



CITY OF  
**SANFORD**  
COMMUNITY RELATIONS &  
NEIGHBORHOOD ENGAGEMENT

**HOMEOWNER OCCUPIED MINOR HOME REPAIR PROGRAM  
APPLICATION FOR INCOME-ELIGIBLE HOMEOWNERS**

**FY 2022-2023**

## INSTRUCTIONS FOR APPLICATION

### General Instructions

- Read the instructions for this application.
- Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.
- Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office.
- The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date the application.
- Submit application with all the required documentation to: 300 N. Park Ave., 2<sup>nd</sup> Floor Sanford, FL 32771

### Itemized Instructions

- 1. APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail (may or may not be the damaged property), an e-mail address (if applicable), your date of birth, and your marital status and other fields.
- 2. CO-APPLICANT INFORMATION:** List other members of the household who hold as much responsibility for the property as the applicant. This person is often referred to as the co-owner of the property. Attach additional sheet if there are more than two applicants.
- 3. ALTERNATE CONTACTS INFORMATION:** This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. List contacts who are helping you through this process, if applicable.
- 4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, gender, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.
- 5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** This information is being collected to ensure compliance with federal Housing and Equal Opportunity regulations.
- 6. EMPLOYMENT INFORMATION:** This information is being collected to ensure income eligibility and employment verification.
- 7. APPLICANT INFORMATION:** Provide confirmation for citizenship/residency, veteran status, assistance requested and any additional questions.
- 8. INCOME INFORMATION:** Provide information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members over age 18. Food benefits (THHSC: SNAP) are NOT considered income.

**9. ASSET INFORMATION:** Provide the requested information on any property you may own. Examples of what constitutes assets are listed below:

Typical assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;
- Mineral rights; and
- Mortgage or deeds of trust held by the applicant

Some items of personal property are **NOT** counted as assets for the purposes of determining annual income:

- Automobiles;
- Jewelry; and/or
- Term life insurance policies

**10. APPLICANT CERTIFICATION:** Certify that all information in the application is true, to the best of your knowledge. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

**11. ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the sub recipient, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

**Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office**

## DECLARATION OF ELIGIBILITY

HOME REPAIRS FOR WHICH FEMA ASSISTANCE HAS BEEN REQUESTED OR RECEIVED ARE NOT ELIGIBLE FOR INCLUSION IN THE FY 2022-2023 HOMEOWNER OCCUPIED MINOR HOME REPAIR PROGRAM.

### PLEASE CHECK ALL THAT APPLY:

- Need/situation prior to September 23, 2022
- Need/situation due to Hurricane Ian, after September 23, 2022
- Have you or anyone in your household applied for or received assistance from FEMA for repairs included in this application for Minor Home Repair Assistance?

## Income Limit Tables Seminole County, FL

**NOTE:** Seminole County is part of the **Orlando-Kissimmee-Sanford, FL MSA**, so all information presented here applies to all of the **Orlando-Kissimmee-Sanford, FL MSA**.

The **Orlando-Kissimmee-Sanford, FL MSA** contains the following areas: Orange County, FL; Osceola County, FL; and Seminole County, FL.

Household Size	Extremely Low 30%	Very Low 50%	Low 80%
1	\$17,400	\$29,050	\$46,450
2	\$19,900	\$33,200	\$53,050
3	\$23,030	\$37,350	\$59,700
4	\$27,750	\$41,450	\$66,300
5	\$32,470	\$44,800	\$71,650
6	\$37,190	\$48,100	\$76,950
7	\$41,910	\$51,400	\$82,250
8	\$46,630	\$54,750	\$87,550

\*subject to change annually based on the Department of Housing and Urban Development.

Income Limit areas are based on FY 2022 Fair Market Rent (FMR) areas.

## REQUIRED DOCUMENTATION

**Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office. Incomplete applications will be denied.** The following documents **must** be included with your application:

### **For ALL household members 18 years of age or older:**

- Valid** Florida Driver License or government issued identification.
- Authorization for the Release of Information (ATRI-form) signed by all adult household members. (Page 6).
- Copy of Social Security Card.
- Copy of Birth Certificate.
- Copy of last year's tax return.
- Last six (6) months of most recent pay stubs. If an adult household member is not working and receives no income from any source, the household member must provide a completed Verification of No Monthly Income form and supporting documentation from the following agencies Social Security Administration, Unemployment and Department of Children and Families.
- For each household member that is working, provide the following: Name of employer, Name of Supervisor / Manager, Address of employer, Phone Number of employer, and fax number of employer.
- Last six (6) months bank statements, for **all** accounts that are open for each household member regardless of the current balances. A notarized letter or statement from each adult household member that does not have an open bank account, stating such.
- If applicable, most **current** award letter for Social Security or SSI benefits.
- If applicable, proof of other income received by any household member, such as: Alimony, Unemployment benefits or any other income you receive regularly.
- If applicable, Court ordered child support or direct payment agreement from the natural parent not residing in the household. For all reported children in the household must demonstrate guardianship.
- If applicable, a copy of Divorce Decree.
- If applicable, a copy of most recent statement for 401k, retirement funds, IRA, stocks, bonds or other funds.
- If applicable, a copy of the current case value statement for any Whole Life Policy insurance.

**For Property:**

- Copy of current DEED or Title to the property.
- Copy of current mortgage statement.
- Copy of current property tax status.
- Copy of current homeowner's insurance (declaration pages ONLY). \*\*If homeowner's insurance has lapsed due to a roofing issue, please provide non-renewal letter (subject to staff review/approval for program).

# HOUSING INTAKE APPLICATION

-For Jurisdiction Use Only-

Application Number:

CDBG Application Received By:

Date/Time CDBG Application Received:

**1. TO BE COMPLETED BY APPLICANT:  
(Head of Household)**

**2. TO BE COMPLETED BY CO-APPLICANT:  
(If Applicable)**

<b>Last Name:</b>		<b>List relationship type to Head of Household, e.g. spouse, sister, mother</b>	
<b>Middle Name:</b>		<b>Last Name:</b>	
<b>First Name:</b>		<b>Middle Name:</b>	
<b>Current Address:</b>		<b>First Name:</b>	
<b>City:</b>		<b>Current Address:</b>	
<b>State:</b>		<b>City:</b>	
<b>Zip:</b>		<b>State:</b>	
<b>Mailing Address:</b>		<b>Zip:</b>	
<b>City:</b>		<b>Mailing Address:</b>	
<b>State:</b>		<b>City:</b>	
<b>Zip:</b>		<b>State:</b>	
<b>Home Phone:</b>		<b>Zip:</b>	
<b>Daytime phone:</b>		<b>Home Phone:</b>	
<b>Mobile Phone:</b>		<b>Daytime Phone:</b>	
<b>E-mail Address:</b>		<b>Mobile Phone:</b>	
<b>Date of Birth:</b>		<b>E-mail Address:</b>	
<b>Gender:</b>		<b>Date of Birth</b>	
<b>Marital Status:</b>		<b>Gender:</b>	
		<b>Marital Status:</b>	

**3. ALTERNATE CONTACTS INFORMATION:** -This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. You may also list a contact who is helping you through this process.

Contact Name (first):

Contact Phone No.:

Address:

Contact Name (second):

Contact Phone No.:

Address:

**4. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:** - As of today, list the Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household.

Household Member Name	Relationship to Head of HH	Age	Date of Birth	Is household member listed disabled? Y/N	Social Security Number

**5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one):** -This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

**RACE (Check all that apply):**

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

White

Black or African American

Other Multi-Racial

**ETHNICITY (Check one):**

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.



**6. EMPLOYMENT INFORMATION:** \*If additional space to list employment information is needed please attach.

Applicant Head of Household		Co- Applicant	
Current/Last Employer Name:		Current/Last Employer Name:	
Position:		Position:	
Address:		Address:	
Supervisor Name:		Supervisor Name:	
Phone Number:		Phone Number:	
Start Date:	End date:	Start Date:	End date:

**7. ADDITIONAL INFORMATION** - Provide basic applicant information including citizenship/residency status, veteran status and assistance requested. **PLEASE READ AND ANSWER ALL OF THE QUESTIONS BELOW:**

CITIZENSHIP/RESIDENCY STATUS:	YES	NO
Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>
*If no, are you a permanent resident of the U.S.? <i>(If yes, a copy of the resident card must be</i>	<input type="checkbox"/>	<input type="checkbox"/>
VETERAN STATUS:		
Are you a Veteran or Spouse/Dependent of a Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
If yes to either question, may our Veteran Service Officer contact you?	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impaired: Do you need TTD/TDY access to our staff?	<input type="checkbox"/>	<input type="checkbox"/>
*Do you require accommodations for handicap accessibility?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what *accommodations do you need?		
ASSISTANCE REQUESTED (2 trades only)		
Roofing	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility/Accommodation (see above *)	<input type="checkbox"/>	<input type="checkbox"/>
Are copies of valid Florida Photo ID or valid Florida Driver's License for all adult household members (18 years of age or older) attached to the application?	<input type="checkbox"/>	<input type="checkbox"/>
Are copies of Social Security Cards and birth certificates for all household members attached	<input type="checkbox"/>	<input type="checkbox"/>

Do you or anyone in your household receive alimony/child support?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive Social Security, SSI, and SSDI?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive any pensions (VA, military, retirement)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive unemployment compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive Business or Rental Income?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive Workmen's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive short or long term disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive recurring contributions and gifts?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive any other type of income?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household has one or more checking account(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household has one or more savings account(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household have an IRA account?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household has a 401(k), stocks, bonds, or any other investment	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did all adult household members (18 years and older) sign the Signature Page and the Authorization of Release (ATRI FORM) and attach to the application?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**8. INCOME INFORMATION:** Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, other income for all household members over age 18. List ALL household members and their incomes. Attach a separate sheet if you need more space.

**FOOD STAMPS ARE NOT CONSIDERED INCOME- do not list food stamps.**

Source of Income	Amount (income received monthly)
Employment	
AFDC/TANF (Cash Assistance)	
Social Security, SSI, SSDI, Pensions( VA, Military, Retirement)	
Unemployment Compensation	
Alimony/ Child Support	
Business or Rental Net Income	
Workman's Compensation	
Short or Long-Term Disability	
Recurring Contributions and Gifts	
Other	

**9. ASSET INFORMATION: For ALL Household Members, Including Minors,** List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have a financial account, must sign a **Verification of No Financial Accounts** (form). **(Please provide the last 6 months of Bank Statements or benefit statements)**

1. Do you own any other real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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If yes, provide address, city and state of property(s):

2. Do you have a mortgage on the damaged property you are seeking assistance on?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, what is the current balance owed on the mortgage?

3. Are your payments current on your mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Is your primary residence currently in foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.)

Household Member Name	Type & Source of Asset	Cash Value of Asset	Account #





**CITY OF SANFORD HOMEOWNER OCCUPIED MINOR HOME REPAIR PROGRAM  
MEMORANDUM OF UNDERSTANDING**

I/We, \_\_\_\_\_ (Applicant/Head of Household)

And \_\_\_\_\_ (Co-Applicant/Co-HOH) understand the following:

- I/We am/are applying for the City of Sanford Community Development Block Grant (CDBG) Minor Homes Repair Program, to address trade repairs and trade associated repairs in my home.
- My household income must not exceed the income levels determined by the applicable funding program.
- I/We understand that my/our home must be located within the City limits of Sanford.
- I/We must currently occupy the Property as my/our principal residence. This assistance is provided to me as a grant.
- The property taxes and the insurance must be up to date to qualify for the program. My home must be a site-built home.
- My manufactured/mobile housing is only eligible if it meets the standards established by the Florida Department of Community Affairs (DCA) which requires a DCA decal/emblem to be displayed in the home.
- Two (2) trades** (i.e. roofing, plumbing, electricity, HVAC, accessibility) will be addressed by this program. Homes in need of moderate, substantial and major rehabilitation/reconstruction are not eligible.
- Repairs for which FEMA assistance has been requested or received are not eligible for inclusion in this Program.
- Repairing leaking roofs take precedence over anything else.

**APPLICANT(S) ACKNOWLEDGMENT**

I/we acknowledge that I/we have received a copy of the foregoing fully executed Memorandum of Understanding by my Lender and that the terms and requirements thereof were explained to me/us.

\_\_\_\_\_  
Signature of Head of Household

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/other Adult

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

\_\_\_\_\_  
Date



## AUTHORIZATION FOR RELEASE OF INFORMATION AND PRIVACY ACT NOTICE

The undersigned authorizes the City of Sanford to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG program, including authorization to obtain a consumer credit report.

This includes but is not limited to the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Florida Department of Human Services programs and the Federal Emergency Management Agency (FEMA). City of Sanford, may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to the City of Sanford on household members, income, net family assets, allowances, and deductions is accurate.

**PRIVACY ACT NOTICE STATEMENT:** The Department of Housing and Urban Development (HUD) and Florida Housing Finance Authority require the collection of this information to determine an applicant’s eligibility and the amount of assistance necessary. This information will be used to establish level of benefit, to protect the government’s financial interest and to verify the accuracy of the information furnished. It may be released to appropriate federal, state and local agencies when relevant to civil, criminal or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. HUD is authorized to ask for this information by the National Affordable Act of 1990.

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS FORM AND COOPERATE IN THIS PROCESS.**

I acknowledge that: (1) a photocopy of this form is as valid as the original, (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me), (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 12 months from the date signed.

**Warning: Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office. I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.**

_____	_____	_____
Signature of Head of Household	Social Security Number	Date
_____	_____	_____
Signature of Spouse/other Adult	Social Security Number	Date
_____	_____	_____
Other Adult Signature	Social Security Number	Date
_____	_____	_____
Other Adult Signature	Social Security Number	Date



## CONFLICT OF INTEREST

### City of Sanford

No persons who is an employee, agent, consultant, officer, or elected official or appointed official of the City of Sanford who exercise or have exercised any functions or responsibilities with respect to activities assisted with state or federal funds or who are in a position to participate in a decision making process or gain inside information with regards to these activities, may obtain a financial interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

#### NOTIFICATION ABOUT POTENTIAL CONFLICT OF INTEREST

I, \_\_\_\_\_ (Head of Household) certify that:

- I am employed with the City of Sanford Government.
- I have a family member employed with the City of Sanford Government.
- I am **not** employed nor do I have a family member employed with City of Sanford Government.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

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

I, \_\_\_\_\_ (Co-Head of Household) certify that:

- I am employed with the City of Sanford Government.
- I have a family member employed with the City of Sanford Government.
- I am **not** employed nor do I have a family member employed with the City of Sanford Government.

\_\_\_\_\_  
Signature of Co/Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name



## COMPLETED APPLICATION & SUPPORTING DOCUMENTS:

Please call Edwige “Eddie” Josue at (407) 562-2779 or  
Email [CDBG@sanfordfl.gov](mailto:CDBG@sanfordfl.gov) to schedule an appointment.  
You are required to bring all requested information to your  
appointment.

**Please do not “walk in” or “drop off” application.**

Please be advised appointment time can average an hour.