

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION FOR ASSISTANCE**

The Town of White Springs has been awarded a Community Development Block Grant (CDBG) in the Housing Rehabilitation category to assist homeowners living within the corporate limits of the Town that meet certain income and ownership requirements. If you are interested in participating in the CDBG Housing Rehabilitation program, you must complete the attached forms. Upon completion, the application must be mailed or delivered to the Town of White Springs, P.O. Drawer D/10363 Bridge Street, White Springs, FL 32096. **ALL APPLICATIONS ARE DUE NO LATER THAN 5:00 PM, ON JANUARY 5, 2024.**

Please follow the instructions closely when completing your application. Incomplete applications may not be considered for assistance. Please read the complete application package, as most application preparation questions should be addressed herein. **Residents interested in obtaining additional information regarding the Town’s CDBG Housing Rehabilitation program or requiring assistance with the Homeowner Application are encouraged to contact Jeffrey C. Winter with the office of Jordan & Associates at (904) 309-2153.**

Before completing the application, please make sure that you meet the following eligibility requirements:

1. Is your home located within the corporate limits of the Town? (This grant can’t be used outside the corporate limits of the Town.)
2. Do you own or are you financing your home?
3. If you are financing your home, are you current on your mortgage payments?
4. Are you current on your property taxes and fees?
5. According to the following table, is your TOTAL household (HH) income below the limits identified for the number of people living in your home?

HH Size	1	2	3	4	5	6	7	8
HH Income	\$35,950	\$41,100	\$46,250	\$51,350	\$55,500	\$59,600	\$63,700	\$67,800

IF YOU ANSWERED NO TO ANY OF THESE QUESTIONS YOU ARE NOT ELIGIBLE FOR THIS PROGRAM. IF YOU ANSWERED YES TO ALL OF THE QUESTIONS, YOU ARE ELIGIBLE FOR THIS PROGRAM AND WILL NEED TO COMPLETE THE APPLICATION.

CDBG HOUSING REHABILITATION PROGRAM APPLICATION INSTRUCTIONS

Please read this page carefully. Please provide the most accurate information possible, and ensure all requested documents are attached at the time of application submittal.

1. **Complete and Sign** the following forms:
 - Notice of Voluntary Participation Form
 - Application for Assistance Forms
 - Conflict-of-Interest Form
 - Disability Certification
 - Third-Party Verification of Employment Income
 - Third-Party Verification of Asset Income
 - Third-Party Verification of Social Security Benefits
 - Third-Party Verification of Unemployment Benefits
 - Third-Party Verification of Regular Cash Contributions
 - Third-Party Verification of Income from Business
 - Authorization for the Release of Information Waiver

2. **Provide Income Documentation:** If any member of the household is receiving employment income, please complete the applicant portion and have the member's employer complete the employer portion of the form titled "Third-Party Verification of Employment Income." In addition, please provide copies of current pay stubs (Dated no more than 60 days prior to Application Deadline) for four (4) consecutive weeks for all applicable members of the household.

If any member of the household is receiving income from Social Security benefits, please complete the applicant portion of the form titled "Third Party Verification of Social Security Benefits." In addition, please provide a copy of the current statement of benefits. If you're unable to locate a copy of this statement, a copy can be requested by contacting the Social Security Administration at 1-800-772-1213. If any member of the household receives any other government benefit such as food stamps, child support, AFDC or any other income, please provide documentation of this income from the providing agency.

If any member of the household over eighteen (18) receives income from any other source (i.e., business, rental, alimony, child support, etc.), please provide documentation for this income also.

3. **Provide Asset Documentation:** Please provide a copy of current statements for all assets that could generate income (i.e., Checking/Savings Accounts, IRA's, 401K's, Stocks, Bonds, etc.)

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION INSTRUCTIONS**

Please read this page carefully. Please provide the most accurate information possible, and ensure all requested documents are attached at the time of application submittal.

4. **Provide Homeownership Documentation:** If the applicant owns the home (without any loans, liens or mortgages), provide a copy of the deed that is in the applicant's name. If the home is mortgaged, provide a copy of the most recent mortgage statement stating that the mortgage is current as well as a copy of the deed. If the home listed in the application is a mobile or manufactured home, provide a copy of the Certificate of Title.
5. **Provide Property Tax Documentation:** Please provide a copy of the most recent Property Tax Statement showing current on all property taxes for the home.
6. **Provide Picture I.D.:** Please provide a copy of a Picture I.D. for all household members.
7. **Provide Disability Certification:** If any member of the household has a disability, please complete the applicant portion and have the member's physician complete the physician portion of the form titled "Disability Certification." The enclosed form must be completed by the member's physician and included in the application. Please note, documentation of a disability does not guarantee inclusion for CDBG Housing Rehabilitation assistance.

**CDBG HOUSING REHABILITATION PROGRAM
NOTICE OF VOLUNTARY PARTICIPATION**

I, _____, do hereby acknowledge that I VOLUNTARILY request to be included in the White Springs CDBG Housing Rehabilitation Program. I acknowledge that such inclusion will require me to provide personal data, such as income information, and by signing I acknowledge that the release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated as confidentially as the CDBG Program permits.

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

1. The purpose of the program is to place my residence in a condition equal to minimum housing standards. I consent to attainment of this standard and will not demand assistance greater than that which is approved by the Town of White Springs and regulated by the CDBG program.
2. I understand that the contract for assistance is prepared between the contractor and me as an administrative matter, but that the Town of White Springs 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 Town of White Springs or its agent.
3. I understand that I am subject to immediate program disqualification, with existing financial responsibility for the incurred costs, if I:
 - a. Provide any inaccurate or untruthful information,
 - b. Fail to comply with existing guidelines,
 - c. Perform any action to receive more assistance than I am entitled.
4. I hereby authorize the Town of White Springs's agent to inspect my property.

I recognize that this assistance is provided as goodwill 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. 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 Name (Print)	_____ Applicant Signature	_____ Date
_____ Co-Applicant Name (Print)	_____ Co-Applicant Signature	_____ Date
_____ Witness Name (Print)	_____ Witness Signature	_____ Date

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION FOR ASSISTANCE**

Applicant: _____ Co-Applicant: _____

Street Address: _____ Mailing Address: _____

Phone #: _____ Email Address: _____

A. Household Composition (Please list every member of the household)

#	Name	Age	Sex	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

B. Disability Status (Please list every disabled member of the household. For each member claiming disability status, please provide a completed "Disability Certification" form.)

#	Name	Description of Disability
1.		
2.		

C. Household Income (Please list all sources of income from all members of the household)

Source	Applicant			Co-Applicant			Other HH Member		
Employment	\$			\$			\$		
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
SS Benefits	\$			\$			\$		
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
SSI Benefits	\$			\$			\$		
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Net Business Income (P/L)	\$			\$			\$		
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Unemployment	\$			\$			\$		
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

**CDBG HOUSING REHABILITATION PROGRAM
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C. Household Income (Please list all sources of income from all members of the household)

Source	Applicant			Co-Applicant			Other HH Member		
Alimony/Child Support	\$			\$			\$		
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Asset Income	\$			\$			\$		
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Other:	\$			\$			\$		
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

D. Household Assets (Please list all assets held by all members of the household)

Asset Description	Financial Institution	Last 4 Account #
Checking Account		
Savings Account		
COD/Treasury Bill		
Retirement Account		
Annuities		
Stocks/Bonds		
Other (Real Estate, etc.):		

E. Housing Structure/Property Information (Please check/complete all that apply)

- The housing structure identified in the application is a:
 Manufactured/Mobile Brick/Block/CMU Wood Frame Other
- The housing structure identified in the application was constructed in what year?

- Is there a mortgage on the housing structure/property identified in the application?
 Yes No
- If yes, are the mortgage payments current?
 Yes No
- Are the property taxes current for the property identified in the application?
 Yes No

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION FOR ASSISTANCE**

F. Miscellaneous Information

1. Has the applicant/co-applicant received Housing Rehabilitation Assistance from the Town of White Springs or Hamilton County within the last ten (10) years?
 Yes No

2. If yes, please provide details pertaining to the assistance provided. (What program? When? What repairs? Etc.)

3. Does any member of the household have a business or familial relationship with any White Springs employee or Town elected official?
 Yes No

4. If yes, please disclose the name(s) & position(s) of all that apply:

G. Applicant Certification

By signing below, the **Applicant**, and **Co-Applicant** if applicable, certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the applicant/co-applicant's knowledge and belief.

<hr/>	<hr/>	<hr/>
Applicant Name (Print)	Applicant Signature	Date

<hr/>	<hr/>	<hr/>
Co-Applicant Name (Print)	Co-Applicant Signature	Date

**CDBG HOUSING REHABILITATION PROGRAM
CONFLICT-OF-INTEREST WAIVER**

Please be advised, all applicants that may have a business or familial relationship with a member of the local governing body must fully disclose this relationship at the time of the application to be considered for assistance. This should be disclosed at the point in time at which the conflict occurs and before a construction contract is executed. Failure to disclose any potential conflict of interest could possibly result in dismissal from the White Springs CDBG Housing Rehabilitation Program.

Please review the following lists for potential conflicts and indicate any relationship to any of the Town officials listed below:

Town Elected Officials
Anita Rivers, Mayor
Jacqueline Williams, Vice-Mayor
Mary Berry
Kizzy Burch
Linnie Pope

Please check/complete all that apply:

- I/We have reviewed the list and certify that I/we DO NOT have a business or familial relationship to any of the above-mentioned Town elected officials.
- I/We have reviewed the list and certify that I/we DO have a business or familial relationship to the following Town elected officials:

Name of Town elected official(s):

Nature of business or familial relationship to applicant/co-applicant/HH member(s):

By signing below, the **Applicant** and **Co-Applicant**, if applicable, certifies that the information provided on this Conflict-of-Interest Waiver is true and complete to the best of the applicant/co-applicant's knowledge and belief.

Applicant Name (Print)

Applicant Signature

Date

Co-Applicant Name (Print)

Co-Applicant Signature

Date

**CDBG HOUSING REHABILITATION PROGRAM
DISABILITY CERTIFICATION**

Please check/complete all that apply:

- I/We certify that I/we DO NOT have a disability.
- I/We certify that I/we DO have a disability. I/We authorize the release of medical information necessary to complete this form. I/We understand that this form must be completed by a physician and returned with the application.

Name of Physician(s):

Physician's Phone Number:

Applicant Name (Print)

Applicant Signature

Date

Co-Applicant Name (Print)

Co-Applicant Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY.*****

PHYSICIAN CERTIFICATION OF DISABILITY:

- The patient has a **permanent** disability, which has the following mobility restrictions:

- The patient has a **permanent** disability, which **does not** have a mobility restriction.

- The patient **does not** have a **permanent** disability.

By signing below, I certify as the patient's physician that the information provided on this Disability Certification is true and complete to the best of my knowledge and belief.

Physician Name (Print)

Physician Signature

Date

**CDBG HOUSING REHABILITATION PROGRAM
THIRD-PARTY VERIFICATION OF EMPLOYMENT INCOME**

Please make copies of this form as needed to provide completed forms for each member of the household aged 18+.

Please check/complete all that apply:

- I DO receive employment income & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the White Springs CDBG Housing Rehabilitation Program.

Name of Employer:

Employer's Phone Number:

- I DO NOT receive employment income (Unemployed).

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY.*****

EMPLOYER CERTIFICATION OF EMPLOYMENT INCOME:

State and Federal Regulations require us to verify income information for the employee that has provided authorization above in order to determine their eligibility for the White Springs CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Employee			Gross Employment Income Per Pay Period
			\$
Pay Period Frequency			Gross Annual Employment Income
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	\$

By signing below, I certify as a representative of the applicant's employer that the information provided on this Third-Party Verification of Employment Income form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

**CDBG HOUSING REHABILITATION PROGRAM
THIRD-PARTY VERIFICATION OF ASSET INCOME**

Please make copies of this form as needed to provide completed forms for each member of the household aged 18+.

Please check/complete all that apply:

- I DO own at least one of the below-mentioned asset accounts & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the White Springs CDBG Housing Rehabilitation Program.

Name of Financial Institution:

Financial Institution's Phone Number:

- I DO NOT own any of the below-mentioned asset accounts and, therefore, do not receive asset income.

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY.*****

FINANCIAL INSTITUTION CERTIFICATION OF ASSET INCOME:

State and Federal Regulations require us to verify income information for the accountholder that has provided authorization above in order to determine their eligibility for the White Springs CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Asset Description	Last 4 Account #	Asset Income Generated Over Past 12 Months
		\$
		\$
		\$

By signing below, I certify as a representative of the applicant's financial institution that the information provided on this Third-Party Verification of Asset Income form is true and complete to the best of my knowledge and belief.

 Certifying Official Name (Print) Certifying Official Signature Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

**CDBG HOUSING REHABILITATION PROGRAM
THIRD-PARTY VERIFICATION OF SOCIAL SECURITY BENEFITS**

Please make copies of this form as needed to provide completed forms for each member of the household aged 18+.

Please check/complete all that apply:

- I DO receive Social Security Benefits & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the White Springs CDBG Housing Rehabilitation Program.
- I DO NOT receive Social Security Benefits.

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY.*****

SOCIAL SECURITY ADMINISTRATION CERTIFICATION OF SOCIAL SECURITY BENEFITS:

State and Federal Regulations require us to verify income information for the beneficiary that has provided authorization above in order to determine their eligibility for the White Springs CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Beneficiary	Last 4 of SSN	DOB

Type of Benefit	Deduction for Medicare?	Deduction Amount	Gross Benefit Amount
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

By signing below, I certify as a representative of the Social Security Administration that the information provided on this Third-Party Verification of Social Security Benefits form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print) Certifying Official Signature Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

**CDBG HOUSING REHABILITATION PROGRAM
THIRD-PARTY VERIFICATION OF UNEMPLOYMENT BENEFITS**

Please make copies of this form as needed to provide completed forms for each member of the household aged 18+.

Please check/complete all that apply:

- I DO receive Unemployment Benefits & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the White Springs CDBG Housing Rehabilitation Program.
- I DO NOT receive Unemployment Benefits.

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY.*****

STATE OF FLORIDA AGENCY FOR WORKFORCE INNOVATION CERTIFICATION OF UNEMPLOYMENT BENEFITS:

State and Federal Regulations require us to verify income information for the beneficiary that has provided authorization above in order to determine their eligibility for the White Springs CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Beneficiary	Gross Weekly Benefit Amount	Benefit Start Date	Benefit End Date
	\$		

By signing below, I certify as a representative of the State of Florida Agency for Workforce Innovation that the information provided on this Third-Party Verification of Unemployment Benefits form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

CDBG HOUSING REHABILITATION PROGRAM
THIRD-PARTY VERIFICATION OF REGULAR CASH CONTRIBUTIONS
(Rental Income, Regular Family Assistance, Regular Payment of Bills, Alimony, etc.)

Please make copies of this form as needed to provide completed forms for each member of the household aged 18+.

Please check/complete all that apply:

- I DO receive regular monetary support from someone outside of my household & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the White Springs CDBG Housing Rehabilitation Program.

Name of Contributor:

Contributor's Phone Number:

- I DO NOT receive regular monetary support from someone outside of my household.

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY.*****

CONTRIBUTING PARTY CERTIFICATION OF REGULAR MONETARY SUPPORT:

State and Federal Regulations require us to verify income information for the beneficiary that has provided authorization above in order to determine their eligibility for the White Springs CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Recipient			Gross Amount Per Cash Contribution
			\$
Cash Contribution Frequency			Gross Annual Cash Contribution
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	\$

By signing below, I certify as a Contributing Party that the information provided on this Third-Party Verification of Regular Cash Contributions form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

**CDBG HOUSING REHABILITATION PROGRAM
THIRD-PARTY VERIFICATION OF INCOME FROM BUSINESS**

Please make copies of this form as needed to provide completed forms for each member of the household aged 18+.

Please check/complete all that apply:

- I DO own a business that I receive income (profit OR loss) from. I/We understand that a copy of my most recently filed Tax Documents showing the Net Profit OR Loss generated from the business must be returned with the application. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the White Springs CDBG Housing Rehabilitation Program.
- I DO NOT own a business that I receive income (profit OR loss) from.

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY.*****

J&A CERTIFICATION OF INCOME FROM BUSINESS:

State and Federal Regulations require us to verify income information for the business owner that has provided authorization above in order to determine their eligibility for the White Springs CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Based upon J&A's review of the most recently filed Tax Documents, we've prepared the following calculation of estimated Net Profit OR Loss generated from the business:

Name of Business	Net Profit OR Loss
	\$

By signing below, I certify as a representative of **Jordan & Associates (J&A)**, that the information provided on this Third-Party Verification of Income from Business form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print) Certifying Official Signature Date

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**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION DOCUMENTATION CHECKLIST**

1. Application Documents

- Notice of Voluntary Participation
- Application for Assistance
- Conflict-of-Interest Waiver
- Disability Certification
- Third-Party Verification of Employment Income
- Third-Party Verification of Asset Income
- Third-Party Verification of Social Security Benefits
- Third-Party Verification of Unemployment Benefits
- Third-Party Verification of Regular Cash Contributions
- Third-Party Verification of Income from Business
- Authorization for the Release of Information

2. Additional Income Documentation

- If receiving Employment Income: In addition to completing the Third-Party Verification of Employment Income, please provide copies of Pay Stubs (Dated no more than 60 days prior to the Application Deadline) for four (4) consecutive weeks for all applicable members of the household.
- If receiving Asset Income: In addition to completing the Third-Party Verification of Asset Income, please provide copies of recent Asset Account Statements (Dated no more than 60 days prior to the Application Deadline).
- If receiving Social Security Benefits: In addition to completing the Third-Party Verification of Social Security Benefits, please provide copies of a current statement of benefits.
- If receiving Unemployment Benefits: In addition to completing the Third-Party Verification of Unemployment Benefits, please provide copies of a current statement of benefits.
- If receiving Regular Cash Contributions: In addition to completing the Third-Party Verification of Regular Cash Contributions, please provide a signed statement from the contributing party detailing the amount and regularity of the income.
- If receiving Income from a Business: In addition to completing the Third-Party Verification of Income from a Business, please provide copies of the most recently filed Tax Documents showing the Net Profit OR Loss generated from the business.

3. Homeownership Documentation

- If the Applicant Owns the Home (without any loans, liens or mortgages): Please provide a copy of the deed that is in the applicant's name.
- If the Applicant has a Mortgage on the Home: Please provide a copy of the most recent mortgage statement, stating that the mortgage is current as well as a copy of the deed.

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION DOCUMENTATION CHECKLIST**

4. Property Tax Documentation

- Please provide a copy of the most recent Property Tax Statement showing current on all property taxes for the home.

5. Picture IDs

- Please provide a copy of a Picture I.D. for all household members.

Upon completion, the application must be mailed or delivered to the Town of White Springs, P.O. Drawer D/10363 Bridge Street, White Springs, FL 32096. **ALL APPLICATIONS ARE DUE NO LATER THAN 5:00 PM, ON JANUARY 5, 2024.**

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