



City of Palm Beach Gardens



COMMUNITY
Development
BLOCK GRANT



Owner-Occupied Residential
Rehabilitation Program
FY15 Application Package



Required Documents to be Considered for Eligibility

(The following documentation must be submitted for each household member)

PLEASE NOTE: FY 15 Applications will only be accepted in person at City Hall beginning Tuesday, May 10, 2016, until program funds are exhausted.

APPLICANT VERIFICATION	
	Copy of Driver's License or Photo ID for ALL household members
	Copy of Social Security Card for ALL household members
	If divorced, a copy of divorce decree or certified court documents
	If separated, proof of separate residence
	If widowed, a copy of the death certificate
HOUSING VERIFICATION	
	Please provide a signed copy of the property deed
	Please provide a copy of the homestead exemption certificate
	Please provide a copy of your house insurance and flood insurance (if applicable)
PROOF OF CITIZENSHIP OR LEGAL RESIDENCY	
	Copy of US Birth Certificate, Naturalization Papers, or Alien Registration Card
INCOME TAX DOCUMENTATION	
	Copies of the two (2) most recent years of signed income tax (IRS) documents (1040, 1098, all schedules) including W-2 forms and 1099 statements
	In the event that a tax document is missing in part or in whole, a transcript or certified copy may be requested from the IRS
	If self-employed, include year-to-date Profit and Loss statement and last four (4) quarterly tax payment documents
PROOF OF NUMBER OF DEPENDENTS CLAIMED (DEPENDENTS MUST BE LISTED ON THE FEDERAL TAX RETURN)	
	Birth Certificate, school records with parents' names and addresses, court-ordered letters of guardianship, divorce decree, or letters of adoption
	If a dependent is over 18 years of age and a full-time student, please submit a letter from the Registrar confirming full time enrollment status in addition to the above document
VERIFICATION OF INCOME – PLEASE PROVIDE COPIES FROM THE LAST 60 DAYS FOR ALL HOUSEHOLD MEMBERS, IF APPLICABLE	
<input type="checkbox"/> Payroll Stubs, Tips, Wages	<input type="checkbox"/> Pension
<input type="checkbox"/> Bank Statements (Please provide copies of the last 6 months for all household members)	<input type="checkbox"/> Social Security Disability Insurance
<input type="checkbox"/> Alimony	<input type="checkbox"/> Government Assistance
<input type="checkbox"/> Child Support	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Social Security award letter	<input type="checkbox"/> Rental Income
<input type="checkbox"/> Disability	<input type="checkbox"/> Death benefits
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
VERIFICATION OF ASSETS – PLEASE PROVIDE COPIES FROM THE LAST 60 DAYS FOR ALL HOUSEHOLD MEMBERS, IF APPLICABLE	
<input type="checkbox"/> 401K	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Whole Life Insurance Policy	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Stocks and Bonds	<input type="checkbox"/> Other: _____

Date/Time intake: _____ Permit Number: _____



City of Palm Beach Gardens
Owner-Occupied Residential Rehabilitation Assistance Program



APPLICANT INFORMATION

Last Name, First Name		Home Phone Number
Street Address, City, State, Zip		
E-mail Address		Cell Phone Number
Marital Status:	Race*	Employment Status
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow or Widower	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> Other	<input type="checkbox"/> Employed* <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled *If employed, please fill out below: Company Name & Address
Sex*	Ethnicity*	Company Phone Number
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino	Company Fax Number

SPOUSE / CO-APPLICANT INFORMATION

Last Name, First Name		Home Phone Number
Street Address, City, State, Zip		
E-mail Address		Cell Phone Number
Marital Status:	Race*	Employment Status
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow or Widower	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> Other	<input type="checkbox"/> Employed* <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled *If employed, please fill out below: Company Name & Address
Sex*	Ethnicity*	Company Phone Number
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino	Company Fax Number

* Demographic information collected is used for statistical reporting purposes to HUD only & has no effect on Applicant eligibility.

Date/Time intake: _____ Permit Number: _____



City of Palm Beach Gardens
Owner-Occupied Residential Rehabilitation Assistance Program



COMPLETE FOR ALL HOUSEHOLD MEMBERS RESIDING IN PROPERTY

Household Member (First name, Last Name if different from Applicant)	Date of Birth / Age	Relationship to Applicant	Last Four Digits of SSN	Employed? Yes or No
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

EMERGENCY CONTACT INFORMATION

Last Name, First Name		Home Phone Number
Street Address, City, State, Zip		
Email Address	Cell Phone Number	Relationship to Applicant

Date/Time intake: _____ Permit Number: _____



Statement of Household Size:

This is to certify that _____ person(s) is/are residing in the property that I/we intend to rehabilitate, which is located at _____.

By signing below, Applicant(s) requests the City of Palm Beach Gardens to review and verify this application for the purpose of determining eligibility to receive funding assistance through the City's Owner Occupied Residential Rehabilitation Assistance Program. The Applicant acknowledges that such eligibility determination may include without limitation, the verification of income and assets, including deposits. The Applicant declares that he/she has read and understands the guidelines of the Program. Applicant authorizes the City of Palm Beach Gardens to use before and after photographs and/or videos of the repaired/restored property for promotional or information purposes. Applicant acknowledges and agrees that Applicant's statements are true, correct, and complete to the best of his/her knowledge.

WARNING: Title 18, Section 1001 of the US. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to a department of the United States Government.

WARNING: Florida Statute 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 775.083.

_____ Printed Name of Applicant	_____ Signature of Applicant	_____ Date
_____ Printed Name of Spouse / Co-Applicant	_____ Signature of Spouse / Co-Applicant	_____ Date
_____ Printed Name of Household Member	_____ Signature of Household Member	_____ Date
_____ Printed Name of Household Member	_____ Signature of Household Member	_____ Date
_____ Printed Name of Household Member	_____ Signature of Household Member	_____ Date
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PROPERTY QUESTIONNAIRE		
Questions	Yes	No
Is the property listed on the application located within the jurisdiction of the City of Palm Beach Gardens?		
Is the property listed on this application your primary residence?		
Do you currently have a homestead exemption?		
Are you current on your mortgage payments?		
Are you current on your property taxes?		
Are you current on your property insurance?		
Do you receive income for renting or subletting any section of your property?		
Have you ever participated in any housing assistance programs with the City of Palm Beach Gardens?		
Describe all exterior improvements to the property that are being requested (add additional sheets, if necessary):		

WARNING: Title 18, Section 1001 of the US. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to a department of the United States Government.

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_____	_____	_____
Printed Name of Applicant	Signature of Applicant	Date
_____	_____	_____
Printed Name of Spouse or Co-Applicant	Signature of Spouse or Co-Applicant	Date
_____	_____	_____
Printed Name of Household Member	Signature of Household Member	Date
_____	_____	_____
Printed Name of Household Member	Signature of Household Member	Date
_____	_____	_____
Printed Name of Household Member	Signature of Household Member	Date
_____	_____	_____
Printed Name of Household Member	Signature of Household Member	Date
_____	_____	_____
Printed Name of Household Member	Signature of Household Member	Date

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Consent to Inspect Form

The City of Palm Beach Gardens has permission to inspect the residential dwelling located at:

Owned by: _____

Consent to Inspections

If it is determined that you qualify for the City of Palm Beach Gardens Residential Rehabilitation Assistance Program through CDBG funds; you give permission to perform all inspections in accordance with the program guidelines:

1. Your income eligibility and proof of ownership have been verified to meet Program Guidelines.
2. Signed consent of co-owner(s), if multiple persons appear on the property deed.
3. You are covered with household insurance for the property and flood insurance, if applicable.
4. Total cost to repair rehabilitated unit cannot exceed the dollar amount allowed for each dwelling by the City of Palm Beach Gardens program guidelines.
5. Only work listed in the final, approved Scope of Work provided by the City of Palm Beach Gardens can be paid for by the City of Palm Beach Gardens' CDBG Program.
6. The homeowner will be required to sign a completed Work Report after the completion of work.
7. Interim inspections may be required, and a final inspection will be performed by the Building Department and City of Palm Beach Gardens staff.
8. After work has been completed, a monitor may be scheduled from the Federal CDBG Program to inspect and verify the work performed at the house during the affordability period.

I have read and understand the terms and conditions governing my participation in the City of Palm Beach Gardens' Residential Rehabilitation Assistance Program and consent to have the above residence inspected in accordance with those requirements.

_____ Printed Name of Applicant	_____ Signature of Applicant	_____ Date
_____ Printed Name of Spouse or Co-Applicant	_____ Signature of Spouse or Co-Applicant	_____ Date
_____ Printed Name of Household Member	_____ Signature of Household Member	_____ Date
_____ Printed Name of Household Member	_____ Signature of Household Member	_____ Date
_____ Printed Name of Household Member	_____ Signature of Household Member	_____ Date
_____ Printed Name of Household Member	_____ Signature of Household Member	_____ Date
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**City of Palm Beach Gardens
Owner-Occupied Residential Rehabilitation Assistance Program**



Certification and Waiver of Privacy:

The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the City of Palm Beach Gardens' Owner-Occupied Residential Rehabilitation Assistance Program.

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Florida 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 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. Please be advised that absent a specific statutory exemption, any information that you provide in response to this application may be subject to disclosure pursuant to Chapter, 119, Fla. Stat. I/we hereby waive my/our rights under the privacy and confidentiality provision act, and give my/our consent to the City of Palm Beach Gardens Residential Rehabilitation Assistance Program, its agents, and contractors to examine any confidential information given herein. I/we further grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.

Notice of Collecting Social Security Numbers:

The City of Palm Beach Gardens collects your Social Security Number for a number of different purposes. The Florida Public Records Law (specifically Section 119.071 (5), Florida Statutes 2007), requires the City to give you this written statement explaining the purpose and authority for collecting your Social Security Number.

Your Social Security Number is being collected for the purposes of income certification for the City's Residential Rehabilitation Assistance Program, which requires third-party verification of assets, employment, and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits, and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, federal, and/or state program dollars. Your Social Security Number will NOT be used for any other intended purpose other than verifying your eligibility for the City's program.

_____	_____	_____
Printed Name of Applicant	Signature of Applicant	Date
_____	_____	_____
Printed Name of Spouse or Co-Applicant	Signature of Spouse of Co-Applicant	Date
_____	_____	_____
Printed Name of Household Member	Signature of Household Member	Date
_____	_____	_____
Printed Name of Household Member	Signature of Household Member	Date
_____	_____	_____
Printed Name of Household Member	Signature of Household Member	Date
_____	_____	_____
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