

## **Instructions to Applicant(s)/First Time Homebuyer(s)**

*Contact our office to determine if funds are available prior to completing an application. If your total annual household (gross) income is within the income limits set by the program, then proceed with the steps below.*

### **1. Homebuyer Training**

You are required to attend a HUD approved Homebuyer training course before closing on the loan.

**HDC of SW Florida (HELP) office located at: 3200 Bailey Lane, Ste. 110, Naples, FL 34105.** To register for the course call 239-434-2397 or visit [www.floridahelp.org](http://www.floridahelp.org)

### **2. First Mortgage Loan Approval**

You must qualify for a first mortgage loan from a County approved lender. You may select the lender of your choice so long as they agree to execute a Memorandum of Understanding with Collier County. The lender will tell you approximately how much you can afford in combination with SHIP, CDBG, or HOME Purchase Assistance funds and will give you an estimate of your monthly payments based on your income.

### **3. Pre-qualification Process**

A Housing Assistance Application must be completed to participate in the SHIP, CDBG, or HOME Purchase Assistance Program. You can pick up an application from our office or download a copy from our website [www.colliercountyhousing.com](http://www.colliercountyhousing.com). Remember to only list someone as a co-applicant if they are going to be on the first mortgage loan. Once you have completed steps 1 & 2 above you can submit a completed application along with all documents listed on the checklist and deliver to our office located at:

**Collier County  
Community & Human Services Division  
3339 East Tamiami Trail, Suite 213  
Naples, FL 34112**

Please include a copy of your pre-approval letter from the lender and copy of Homebuyer Certificate of Completion if you have already completed the course with your application.

The Housing Staff will review your application and contact you if any additional documents are required. A pre-qualification/denial letter of your income eligibility/ineligibility will be provided to you after the income is calculated pursuant to the grant program guidelines. If you are determined income eligible, the letter is good for one year from the date of the letter. You must close before that year is up. Please understand that this is **not a final approval**.

### **4. Select Realtor & Sales Contract**

Select a Realtor of your choice and locate a home to purchase. Sign the Purchase Contract; a deposit will be required for an Escrow at this time.

### **5. Home Inspection**

Once a sales contract is executed by Seller and Buyer a home inspection must be completed by a **Certified Home Inspector that is certified by the State of Florida** and a copy of that inspection must be provided to the County.

The County may have the Home Inspection reviewed by our third-party inspector to identify any Health, Safety or Welfare issues requiring immediate correction. The County contracted inspector may request to conduct an on-site inspection of the property. Any item that is a **safety hazard** identified as harmful or dangerous to its occupants due to its presence or absence in the structure or any item identified as a **major concern** that is either significantly affecting the habitability and/or can be considered a possible expensive repair or replacement, will be denied for assistance or will require that the item be fixed by a professional in the appropriate trade prior to the closing.

**6. Lender**

After you select a home, provide the lender with a copy of your Purchase Contract so they can begin the underwriting process. You will receive a Loan Estimate of the cost associated with your loan. The Housing Staff will work with your lender on getting all the pertinent information required to complete your file.

**7. Documents required by Homebuyer**

There are certain documents that must be executed before/after you sign a contract for purchase. Once you sign a contract for purchase you must provide a copy of the following documents to the Housing Office:

- a. Executed sales contract
- b. Flood Certificate if in a Flood Zone and proof of insurance
- c. Home Appraisal
- d. Home Inspection Report completed by a Certified Home Inspector
- e. Homebuyer(s) Training Certificate of Completion

**8. Final Application Review**

An application review may take 8-12 weeks to process. Please work with your Realtor to schedule the closing of the home with this time frame in mind.

**9. Final Approval and Loan Award**

Once your file has been approved by our office, we will contact you to schedule an appointment to sign a Final Income Certification form and to explain the details of the County's Promissory Note and mortgage you will sign at closing.

Then your file will then be forwarded to the Collier County Clerk of Courts to perform an audit. They may require additional documents, conduct an inspection or contact you, your bank, your employer or any other party that may have knowledge of your income or household composition.

Once the file has been audited by the Clerk of Courts, you will then be notified that the check is being processed for closing.

**10. Check**

We will notify your lender, Realtor and/or the Title Company when the check is ready for pick up. They will pick up the check, County Promissory Note and Second Mortgage from our office and deliver them to the closing.

**11. Report Changes**

If at any time your employment, income, family size, or your financial situation changes you should immediately notify the Housing office. The supporting income and asset information you provided with your application is only good for **120 days** so you may have to re-submit verification documents if this time expires before you receive a pre-qualification letter.

**12. Other Important Information**

Funds are provided on a first-come, first-qualified basis.

Amount of award will vary depending on the grant source and income limits and if more than one funding source is used to assist the purchase of the home.

I/We have reviewed the SHIP program and the requirements set forth and acknowledge that at any time during the process our file may be denied by Collier County SHIP or the Clerk of Courts.

\_\_\_\_\_  
Borrower Date

\_\_\_\_\_  
Co-Borrower Date

**Collier County Community and Human Services**

3339 Tamiami Trail E, Bldg. H, Suite 213, Naples FL 34112

For more information:

Contact our office: **239-252-2338**

Email: **CollierCountySHIP@colliercountyfl.gov**

**Re: Collier County Purchase Assistance Program**

Thank you for your interest in the Collier County Purchase Assistance program. Funds are available on a first come/ first qualified basis, upon funding availability, for first-time homebuyers who meet the program requirements.

**Please include all of these items along with your application and deliver or mail to:**

**Collier County**

**Community and Human Services**

**Attn: SHIP Program**

**3339 E. Tamiami Trail, Suite 213, Naples, Florida 34112**

1. First mortgage loan pre-approval letter from lender (if applicable)
2. 30-days' pay stubs (For all employed household members)
3. Current Social Security Award letter or any other Benefits received by yourself or family member living in the house. (401K, FRS, IRA, Retirement, Pension, etc.)
4. Six 6( months most recent checking's account bank statements (all pages, even if blank). (For all household members, including minors)
5. One (1) month most current savings account bank statement (all pages, even if blank). (For all household members, including minors)
6. Most current IRS Tax Return and W-2s or 1099, **signed & dated** (all pages, even if blank).
7. For Self-employed information: 2 years of IRS 1040 and W-2s or 1099, Schedule C, and Profit & Loss, **signed & dated** (all pages, even if blank).
8. Copy of your Sales Contract and Escrow check.
9. Proof of Residency- **Color** Copies of homeowner's driver's license **and** birth certificate **or one of the following:** US Citizenship Certificate; U.S Passport; Permanent Resident Card (Borrower/Co- borrower and Spouses)
10. **Color** Copies of each household member Social Security Card.

**Note:** Third- Party Verifications must be signed by all adult household members, where applicable.

**Note:** Dependents: If you show a child as household member, but do not claim them as a dependent on your tax returns, you must provide a court order showing that you are the primary custodian of that child and provide school records that show child resides with you at your current residence.

**Note:** Explanation of Deposits: If there are additional deposits identified on your bank account statements that do not directly relate to your employment income, Housing Staff will require an explanation of deposit form to be completed for each deposit.

**Note:** Self-employed/ 1099 employee: Housing Staff will require you complete a profit and loss statement. You must provide all business bank accounts for the last six months and two years of your business and personal filed tax returns (all schedules).

**Additional Forms as applicable:**

**Zero Income Declaration:** an adult household member who has no income.

**Child Support Affidavit:** when minor children are part of household.

**Gift Letter:** one time gift payment received from person not part of household.

**Regular Cash Contributions:** additional cash income earned and not related to employment income. **Same Name Affidavit:** different or variation of name on personal documents (tax returns, bank accounts, pay stubs, driver's license)

**Student Status Declaration:** a full-time student over the age of 18 who is not the head, co-head or spouse.

**Collier County SHIP Purchase Assistance Fact Sheet**

The Collier County Community and Human Services (CHS) is offering Purchase Assistance under the **State Housing Initiatives Partnership Program (SHIP)** which provides down payment and closing costs assistance to eligible first-time homebuyers interested in purchasing a home within unincorporated Collier County, the City of Naples, the City of Marco Island or Everglades City with a maximum purchase price not to exceed \$685,786.00. Homebuyer must also meet the following:

- ❖ Complete a County approved HUD certified Homebuyer Education Workshop
- ❖ Must be pre-qualified for a first mortgage loan
- ❖ Must be a first-time homebuyer as defined; an individual and his or her spouse who have not owned a home during the three-year period prior to purchase of a home with assistance under the State Housing Initiatives Partnership Program (SHIP). The term first-time homebuyer also includes an individual who is a displaced homemaker or single parent.
- ❖ Occupy the home being purchase as their primary residence during the term of the loan.

In order to receive this assistance, the gross total household income (anticipated for next 12 months) cannot exceed the income limits adjusted for household size set forth below:

2024 Income Limits																																						
Family Size & Very Low Income (50%) * up to \$50,00	Family Size & Low Income (80%) * up to \$30,000	Family Size & Moderate Income (120%) * up to \$20,000																																				
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\*The awards may include up to an additional \$10,000 for Essential Services Personnel.

If approved as low or moderate-income, applicants may be eligible for assistance towards down payment and closing cost for the purchase of a home located within Collier County. **The SHIP award will be dependent on income level and funds available.** Funds are available on a first come/ first qualified basis, upon funding availability, for first-time homebuyers who meet the program requirements.

*Award amount can change if more than one funding source is used to assist with the purchase of the home.*

Funds will be issued as a zero interest, deferred payment loan, which does not require monthly payments. The SHIP loan is payable and due upon sale or transfer of property. As long as the borrower(s) continue to maintain the assisted property as their primary residence, no repayment is required. No repayment is due if sold after thirty (30) years.

**Applicant Acknowledgment of Terms and General Release Authorization:**

*I/we acknowledge that my/our application does not guarantee that I/we will be approved for assistance in conjunction with the Collier County SHIP Purchase Assistance Program and /or permanent mortgage financing through the lender making this referral. I authorize the lender or its designated agent to release any information necessary to determine my/our eligibility for the program to Collier County CHS and /or designated agents of such. Any records submitted to the SHIP program will become public record and subject to disclosure.*

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant/ Spouse/ Household Member's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

\*Only list a co-applicant if they are on the first mortgage loan. Circle the one that applies.

**COLLIER COUNTY  
APPLICATION FOR  
PURCHASE ASSISTANCE PROGRAM**

<b>Date Stamp Received</b>
----------------------------

Rev. 04/01/2024

**Borrower Name:** \_\_\_\_\_

**Co-Borrower/Spouse Name:** \_\_\_\_\_

\*Only list a co-applicant if they are on the first mortgage loan. Circle the one that applies.

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

***DO NOT WRITE BELOW: FOR OFFICE USE ONLY***

<p><b>FILE #</b> _____</p> <p style="text-align: center;"><b><u>INCOME LEVEL:</u></b></p> <p style="text-align: center;">_____ Very Low (50%)      _____ Low (80%)      _____ Moderate (120%)</p> <p><b><u>Purchase Price:</u></b> \$ _____</p> <p style="text-align: center;"><i>Maximum Purchase Price limit: \$685,786</i></p>
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**3339 East Tamiami Trail, Suite 213, Naples, Florida 34112**

**Phone: 239-252-2338    Fax: 239-252-6517**

[colliercountyhousing.com](http://colliercountyhousing.com)

# Collier County Community & Human Services

## APPLICATION FOR HOUSING ASSISTANCE

### HOUSEHOLD INFORMATION

	<b>Applicant/Head of Household</b>	<b>Co-Applicant/Spouse</b>
<b>Full Name</b>		
<b>Social Security Number</b>		
<b>Date of Birth/Age</b>		
<b>Marital Status</b>		
<b>Race/ Ethnicity</b>		
<b>Current Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
		<b>How long at current address:</b>
<b>Phone Number and E-mail:</b>		

**Other Household Members: (Please list all member of the household not on first mortgage loan)**

Name(s)	Date of Birth/Age	Last four SS#	Relationship to Head of Household	Full Time Student over 18 years old Yes/No
1.				
2.				
3.				
4.				
5.				
6.				

**Is anyone in the household:**    Elderly     Farm Worker     Disabled     Homeless     Developmentally Disabled

Borrower/Co-Borrower/Spouse currently, or in the past three years owned a home? **Circle one: Yes or No**

Are you or /Co-Borrower/Spouse and employee of the City of Naples? **Circle one: Yes or No**

Are you or is any member of your family an employee of Collier County Board of County Commissioners?  
**Circle one: Yes or No** If yes, please explain (Name/Relationship/Department):

**Head of Household Data:**

Race	Non-Hispanic	Hispanic
White		
Black or African American		
Asian		
American Indian		
Pacific Islander		
Other/Multi-racial		

**Female Head of Household:**

Yes     No

Are you purchasing a home in the City of Naples?  
 If so, please provide the address of the property:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Employment Information: (Please list most recent employment)**

Employee Name:		Employer Name:	
Position:		Supervisor:	
Address:			
Phone:		Pay Rate:	Time Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.) \$			Pay Frequency:

**Co-Applicant/Spouse/ Household Member** (person included on the first mortgage application)

Employment Information: (Please list most recent employment)

Employee Name:		Employer Name:	
Position:		Supervisor:	
Address:			
Phone:		Pay Rate:	Time Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.) \$			Pay Frequency:

\*Only list a co-applicant if they are on the first mortgage loan. Circle the one that applies.

**Other Sources of Income:** (For ALL household members 18 and over that are not included on the first mortgage application, list business or rental net income, child support, alimony, Social Security, pension, unemployment or Workers Compensation, welfare, payment, etc.)

Name	Type of Income	Gross Annual Income
1.		
2.		
3.		
4.		
<b>Total \$</b>		

**Assets and Asset Income:** (For ALL household members including minors, list checking and saving accounts, IRS, CD, Bonds, Stocks, Equity in Properties, etc.)

Type of Asset (Checking's, Saving, Money Market, 401K, Retirement, IRA accounts, Pension funds, Personal Property, Capital Investments, Stocks, Bonds, Treasury Bills, Whole Life Insurance Policy )	Name of Institution/Bank/Agency	Account #	Current Cash Value (\$)
<b>Total \$</b>			

# Collier County Community & Human Services

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## Acknowledgement

I/We understand that ANNUAL FAMILY INCOME includes total income for all sources (before taxes and withholding) of all adult persons residing or intending to reside in the residence to be financed with the proceeds of the mortgage loan. The information contained in the following statement is true and correct, and accurately sets forth all information relevant to a determination of my/our family's annual family income as of the date hereof, and to the best of my/our knowledge and belief.

I/We understand the 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 and belief and are given under penalty of perjury. 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.

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Applicant Signature	Print Name	Date
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Co-Applicant/Spouse /Household Member's Signature	Print Name	Date
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\*Only list a co-applicant if they are on the first mortgage loan. Circle the one that applies.

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Adult Member	Print Name	Date
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Adult Member	Print Name	Date
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Adult Member	Print Name	Date
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## ASSET ADDENDUM

*(One form to be signed by each adult household member)*

**Assets include:** Please check all that apply:

\_\_\_\_\_ Cash held in savings accounts

\_\_\_\_\_ Certificates of Deposit

\_\_\_\_\_ Cash held in checking accounts

\_\_\_\_\_ Money market funds

\_\_\_\_\_ Trust funds

\_\_\_\_\_ IRA accounts

\_\_\_\_\_ Stocks, Bonds, Treasury bills

\_\_\_\_\_ Retirement and pension funds

\_\_\_\_\_ Equity in real estate and other capital investments

\_\_\_\_\_ Whole Life Insurance/Term Life Insurance (Please provide a copy of the policy)

\_\_\_\_\_ Lump sum receipts (i.e., lottery winnings, insurance settlements, etc.)

\_\_\_\_\_ Personal property held as an investment (i.e., gem or coin collections, paints, antique cars, etc.)\*Do not include necessary personal property such as furniture, automobiles, and clothing\*

\_\_\_\_\_ Other; please list: \_\_\_\_\_

\_\_\_\_\_ Other; please list: \_\_\_\_\_

**Sign either A. or Section B.**

A. I hereby state that all sources of assets, as indicated above were provided as part of the SHIP Purchase Assistance application

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**B. I hereby state that I do not have any assets at this time.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

## ASSET ADDENDUM

*(One form to be signed by each adult household member)*

**Assets include:** Please check all that apply:

\_\_\_\_\_ Cash held in savings accounts

\_\_\_\_\_ Certificates of Deposit

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\_\_\_\_\_ Other; please list: \_\_\_\_\_

\_\_\_\_\_ Other; please list: \_\_\_\_\_

**Sign either A. or Section B.**

A. I hereby state that all sources of assets, as indicated above were provided as part of the SHIP Purchase Assistance application

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**B. I hereby state that I do not have any assets at this time.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

# AFFIDAVIT OF APPLICANT

APPLICANT NAME: \_\_\_\_\_

CO-APPLICANT/ SPOUSE/ HOUSEHOLD MEMBER NAME: \_\_\_\_\_

\*Only list a co-applicant if they are on the first mortgage loan. Circle the one that applies.

I/we, applicant(s) for assistance through the Collier County SHIP program, do hereby attest and say that:

- (1) I/we qualify as first-time homebuyer based upon the following statement (**check one**):
  - a. I/we have not had ownership interest in a home during the past three years
  - b. I am a single parent with children under the age of 18 who has been divorced and displaced
  - c. I am a displaced victim of domestic violence
  - d. I/we have been displaced as the result of some governmental action
- (2) I/we have been pre-qualified for first mortgage financing by a bank or lender institution.
- (3) I/we shall complete the required homebuyer education training prior to receiving final approval for participation in the SHIP program.
- (4) I/we have not had any of the following during the previous three years:
  - a. Principal residence or other real property foreclosed upon
  - b. Given a deed-in-lieu of foreclosure
  - c. Filed Chapter 7 or Chapter 13 bankruptcy
  - d. Presently delinquent on a federal tax liability
  - e. Presently delinquent on Collier County property taxes

**DECLARATIONS**

	Applicant		Co-Applicant/ Spouse/ Household Member	
	Yes	No	Yes	No
a. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you been awarded child support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Applicant (Please type or print name) (Date)

\_\_\_\_\_  
Co-Applicant/Spouse/Household Member (Please type or print name) (Date)

**STATE OF FLORIDA  
COUNTY OF COLLIER**

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_.  
Such person(s) Notary Public must check applicable below:

- are personally known to me.
- produced her current driver license.
- produced as identification.

(Notary Seal)

\_\_\_\_\_  
Notary Public  
Printed Name of Notary:

Commission Number:  
My Commission Expires:

**COLLIER COUNTY AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/we the undersigned, hereby authorize the release without liability, information regarding my employment, income, credit and /or assets to Collier County for the purposes of verifying information provided, as part of determining eligibility for assistance. I/we understand that only information necessary for determining eligibility can be requested.

**Types of information to be verified:**

- |   |                                       |
|---|---------------------------------------|
| 1. Personal identity                            | 2. Employment history                 |
| 3. Hours worked                                 | 4. Salary and payment frequency       |
| 5. Commissions, tips, anticipated raises        | 6. Bonuses                            |
| 7. Current and past credit history              | 8. Cash held in checking accounts     |
| 9. Cash held in savings accounts                | 10. Interest in checking and savings  |
| 11. Dividends checking and savings              | 12. Stocks                            |
| 13. Bonds                                       | 14. Certificate of Deposits (CD)      |
| 15. Individual Retirement Accounts (IRA)        | 16. Payments from Social Security     |
| 17. Annuities                                   | 18. Insurance policies                |
| 19. Retirement funds                            | 20. Pensions                          |
| 21. Disability of death benefits                | 22. Unemployment                      |
| 23. Disability and/or worker's compensation     | 24. Welfare assistance                |
| 25. Net income from the operation of a business | 26. Alimony or child support payments |

**Organizations/Individuals that maybe asked to provide written/oral verifications are, but are not limited to:**

- |  |   |
|--|---|
| 1. Past/Present Employers                      | 2. Alimony/Child/Other Support Providers    |
| 3. Banks, Financial or Retirement Institutions | 4. Social Security/Veteran's Administration |
| 5. State Unemployment Agency                   | 6. Credit Reporting Agency                  |
| 7. Welfare Agency                              | 8. Other: _____                             |

**Agreement to Conditions:**

I/we agree that a photocopy of the authorization may be used for the purposes stated above. I/we understand that I/we have the right to review this file and correct any information found to be incorrect.

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Applicant Signature	Print Name	Date
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Co-Applicant/ Spouse /Household Member's Signature	Print Name	Date
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\*Only list a co-applicant if they are on the first mortgage loan. Circle the one that applies.

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Adult Household Member Signature	Print Name	Date
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Adult Household Member Signature	Print Name	Date
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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" and prepare and sign separately or contact the IRS office directly at 1800-829-1040.**

## THIRD-PARTY VERIFICATION OF EMPLOYMENT

State and/or Federal Regulations require us to verify employment history and income information for the person who has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

### Authorization:

I hereby authorize the release of requested information to **Collier County Community & Human Services Division** for the sole purpose of determining eligibility for program assistance.

Employer Name/Address: \_\_\_\_\_

Human Resources Fax/Email: \_\_\_\_\_

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of Applicant                      Print Name                      Date

Please return completed form to: FAX - 239-252-6517 or EMAIL - CollierCountySHIP@CollierCountyFL.gov

**\*\*\* BELOW TO BE COMPLETED BY EMPLOYER \*\*\***

Date of hire: \_\_\_\_\_ Probability of continued employment: **Yes or No**

Full-Time  Part-Time  Seasonal  Pay Frequency: Weekly/ Bi-weekly/Semi-Monthly

Current Hourly Pay Rate: \_\_\_\_\_ Avg Hours/Wk: \_\_\_\_\_ Avg Weeks Worked/Year: \_\_\_\_\_

Overtime Pay Rate: \_\_\_\_\_ Expected overtime hours during the next 12 months: \_\_\_\_\_

Probability of pay increase in the next 12 months: **Yes or No** Date of increase: \_\_\_\_\_

Amount of increase \$ \_\_\_\_\_ New rate \$ \_\_\_\_\_

Amount of Other Compensation anticipated during the next 12 months (bonus, commission, tips): \$ \_\_\_\_\_

Employee Retirement and/or Pension account: **Yes or No**

Type of account/s: \_\_\_\_\_ (401K, IRA, 403b, 457, pension etc...)

Does employee have access to retirement funds? **Yes or No**

Withdraw Penalty: \_\_\_\_\_ (amount/percentage) \_\_\_\_\_

Total anticipated Gross Annual Income, including other compensation, for next 12 months: \$ \_\_\_\_\_

Signature of authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 775.83.

## THIRD-PARTY VERIFICATION OF EMPLOYMENT

State and/or Federal Regulations require us to verify employment history and income information for the person who has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

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I hereby authorize the release of requested information to **Collier County Community & Human Services Division** for the sole purpose of determining eligibility for program assistance.

Employer Name/Address: \_\_\_\_\_

Human Resources Fax/Email: \_\_\_\_\_

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of Applicant                      Print Name                      Date

Please return completed form to: FAX - 239-252-6517 or EMAIL - CollierCountySHIP@CollierCountyFL.gov

**\*\*\* BELOW TO BE COMPLETED BY EMPLOYER\*\*\***

Date of hire: \_\_\_\_\_ Probability of continued employment: **Yes or No**

Full-Time  Part-Time  Seasonal  Pay Frequency: Weekly/ Bi-weekly/Semi-Monthly

Current Hourly Pay Rate: \_\_\_\_\_ Avg Hours/Wk: \_\_\_\_\_ Avg Weeks Worked/Year: \_\_\_\_\_

Overtime Pay Rate: \_\_\_\_\_ Expected overtime hours during the next 12 months: \_\_\_\_\_

Probability of pay increase in the next 12 months: **Yes or No** Date of increase: \_\_\_\_\_  
Amount of increase \$ \_\_\_\_\_ New rate \$ \_\_\_\_\_

Amount of Other Compensation anticipated during the next 12 months (bonus, commission, tips): \$ \_\_\_\_\_

Employee Retirement and/or Pension account: **Yes or No**

Type of account/s: \_\_\_\_\_ (401K, IRA, 403b, 457, pension etc...)

Does employee have access to retirement funds? **Yes or No**

Withdraw Penalty: \_\_\_\_\_ (amount/percentage) \_\_\_\_\_

Total anticipated Gross Annual Income, including other compensation, for next 12 months: \$ \_\_\_\_\_

Signature of authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 775.83.

## ESSENTIAL PERSONNEL CERTIFICATION

Collier County Purchase Assistance Program recipients must have evidence of employment status in a specific field before they may be approved for additional funding in the program. Please certify which category the below named person's employment falls under.

Employee Name:	
Position Title:	

I certify that the above-named applicant and to the best of my knowledge he/she is a;

- Healthcare Personnel     Skilled Building Trade Personnel     Police and Fire Personnel
- Teacher and Educators, other school district, community college, university employees

### Healthcare Personnel

Health care personnel (HCP) are persons who have special education on health care and who are directly related to provision of health care services. HCP includes all paid and unpaid persons working in health-care settings. Physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel who are employed with health-care facility will fall under HCP category.

### Teacher and Educators, other school district, community college, university employees

A teacher or educator, employed by a county/city school district, private or public college/university or technical school/institute.

### Skilled Building Trade Personnel

Common skilled trade careers include machinist, tool designer, fabricator, production technician, carpenter, mason, plumber, pipefitter, steamfitter, electrician, painter, HVAC and roofer.

### Police , Emergency and Fire Personnel

An employee of a local law enforcement agency who is an officer sworn to carry out law enforcement duties. Examples of this class are sheriffs, deputy sheriffs, chiefs of police, city police officers, and sworn personnel of law enforcement subunits of port and transit authorities. This class includes campus police officers employed by of local city and community college districts. Private campus police are excluded. Firefighter or fire personnel who are extensively trained in firefighting. In addition those individuals also trained in Emergency Medical Services (EMS) and operate ambulances who may or may not in addition to being a firefighter.

**PURCHASER(S) ACKNOWLEDGEMENT OF TERMS AND CONDITIONS TO  
COLLIER COUNTY  
STATE HOUSING INITIATIVES PARTNERHIP PROGRAM**

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Purchaser(s) acknowledge by signing this statement that they are fully aware of and intend to abide by the following terms and conditions:

- ❖ Will occupy this property as my/our primary homesteaded residence, maintain said residence and at all times have adequate homeowners/fire coverage and flood insurance, as applicable.
- ❖ Will allow Collier County and/or State Monitors access to this home during normal business hours with a week's notice if selected for monitoring by the State or County to ensure program compliance and owner-occupancy.
- ❖ Purchaser(s) agree to promptly complete and return the survey letters that may be emailed or mailed each year during the term of the Collier County mortgage (thirty years from closing).
- ❖ The mortgage may be subordinated only with prior approval of Collier County.
- ❖ Interest shall be zero percent (0%) per annum.
- ❖ Funds awarded will be due and payable as follows:
  - Payment in full is due upon sale of the property if sold within the thirty year term or no longer remains owner-occupied as the primary residence.
  - No repayment of the mortgage or note is required at the end of the thirty year period even if the property is sold.

/

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Applicant Signature Print Name Date

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Co-Applicant/ Spouse Signature Print Name Date

\*Only list a co-applicant if they are on the first mortgage loan. Circle the one that applies.



## BUYER'S ACKNOWLEDGEMENT STATEMENT

**BUYER ACKNOWLEDGES THAT NEITHER THE STATE OF FLORIDA NOR THE COLLIER COUNTY GOVERNMENT HAS GIVEN ANY LEGAL ADVICE OR MAKES ANY REPRESENTATIONS OR WARRANTIES REGARDING THE CONDITION OR FEATURES OF THE PROPERTY. BUYERS ARE ADVISED TO INSPECT THE PROPERTY, EITHER PERSONALLY OR THROUGH OTHERS OF THE BUYER'S CHOOSING, AND NOT TO RELY ON ANY VERBAL OR PRINTED DESCRIPTION OF THE PROPERTY OR STATEMENTS REGARDING PROPERTY'S CONDITION.**

**1. HOME INSPECTION.** With regard to the purchase of used houses, Buyer acknowledges that there were issues that came up in the home inspection, which means that the burden is on you, the Buyer, to discover and determine any and all conditions of the property important to your decision to purchase the property. Seller and/or Seller's agent must disclose only those conditions, which constitute a health or safety threat and are known to seller and or seller's agent. The Seller and/or Seller's agent must also respond honestly to all questions asked by you, the Buyer, or the Buyer's agent that are a specific, direct inquiry if the Seller's agent has the knowledge of the answer to the question.

**2. IN WORKING ORDER.** As it pertains to used houses, the words "in working order," with regards to the heating, cooling, plumbing and electrical systems and any built-in appliances do not obligate Seller to repair or replace these components, but only that these items function as intended. Seller is not obligated to repair or replace these items unless agreeing to do so at your written request in the sales contract or an addendum to the contract. Be aware that these components are "used" and not "new," therefore, in "working order" means that they may function less efficiently than when "new."

**3. FINAL WALK-THROUGH.** You will be allowed and are *strongly encouraged* to perform a "final walk-through" of the property before closing. The two-fold purpose of this inspection is to be determined that the property is in the same condition as at the time of the sales contract, excluding normal wear and tear, and that all repairs and corrections to the property to be performed by Seller, if any, are completed. The "final walk-through" is not another inspection allowing the opportunity to address new or different conditions of the property. After closing, all conditions of the property are the responsibility of the Buyer.

**4. MOLD.** Although mold has always been present in our environment, recent studies have indicated that certain types of mold may be a health hazard to certain individuals. Potentially, when three elements-oxygen, water and certain building materials come together, mold can be produced. Buyer understands that the presence of mold and its impact upon habitability of the property is your responsibility and that you will not rely on the Sales Associate for advice.

**5. CHINESE DRYWALL.** This tainted wallboard, which was imported from China, often gives off a foul odor, corrodes copper, electrical wiring and other metal surfaces, and may cause serious health problems with prolonged exposure. If you, the Buyer, are considering occupying a home either built or renovated since 2001, ask the home inspector to check for this drywall problem, or hire an inspector specifically trained in discovering this defective drywall.

**6. EIFS.** (Exterior Insulation Finishing System). EIFS has become an increasing problem in home construction. Synthetic stucco(EIFS), when improperly installed, can cause major structural problems. If the subject has synthetic stucco, you, the Buyer, should absolutely have the synthetic stucco inspected by a licensed EIFS inspector before moving forward with the purchase of the property.

**7. WOOD INFESTATION.** Buyer acknowledges that he/ she has the right to request a wood infestation report provided by an authorized termite company. Buyer understands that the presence of termites and its impact upon habitability of the property is your responsibility and that you will not rely on the Sales Associate for advice.

**8. SEWER/SEPTIC SYSTEM.** Almost all waste disposal systems in this marketplace are either sewer or septic systems. You need to determine which system is present on the property. If on sewer, you should determine that the property is connected and that all impact and connection fees have been paid. If on septic system, you should determine if it is operational, that it should be inspected, and acknowledge that it requires periodic cleaning.

**9. VERMIN INFESTATION.** Buyer acknowledges that homes sometimes have been invaded by vermin (rodents, reptiles, animals and insects) and that their presence and/or residue could be deterrent to purchasing. If this is a problem for you, you should consider strongly and inspection by a pest control expert.

**10.** The following items have been identified requiring correction prior to SHIP funds being disbursed [proof will be required that these have been corrected]:

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Collier County 3<sup>rd</sup> Party Inspector

Print Name

Date

I/We agree that we have reviewed the above and I/We agree that we are aware of the condition of the property being purchased and have made all necessary corrections, if identified by the Collier County 3<sup>rd</sup> party inspector in item #10 and documentation has been submitted.

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Borrower Signature

Print Name

Date

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Co-Borrower/Spouse

Print Name

Date



**NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS  
FOR GOVERNMENT PURPOSES**

Collier County collects your social security numbers under the SHIP program for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City/County to give you this written statement explaining the purpose and authority for collecting your social security number.

	Form	Purpose	Authorization
1.	Housing Assistance Application	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code  SHIP Program Manual (rev.03/2021)
2.	Verification of Unemployment Benefits	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code  SHIP Program Manual (rev.03/2021)
3.	Verification of Social Security Benefits	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code  SHIP Program Manual (rev.03/2021)
4.	Verification of Employment	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code  SHIP Program Manual (rev.03/2021)
5.	Verification of Child Support	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code  SHIP Program Manual (rev.03/2021)
6.	Verification of Assets	SHIP Program	Chapter 420 , Section 420 .9071, Florida Statutes; Chapter 67-37 .007, Florida Administrative Code  SHIP Program Manual (rev.03/2021)

RECEIVED BY: \_\_\_\_\_ / \_\_\_\_\_  
 PRINT NAME SIGNATURE DATE

\_\_\_\_\_/\_\_\_\_\_  
 PRINT NAME SIGNATURE DATE

**Sworn Declaration of Zero Income Status**

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*To be completed by each adult household member who does not receive income.*

Household Member \_\_\_\_\_ Last Employed \_\_\_\_\_  
Last Employer Name \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Social Security payments, annuities, insurance policies, retirement funds, pensions, Supplemental Security Income (SSI), or death benefits;
  - e. Unemployment or disability payments;
  - f. Public assistance payments;
  - g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - h. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - i. Any other source not named above.
2. During the next 12 months there is no change expected in my financial or employment status.
3. I will be using the following sources of funds to pay for rent and other necessities:

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Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the disqualification from the program.

\_\_\_\_\_  
Signature of Household Member                      Printed Name of Household Member                      Date

## Sworn Declaration of Child Support

Applicant/ Household Members Name \_\_\_\_\_

Child #1 \_\_\_\_\_ Child #3 \_\_\_\_\_

Child #2 \_\_\_\_\_ Child #4 \_\_\_\_\_

**Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.**

**Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions have been taken to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment.**

**As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:**

<b>A. Do you receive child support?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to B	Go to C.1
<b>B. I receive:</b>		
1. Payment amount	\$ _____	
2. Frequency	_____	
3. Children's names	_____	
4. Name of source	_____	
	<i>Complete multiple declaration forms if there are multiple sources.</i>	
5. Go to C.1		
<b>C. 1. Have you been awarded child support by court order?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to C.2	Sign Form
<b>2. Provide copy of entire document, enter amount of award \$ _____, and frequency _____; go to C.3.</b>		
<b>3. Is payment being received as awarded?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to 3.a	Go to 3.b
<b>a. Indicate the manner by which payment is received and sign form.</b>		
<i>Name</i>		
i. _____ Enforcement agency	<i>agency</i> _____	
	<i>and provide agency print out</i>	
ii. _____ Court of Law	<i>Name court</i> _____	
iii. _____ Direct from responsible party	<i>Name source</i> _____	
	<i>and provide declaration or statement from the source.</i>	
iv. _____ Other (Explain)	_____	
<b>b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.</b>		
_____		
Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the disqualification from the program.		
_____	_____	
Applicant/Resident Signature	Date	

# GIFT LETTER

I, \_\_\_\_\_, do hereby certify the following:  
(Donor/Print Name)

(1) I have made a financial gift in the amount of \$ \_\_\_\_\_

To: \_\_\_\_\_  
(Print Recipient Name)

My relationship with recipient is: \_\_\_\_\_

(2) This gift was provided for the purpose: \_\_\_\_\_  
\_\_\_\_\_

(3) No repayment of the gift is expected or implied in the form of cash or by future services of the recipient.

(4) This is a one-time gift.

(5) The source of this gift is: \_\_\_\_\_(ex. Cash, check, wire transfer...)

X \_\_\_\_\_  
Donor Signature Date

\_\_\_\_\_  
Donor Address

\_\_\_\_\_  
( )  
Donor Phone Number

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization  
this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_ . Such person(s) Notary

Public must check applicable below:

- is/are personally known to me.
- produced her current driver license.
- produced \_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
Notary Signature:

\_\_\_\_\_  
Notary –Print Name:

Commission number: \_\_\_\_\_

Expires on: \_\_\_\_\_

*WARNING: Our signatures above indicate that we fully understand that it is a Federal Crime punishable by fine, imprisonment, or both to knowingly make any false statement concerning any of the above facts as applicable under the provision of Title 18, United States Code, Section 1012 and 1014.*



**Same Name Affidavit**

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_  
("Affiant") who being by me first duly sworn, affirmed as follows:

Affiant is one and the same person as: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Affiant

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_physical presence or \_\_online  
notarization this \_day of \_\_\_\_\_, 20\_, by \_\_\_\_\_.

Such person(s) Notary Public must check applicable below:

- is/are personally known to me.
- produced her current driver license.
- produced \_\_\_\_\_ as identification.

(Notary Seal)

\_\_\_\_\_  
Notary Public

Printed Name of Notary:

Commission Number:

My Commission Expires:

## Student Declaration

Date: \_\_\_\_\_

Applicant/Adult: \_\_\_\_\_

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

A "Student" is an individual who is a fulltime student at an educational organization which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on, for at least five calendar months during a calendar year.

The following information is requested as part of the household qualification process. Please mark the applicable item(s).

1. \_\_\_\_ I am not a student and do not anticipate enrolling as a student in the upcoming year.
2. \_\_\_\_ I anticipate enrolling as a student in the upcoming year.
3. \_\_\_\_ I am a part-time student and expect to remain a part-time student in the upcoming year.
4. \_\_\_\_ I am a full-time student.
5. \_\_\_\_ I am a full-time student and offer the following explanation for eligibility consideration:
  - a. \_\_\_\_ I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act.
  - b. \_\_\_\_ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar Federal, State, or local laws.
  - c. \_\_\_\_ I am a single parent with dependent children and none of the household members are dependents of another party other than a parent of the children.
  - d. \_\_\_\_ I am married and file a joint federal tax return with my spouse.
  - e. \_\_\_\_ I am a former foster child in transition to independence.

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the disqualification from the program. I will provide proof of credit hours or other documentation that may be required for each school term.

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member Printed Name

\_\_\_\_\_  
Date



# Special Needs Certification

The SHIP program under F.S. 420.9075(5)(d) requires that each community set aside 20% of its allocation to meet the needs of special needs persons as defined in s.420.004. Collier County has determined that those persons meeting the special needs definition are a priority to receive consideration for funding. In order to meet this priority an individual must meet the following definition and provide supporting documentation.

“Person with special needs” means;

- a) an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition;
- b) a young adult formerly in foster care who is eligible for services under s. 409.1451(5);
- c) a survivor of domestic violence as defined in s. 741.28;
- d) 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
- e) “Developmental disability” means a disorder or syndrome that is attributable to retardation, 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.

Acceptable forms of documentation may include;

1. VA disability benefit documentation/payments (most current year)
2. Injunction for Domestic Violence
3. Dependency Court Order
4. SSDI or SSI determination documentation or most current statement
5. Disability determination from State of Florida Agency for Persons with Disabilities (APD)

A. The following household member \_\_\_\_\_ currently meets the definition of “Special Needs” and documentation will be provided to County staff.

B. Check here if this **does not** apply to anyone in your household.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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A. The following household member \_\_\_\_\_ currently meets the definition of “Special Needs” and documentation will be provided to County staff.

B. Check here if this **does not** apply to anyone in your household.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### SHIP Conflict of Interest Disclosure

As a prospective recipient of SHIP grant funding, or as an immediate family member of a prospective recipient of SHIP grant funding with Collier County Community & Human Services.

I hereby attest (Initials),

\_\_\_\_\_ (a) I do not exercise or have exercised any functions or responsibilities with respect to activities assisted with SHIP funds

\_\_\_\_\_ (b) I am not in a position to participate in a decision making as it relates to SHIP funds.

\_\_\_\_\_ (c) I do not possess inside information with regard to these activities, may obtain a financial interest or benefit from a SHIP-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for myself or my family or business ties.

\_\_\_\_\_ (d) I am not aware of any conflict of interest that may come up from my participation of this program or assistance I am requesting.

---

Print Name

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Signature

---

Date





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---

Print Name

---

Signature

---

Date





**We Do Business in Accordance with the Federal Fair Housing Law**  
(The Fair Housing Amendments Act of 1988)

**It is illegal to Discriminate Against Any Person Because of Race,  
Color, Religion, Sex, Handicap, Familial Status, or National Origin**

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Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

[www.hud.gov/fairhousing](http://www.hud.gov/fairhousing)

U.S. Department of Housing and  
Urban Development  
Assistant Secretary for Fair Housing and  
Equal Opportunity  
Washington, D.C. 20410

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The under sign acknowledges that he/she has read the above statement and has received a copy.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Print

\_\_\_\_\_  
Print

**FILE COPY**



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(The Fair Housing Amendments Act of 1988)

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[www.hud.gov/fairhousing](http://www.hud.gov/fairhousing)

U.S. Department of Housing and  
Urban Development  
Assistant Secretary for Fair Housing and  
Equal Opportunity  
Washington, D.C. 20410

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The under sign acknowledges that he/she has read the above statement and has received a copy.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Print

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Print

**CLIENT COPY**