE DERIVED FROM ASSETS \$ _____

B. _____ I/we do not have any assets currently.

Applicant

Date

Co-Applicant

Date

SPECIAL NEEDS DOCUMENTATION

In accordance with the requirements of the City's 2018-2021 Local Housing Assistance Plan, a portion of housing assistance funds must be set-aside for use by households including members with the following special needs as defined in Florida Statutes*:

- Developmental disabilities.
- Those aging out of foster care.
- Survivors of domestic violence.
- Disabling condition; and/or
- SSDI/SSI or VA disability recipients.

* Florida Statute Citations:

Section 393.063, F.S.: "Developmental disability" means a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

Section 420.0004(13), F.S.: "Person with special needs" means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; a young adult formerly in foster care who is eligible for services under Section 409.1451(5), F.S.; a survivor of domestic violence as defined in Section 741.28, F.S.; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans' disability benefits.

Section 420.0004(7), F.S.: "Disabling condition" means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or a co-occurrence of two or more of these conditions and a determination that the condition is a) expected to be of long-continued and indefinite duration and b) not expected to impair the ability of the person with special needs to live independently with appropriate supports.

The information below is to be provided on the letterhead of a physician or service provider, and should include the provider's name, address, phone number and signature. A service provider includes, but is not limited to, a safety officer, case worker, treating physician, mental health care facility, law enforcement or similar professional service provider.

I am a physician or service provider for _____, who is a member of a household applying for housing assistance through the City of Fort Pierce's Home Purchase Assistance program.

The person named above qualifies as a special needs applicant under Florida Statutes as a person who:

- _____ **Is developmentally disabled**
- _____ **Is aging out of foster care**
- _____ **Is a survivor of domestic abuse**
- _____ **Has a disabling condition**
- _____ **Receives SSDI/SSI or VA disability benefits**

DIRECTIONS FOR COMPLETING VERIFICATION FORMS

HAND DELIVERED FORMS WILL NOT BE ACCEPTED
(Verification forms will be accepted via email ONLY!)

MAKE ADDITIONAL COPIES IF NEEDED

- ♦ **INCOME OF BUSINESS** Form must be completed if you own a business
- ♦ **UNEMPLOYMENT FORM** Form must be completed on **EVERYONE** living in the household, over 18 years of age that is *not employed*

VERIFICATION OF INCOME FROM BUSINESS (Self-Employment)

Name of Business: _____

Address: _____

Information below is based on business transacted from _____, 20__ to _____, 20__.

Gross Income \$ _____

Expenses:

(a) Interest on Loans \$ _____

(b) Cost of Goods/Materials \$ _____

(c) Rent \$ _____

(d) Utilities \$ _____

(e) Wages/Salaries \$ _____

(f) Employee Contributions \$ _____

(g) Federal Withholding Tax \$ _____

(h) State Withholding Tax \$ _____

(i) FICA \$ _____

(j) Sales Tax \$ _____

(k) Other \$ _____

(l) Straight Line Depreciation \$ _____

TOTAL EXPENSES \$ _____

Net Income \$ _____

Signature: _____

Name: _____ Title: _____

Date: _____ Telephone: _____

WARNING: Florida Statutes, Chapter 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

UNEMPLOYMENT AFFIDAVIT

Before me this _____ day of _____, 20__, personally

appeared _____ who, being duly sworn deposes and says:

1. I have made application for housing assistance from the City of Fort Pierce.

2. Check (a) or (b) as applicable:

_____ (a) I am not presently employed but anticipate becoming employed within the next twelve (12) months.

_____ (b) I am not presently employed and do **not** anticipate becoming employed within the next twelve (12) months.

3. Based on my past work experience, skills, and income history as reflected in my income tax return for the most recent tax year (copy attached) and with adjustments to reflect circumstances anticipated within the next twelve (12) months, I expect to earn \$_____ per year when I become employed.

Applicant

**STATE OF FLORIDA
COUNTY OF ST. LUCIE**

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 20__, by _____.

Personally Known OR Produced Identification

Type of Identification Produced: _____

NOTARY SEAL

Signature of Notary Public

**Print, Type, or Stamp Commissioned Name
My Commission expires: _____**

END OF APPLICATION