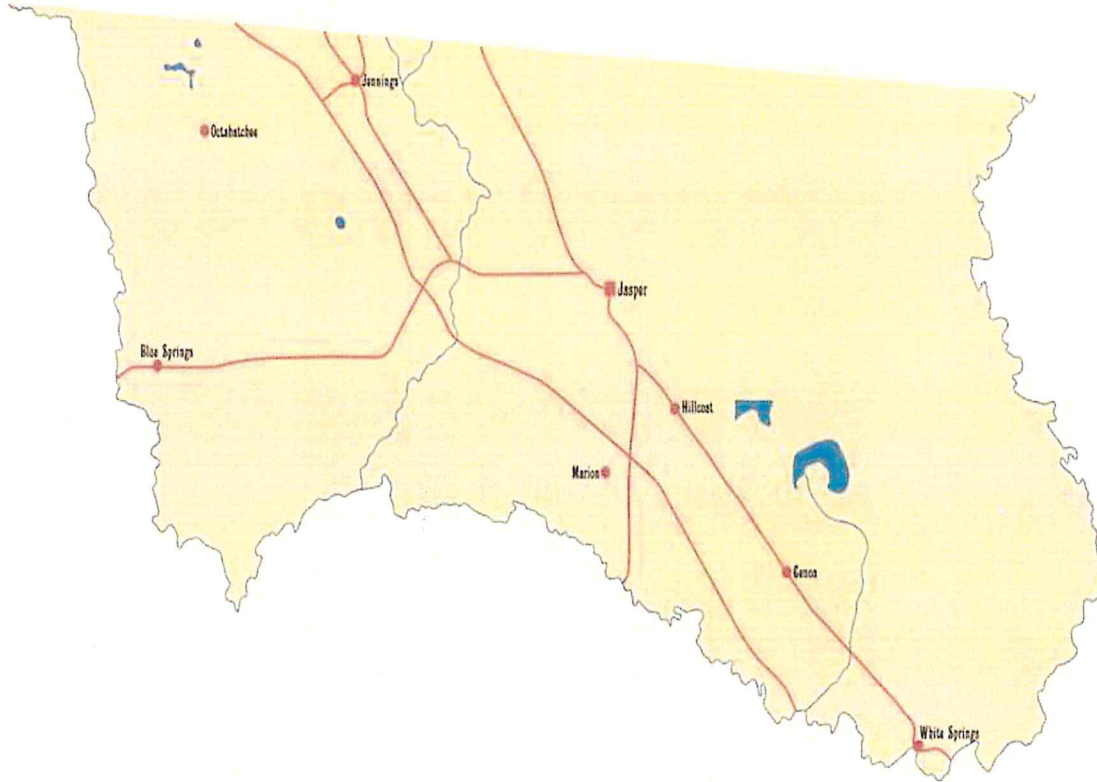




# Florida: Hamilton County

Collectors Edition



United States of America - Florida Counties

23/67

HAMILTON COUNTY IS A FAIR HOUSING ADVOCATE

# HAMILTON COUNTY SHIPP APPLICATION PACKET

Updated 12/11/23

# **Hamilton County (SHIPP) State Housing Initiatives Partnership Program**

**Please complete and return applications to:**

Hamilton County Coordinators Office  
1153 US Hwy 41 NW, Suite 2, Jasper, FL 32052

For questions concerning the application package contact Spencer Nabors at 386-855-2950 or  
the County Coordinators office at 386-792-6639

**HAMILTON COUNTY  
STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM**

**NOTICE OF VOLUNTARY PARTICIPATION**

I, \_\_\_\_\_, do hereby acknowledge that I VOLUNTARILY request to be included in the SHIP program. I acknowledge that such inclusion will require me to provide personal data, such as income information, which is a private matter, but that by signing this form I acknowledge that the release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated confidentially as the SHIP program permits.

I further acknowledge that I am responsible to follow the following program rules:

1. The purpose of the program is to place my residence in a condition equal to minimum housing standards or to purchase a home as a first time home buyer. I consent to attainment of this standard and will not demand assistance greater than that which is approved by the local government and regulated by the SHIP program.
2. I understand that the contract for assistance is prepared between the contractor and myself as an administrative matter, but that the local government as the funding agency reserves the right of decision making. While I have the right to provide my view, I will not dispute the final decision made by the local government or their agent.
3. I understand that I am subject to immediate program disqualification, with existing financial responsibility for the incurred costs, if I:
  1. Provide any inaccurate or untruthful information,
  2. Fail to comply with existing guidelines,
  3. Perform any action to receive more assistance than I am entitled.
4. I hereby authorize the local government or agent to inspect my property.

I recognize that this assistance is provided as good will of the local government and that my participation binds me to the rules and regulations of the program and to the maintenance of the property after rehabilitation, replacement, or purchase. I understand that my participation may affect my ability to qualify for housing assistance in the future.

I agree to all the terms in this document.

\_\_\_\_\_  
Applicant Signature:                      Date

\_\_\_\_\_  
Witness Signature:                      Date

**HAMILTON COUNTY  
STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM  
HOMEOWNER APPLICATION PACKET**

I. A COMPLETE APPLICATION PACKAGE SHALL CONTAIN THE FOLLOWING:

A. INCOME AND OCCUPANCY INFORMATION

1. All forms in the application packet that apply to the applicant shall be completed and signed.
2. Social Security Release Form
3. Provide a print out of the last 4 months bank statements.
4. Provide proof of income. Allowable income documents include:
  - a. Most current social security statement
  - b. Most current retirement benefit statements
  - c. Most current pay stubs "the last 8 pay stubs"
  - d. Bank account statements showing direct deposit of income
  - e. Child support print out "the last 6 payments"
  - f. If you do not have income, a notarized statement stating you do not have income and why
5. A copy of the Social Security Card and a Picture Identification for all members of the Household.
6. Proof of residence for each of the dependents claimed – Examples of proof of residence include a copy of one or more of the following:
  - a. Birth Certificates on which the parent/applicant's name is listed
  - b. School records, which give the parents names and address
  - c. Court-ordered letters of guardianship
  - d. Divorce decree
  - e. Letters of adoption
  - f. Social Security Cards

B. A **COPY** OF THE DEED FOR THE PROPERTY TO BE ADDRESSED

C. A COPY OF THE PROPERTY TAX BILL WHICH INCLUDES THE ASSESSED VALUE OF THE RESIDENCE

D. A LIST OF REHABILITATION WORK ITEMS ON YOUR RESIDENCE YOU NEED ADDRESSED IF APPLICABLE

**HAMILTON COUNTY  
STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM  
HOMEOWNER APPLICATION PACKET**

**FOR OFFICE USE ONLY: RESIDENT INCOME CATEGORY ELI    VLI    LOW    MOD    OVER**

**I. Resident Household Contact Information**

Applicant: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
 Co-Applicant: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Daytime Ph. #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ EveningPh. #: \_\_\_\_\_

Type of Assistance being applied for: \_\_\_\_\_

District 1    District 2    District 3    District 4    District 5    Unsure

Ethnicity/Special Needs (For reporting purposes only, please check all that apply for **Head of Household Only**)

Hispanic    African American    White    Asian/Pacific Islander  
 Native American    Farm Worker    Disabled or Disabled Minor    Elderly  
 Homeless    Other: \_\_\_\_\_

**II. Household Composition**

*List all occupants of the household.*

	Name	Age	Sex	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				
6.				
7.				

1.	
2.	
3.	

**Handicap Status** (Please list each household member who has a handicap)

**HAMILTON COUNTY  
STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM**

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

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

1. Housing Assistance Application
2. Verification of Unemployment Benefits
3. Verification of Social Security Benefits
4. Verification of Employment
5. Verification of Child Support
6. Verification of Assets

Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code and SHIP Program Manual (rev. 7/2015)

I agree to allow Hamilton County to collect my Social Security number for the purposes listed above.

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Date

### III. Income and Asset Information

List all occupants of the household and all income received to include, employment information for all jobs (full time or part time), child support, government assistance or other income received by or for occupants of the residence. As proof of income the applicant must sign all applicable verification forms attached to the back of this application. Each box checked **must have** the most current verification attached with this application.

Income Source	Applicant	Co-Applicant	Other Adult Member	Frequency of Income				
				Weekly	Bi-Week	Monthly	Quarter	Annually
Salary				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime Pay				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonuses and Tips				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest and/or Dividends				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Net Income from Business				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Net Rental Income				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Retirement SS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Social Security SSI				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Benefits				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation, etc.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony, Child Support				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welfare, AFDC payments				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Regular Contributions)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY</b>								
<b>Official Use Only</b>			<b>SUBTOTAL B - Annually:</b>					

### Applicant Asset Information

Assets	Bank/Financial Institution	Account #	Official Use Only
			SUBTOTAL
Checking			
Savings			
Certificate of Deposit, Treasury Bill			
Retirement Account (IRA, Keogh, 401K)			
Annuities			
Stocks & Bonds			
Other (real estate, lottery winnings, etc.)			
<b>DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY</b>			
<b>Official Use Only</b>		<b>SUBTOTAL C - Annually:</b>	
<b>Official Use Only</b>		<b>SUBTOTAL B - Annually:</b>	
<b>Official Use Only</b>		<b>TOTAL (B+C) - Annually:</b>	

**Co-Applicant Asset Information (If Applicable)**

Assets	Bank/Financial Institution	Account #	Official Use Only
			SUBTOTAL
Checking			
Savings			
Certificate of Deposit, Treasury Bill			
Retirement Account (IRA, Keogh, 401K)			
Annuities			
Stocks & Bonds			
Other (real estate, lottery winnings, etc.)			
<b>DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY</b>			
<b>Official Use Only</b>		<b>SUBTOTAL C - Annually:</b>	
<b>Official Use Only</b>		<b>SUBTOTAL B - Annually:</b>	
<b>Official Use Only</b>		<b>TOTAL (B+C) - Annually:</b>	

**Other Adult Household Contributor Asset Information (If Applicable)**

Assets	Bank/Financial Institution	Account #	Official Use Only
			SUBTOTAL
Checking			
Savings			
Certificate of Deposit, Treasury Bill			
Retirement Account (IRA, Keogh, 401K)			
Annuities			
Stocks & Bonds			
Other (real estate, lottery winnings, etc.)			
<b>DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY</b>			
<b>Official Use Only</b>		<b>SUBTOTAL C - Annually:</b>	
<b>Official Use Only</b>		<b>SUBTOTAL B - Annually:</b>	
<b>Official Use Only</b>		<b>TOTAL (B+C) - Annually:</b>	

Do you own more than one home? Yes \_\_\_\_\_ No \_\_\_\_\_ Initial Verifying: \_\_\_\_\_

**If Yes explain:**

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***Other Household  
Assets Information***

Type of Asset	Address or Name and Phone Number	Name on Account and Account Number	Cash/Market Value	Income from Assets
Equity in Real Estate Owned			\$	\$
Individual Retirement Account (IRA) and Keogh Accounts			\$	\$
Retirement and Pension Funds which may be withdrawn before retirement			\$	\$
Stocks, Bonds, Treasury Bills, Certificates of Deposit, Money Market Funds			\$	\$
Net Worth of Business(es) Owned			\$	\$
Lump Sum Receipts (inheritance, capital gains, lottery winnings, insurance settlements, others)			\$	\$
Personal property held as an investment (gems, jewelry, antique cars, paintings, etc.)			\$	\$
Other to include cash on Hand			\$	\$
Total for all assets			\$	\$

**IV. RESIDENTIAL STATUS/ CONFLICT OF INTEREST**

My house is:  Brick Constructed  Block Constructed  Wood Frame Constructed  
 Manuf. Mob. Home  Other (Explain) \_\_\_\_\_  
 I want to purchase a home, I do not currently own a home.

What year was the home constructed? \_\_\_\_\_

Are you current on your property taxes?  Yes  No  N/A  
**(Attach a copy of your most recent tax receipt.)**

Do you have a mortgage on your property?  Yes  No  N/A  
**(If "NO": Attach a copy of "Satisfaction of Mort.")**

If "YES", are you current on your payments?  Yes  No  N/A  
**(Please attach a copy of current mortgage statement.)**

Has the applicant received any housing assistance from the County within the last ten (10) years, through the CDBG or SHIP program?  Yes  No  
 If yes, attach a list detailing the repairs made and the cost of the project.

**Hamilton County**  
**State Housing Initiatives Partnership Program**  
**Conflict of Interest Notification**

*All household members that may have a business or familial relationship with a member of the Local Governing Body, County Employee or a member of the Citizen's Advisory Task Force (CATF) must fully disclose the relationship at the time of the application or at the point in time in which the conflict occurs and before a construction/purchase contract is executed.*

Please review the lists for potential conflicts and indicate any relationship to any person listed:

<b>Board of County Commissioners</b>	<b>County Employees</b>
Robert Earl Brown	Gary Godwin
Jimmy Murphy	Serena Creech
Robby Roberson	John Auer
Travis Erixton	Greg Godwin
Richie McCoy	Andy Decker

**(Check the appropriate box):**

- I certify I have reviewed this list and there is no relationship to anyone on the list nor am I related to any County employee listed.
- I am related to the following BOCC or County Employee:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____

The above referenced information is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**V. DECLARATIONS**

**Please complete the following section.**

If you answer "yes" to any questions a through f, please provide an explanation on a separate sheet of paper. (Check appropriate box )

	<u>Applicant</u>	<u>Co-Applicant</u>
a. Are there any outstanding judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you declared bankruptcy within the past calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you a party to a lawsuit, as either plaintiff or defendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loan, home improvement loans, educational loans manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee? If "yes", provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you presently delinquent or in default on any Federal/State/Local debt/tax or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "yes", give details as described in the preceding question.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**VI. LENDER DATA**

Identify all lenders, mortgage companies or similar private parties who currently hold, or will hold, a mortgage or similar financing agreement for the housing unit for which assistance is being requested (enter N/A if not applicable).

\_\_\_\_\_

Mortgage/Lien 1

\_\_\_\_\_

Mortgage/Lien 2

Add a separate sheet(s) if more than two mortgage/lien holders.

**VII. ACKNOWLEDGMENT AND AGREEMENT**

The undersigned specifically acknowledge(s) and agree(s) that: (1) the award requested by this application will be secured by a mortgage or deed of trust on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the assistance indicated herein; (4) occupation of the property will be as indicated above; (5) verification or recertification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Lender, even if the application is not approved; (6) the lender, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuation obligation to amend and/or supplement the information provided in this application is any of the material facts which transferred to successor or assign of the Lender without notice to me and/or the administration of notice to me; (7) the Lender, its agents, successors and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

**NOTICE - BE AWARE THAT:  
FLORIDA STATUTE SECTION 837.06 – FALSE OFFICIAL STATEMENTS LAW  
STATES THAT:  
“WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH  
THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS  
OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND  
DEGREE”**

**Certification:** I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Cod, Section 1001, et. seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any lost due to reliance upon any misrepresentation which I/we have made on this application. I verify that I understand that all information provided is public record. In addition verify I understand that by completing this application does not guarantee my home will be addressed under this or any other program and that all documentation provided is to determine my eligibility to qualify for the above referenced project.

<b>X</b> _____	____/____/____
Applicant’s Signature	Date
<b>X</b> _____	____/____/____
Co-Applicant’s Signature (if any)	Date
<b>X</b> _____	____/____/____
Adult Member (If Applicable)	Date

**HAMILTON COUNTY**  
**STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM**  
**1153 US HWY 41 NW, SUITE 2, JASPER, FL 32052**  
**APPLICANT/ CO-APPLICANT/ ADULT MEMBER RELEASE AND CONSENT**

I/We the undersigned **Hereby Authorize** the release of information without liability, information regarding my/our employment, income, and/or assets to **Hamilton County, or its Designee**, for purposes of verifying information provided as part of the property owners request for assistance under the County's SHIP program.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for the SHIP program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public)	State Unemployment Agencies	Retirement Systems
Housing Agencies	Social Security Admin.	Banks and other Financial Institutions
Support and Alimony Providers	Credit Agencies	

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year from the date signed. I/We understand I/We have a right to review this file and correct any information that I/We find to be incorrect or outdated.

**SIGNATURES:**

_____ Applicant	_____ (print name)	_____ Date
_____ CO-Applicant	_____ (print name)	_____ Date
_____ Adult Member	_____ (print name)	_____ Date

**HAMILTON COUNTY  
STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM**

**VERIFICATION OF NO INCOME**

Applicant : \_\_\_\_\_  
Print Name

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

Co-Applicant Print: \_\_\_\_\_  
Print Name

Adult Member: \_\_\_\_\_  
Print Name

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

I, \_\_\_\_\_ hereby declare that I do not have any income. I am currently unemployed and not receiving any form of financial assistance or income from any source.

I understand that providing false information on this form may have legal consequences.

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_  
Adult Member Signature

**HAMILTON COUNTY  
 STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM  
 1153 US HWY 41 NW, SUITE 2, JASPER, FL 32052  
APPLICANT/RESIDENT RELEASE AND CONSENT**

<b>VERIFICATION OF:</b>	<b>Insurance Funds Received</b>
<p style="text-align: center;">(Applicant Information)</p> <p>Name of Applicant or Resident: _____</p> <hr/> <p>Address: _____</p> <hr/> <p><b>AUTHORIZATION:</b> State and Federal Regulations require us to verify all funds received of all members of the household applying for assistance. This information will be used only to determine the eligibility status of the household. All information pertaining to Insurance Funds received if applicable must be attached to this application.</p> <p><input type="checkbox"/> Yes I <u>have</u> received Insurance Funds due to a naturally declared disaster:</p> <p>Applicant Signature: _____</p> <p><input type="checkbox"/> No I have NOT received Insurance Funds due to a naturally declared disaster:</p> <p>Applicant Signature: _____</p>	<p style="text-align: center;"><b>Insurance Funds Received</b></p> <p>_____ Funds received in past 36 months</p> <p>_____ Funds received due to Any Hurricane Damage.</p> <p>_____ Funds received for structure.</p> <p>_____ Funds received for content and other items not related to structure.</p> <p>Please provide a printout of detailed insurance report(s) with item breakout for funds received if applicable.</p>

**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 S775.082 or 775.83**

List any Hurricane Damage that has occurred if any:

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**HAMILTON COUNTY  
 STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM  
 1153 US HWY 41 NW, SUITE 2, JASPER, FL 32052  
APPLICANT/RESIDENT RELEASE AND CONSENT**

<b>VERIFICATION OF:      <u>Handicap Certification</u></b>	
<p style="text-align: center;"><b>(Applicant Information)</b></p> <p><b>Name of Applicant or Resident:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>AUTHORIZATION:</b> State and Federal Regulations require us to verify all funds received of all members of the household applying for assistance. This information will be used only to determine the eligibility status of the household.</p> <p><input type="checkbox"/> Yes I <u>HAVE</u> a handicap condition:</p> <p><b>Applicant Signature:</b> _____</p> <p><input type="checkbox"/> No I <u>DO NOT</u> have a handicap condition:</p> <p><b>Applicant Signature:</b> _____</p>	<p><b>HANDICAP CONDITIONS:</b></p> <p><input type="checkbox"/> The applicant has a <b>permanent</b> handicap, which has the following mobility restrictions: _____ _____ _____</p> <p><input type="checkbox"/> The applicant has a <b>permanent</b> handicap, which does <b>not</b> have a mobility restriction.</p> <p><input type="checkbox"/> The application does <b>not</b> have a permanent handicap.</p> <p><b>Signature of</b> _____ <b>or</b>  <b>Authorized Representative</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Date:</b> _____</p> <p><b>Telephone:</b> _____</p> <p><b>This form must be filled out by your health care provider or an attached letter from your health care provider stating handicap status is acceptable.</b></p>
<p><b>WARNING:</b> 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 S775.082 or 775.83</p>	