

**Notice of Funding Availability  
(NOFA) Jefferson County Housing  
Department Announces the  
Anticipated Availability of  
State Housing Initiatives Partnership (SHIP) Funds  
for the State Fiscal Years 2021/2022**

The Jefferson County Housing Department anticipates approximately \$315,000 available through the State Housing Initiatives Partnership (SHIP) program for fiscal year 2021/2022 to be used for the following Local Housing Assistance Plan strategies: Owner-Occupied Rehabilitation, Mobile Home Replacement with Site Built Homes, and Homebuyer Purchase Assistance. Please note that funding for rehabilitation will only be used to support existing housing. The strategies are as follows:

- **Homebuyer Purchase Assistance Strategy**

The purpose of this strategy is to provide down payment assistance and principle reduction to first-time homebuyers that are eligible under the SHIP guidelines. The maximum amount of SHIP funds that may be awarded per unit is \$30,000 for very low income, \$25,000 for low income and \$20,000 for moderate income households. Potential homebuyers will be required to qualify for a 1<sup>st</sup> mortgage through a financial institution. Homebuyers may not have claimed homestead exemption in the last three years. Funds will be awarded on a first come, first ready-to-close basis. Funds are limited.

- **Owner-Occupied Rehabilitation Strategy**

The purpose of this strategy is to provide repairs or improvements needed for health and safety items needing rehabilitation and/or correction of code violations. The maximum amount of SHIP funds that may be awarded per unit is \$40,000. The homeowner must claim homestead exemption and the home must be occupied by the owner to be considered for rehabilitation. Applicants are limited to assistance once, if you have previously received SHIP assistance, you are not eligible. Applications will be considered on a first come, first served basis.

**Mobile Homes are not eligible for purchase assistance or rehabilitation.**

- **Mobile Home Replacement**

The purpose of this strategy is to provide replacement of mobile homes that are more than 51% structurally unsound as determined by a certified Housing Rehabilitation specialist or Building Inspector. The maximum amount of SHIP funds that may be awarded per unit is \$100,000. The homeowner must claim homestead exemption and the home must be owner occupied to be considered. **Funding priority will be persons with special needs as defined by 420.0004 Florida Statutes.** Funds for this strategy are limited to no more than 2 houses per fiscal year.

**All interested persons will need to initially apply or re-apply.** SHIP Applications will be available beginning Monday, May 17, 2021 between the hours of 9:00 AM and 4:00 PM, EST, Monday thru Friday by calling **Jay Moseley, Government Services Group, Inc. at (850) 681-3717**

All applications will be considered on a **first come/first qualified** basis using the LHAP priorities regarding funding strategy goals and limitations. **Funding priority for all categories will be persons with special needs as defined by 420.0004 Florida Statutes.** Awards for all strategies is subject to availability of funds. Questions regarding the SHIP program and application process should be directed to Jay Moseley, Government Services Group, Inc., at (850) 681- 3717.

**A FAIR HOUSING/EQUAL OPPORTUNITY/HANDICAP ACCESS JURISDICTION**



**JEFFERSON COUNTY  
STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM (SHIP)  
HOMEBUYER PURCHASE ASSISTANCE  
OR  
HOUSING REHABILITATION APPLICATION**



Jefferson County SHIP Office  
1484 S. Jefferson St.  
Monticello, Florida

C/O: Government Services Group, Inc.

## **SHIP PROGRAM INFORMATION**

Thank you for your interest in the Jefferson County SHIP program. We hope that we will be able to assist you with your housing needs. Applications for assistance are accepted on a first come, first qualified basis (purchase assistance) or first come, first served basis (rehab), as funds are available. **Funding priority will be persons with special needs as defined by 420.0004 Florida Statutes.** Please return the application via mail with the required supporting documents to:

**Government Services Group, Inc.  
P.O. Box 357995  
Gainesville, FL 32635-7995**

Please call Government Services Group at **850-681-3717** for assistance.

### **PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION**

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#### **General Information**

Jefferson County utilizes State Housing Initiatives Partnership (SHIP) program funds to administer and provide Home-Buyer Purchase Assistance and Owner-Occupied Rehabilitation to qualified individuals and families in order to assist with the purchase of a home or repair qualified single-family, owner-occupied homes that meet certain requirements. There are also limited funds for replacement of mobile homes under certain conditions.

The SHIP program is a state-provided grant to assist residents of Jefferson County in obtaining affordable housing. Affordable housing is defined by statute as monthly mortgage payments, including taxes and insurance that does not exceed 30 percent of the median adjusted gross income for the County. SHIP funds are available only to households that qualify according to state-established guidelines for extremely low, very low, low and moderate income levels. **SHIP funds be awarded for Down Payment or Rehabilitation assistance as loans to qualified individuals in the form of a zero percent (0%) second mortgage loan; due upon sale, transfer, or refinancing for down payment, closing cost, and rehabilitation expenses. All zero percent interest second mortgages will be forgiven after seven (7) years if the home is not sold, has not changed ownership and is owner occupied for seven (7) years. The obligated amount will be prorated annually reducing the loan amount in equal amounts per annum. A repayment agreement will be recorded with the local Clerk of Courts that outlines procedures for recapture of the second mortgage if the home is sold or ownership changes within the seven (7) year period. If the unit is sold before the lien expires, only the remaining portion of the sum of the grant must be repaid to the Jefferson County Local Housing Trust Fund. For replacement of mobile homes, the recapture agreement is the same as the above, except the term of the loan will be twenty (20) years. All assistance will be in compliance with the Florida Statute 420.907 and Florida Administrative Code, Rule 67-37.**

## **ABOUT THE CONSULTANT**

Government Services Group, Inc. (GSG) is a grant consulting firm hired by Jefferson County to administer the SHIP program. GSG will handle all your paperwork and will oversee the loan closing and construction processes. It is important that you provide GSG with all the required information and cooperate in every way in order to make this a positive experience. In addition, GSG will be able to assist you in understanding the loan closing or the construction process. Please note that JEFFERSON County will have final authority with all processes and procedures.

Please complete all sections of the application. If it does not apply, please indicate by using **N/A**. In addition, please provide copies of your driver's license (all applicable members), and contact information for your employer and banking institutions. If you are self-employed please include the last two years' tax returns. If you have any questions about the application please call Government Services Group, Inc. at 850-681-3717. Again, thank you for your interest in the Jefferson County SHIP Program.

If you have a question or problem, you may contact **Government Services Group, Inc.** at the following number: **850-681-3717**

All applications must be **MAILED** to the following address:

**Government Services Group, Inc**  
**P.O. Box 357995**  
**Gainesville, FL 32635-7995**

## Homebuyer Purchase Assistance Information

SHIP funds are available for qualified first-time home buyers for down payment, closing cost, and principal reduction of a new or existing home purchase. The maximum amount of the award will be up to \$30,000 for very-low, \$25,000 for low-income and \$20,000 for moderate income households. **Applicants will be approved on a first come, first qualified basis. Applicants may not apply if a claim of homestead exemption has been made within the last three (3) years. All first-time home buyers are required to attend the First-time Homeowner Workshop prior to closing of your home.**

**Applications will not be processed until we receive a letter of approval from a 1<sup>st</sup> mortgage lender qualifying you for a mortgage and have an accepted purchase contract.**

Applicants are limited to assistance once, if you have previously received SHIP assistance, you are ineligible to apply.

### **Sales Price & Affordability**

The maximum acceptable sales price for a new home is \$211,950, for existing homes the maximum price will be \$138,375. The monthly housing costs, including taxes and insurance shall not exceed thirty percent (30%) of the applicant's monthly gross income unless the first mortgage lender is satisfied that the household can afford mortgage payments in excess of the thirty percent (30%) benchmark.

### **Income Eligibility Criteria**

Annual income **cannot exceed** the **amount** shown on the chart below.

Number of people in household	1	2	3	4	5	6	7	8
	\$64,200	\$73,320	\$82,440	\$91,560	\$99,000	\$106,320	\$113,640	\$120,960

### **Applicant Eligibility Guidelines**

Eligible applicants must meet the following affordability guidelines to be qualified:

- Meet income guidelines that are based on the household's anticipated gross annual income and the number of household members
- **Qualify with a lender for mortgage financing and have an accepted purchase contract.**
- Be a first time homebuyer by definition (has not claimed homestead exemption within the last three years, excluding mobile homes)
- Monthly mortgage payment including taxes and insurance must be affordable
- Take a HUD-Approved First-Time Homebuyer's course

### **Funding Information**

Maximum award amount for down payment and closing costs are as follows: The award amount will be determined by proof of income, household size, and

<b>Very low income up to \$30,000</b>	<b>Low income up to \$25,000</b>	<b>Moderate income up to \$20,000</b>
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**Proof of Income**

As a condition of admission to the SHIP program we must obtain documentation to verify each source of income. First, an executed Release of Information form must be obtained from all household members that are eighteen (18) years or older. This authorizes the release of information from any depository, employer, or federal, state or local agency. Once the form is executed by the applicant, GSG will submit the form for verification. We will make every attempt to obtain written verification by Third- party only as this is a State requirement. Please note that we will not be able to process your application until these items are complete, so please begin working on them as soon as possible.

**SOCIAL SECURITY RECIPIENTS** MUST REQUEST A PROOF OF INCOME LETTER FROM THE SOCIAL SECURITY OFFICE OR ONLINE USING THE FOLLOWING WEBSITE:

<https://secure.ssa.gov/apps6z/BEVE/main.html>

**Proof of Hazard Insurance**

The homeowner shall keep the property insured against loss by fire and other hazards included with the term “extended coverage”. The insurance will be required for the life of the grant assistance.

**WHAT TO SUBMIT WITH YOUR APPLICATION**

- Application and all verification forms that pertain to you. (If you need an additional form please contact Government Services Group.)
- All forms that require notarization must be notarized prior to submitting your application.
- Photo ID of all household members 18 or over

**REMINDER:** The faster you provide the correct information, the faster your house can be purchased.

We will not begin your approval process until we receive a 1<sup>st</sup> mortgage approval letter from a lender, and have an approved purchase contract.

**Please go to application forms**

**Please note that Mobile Homes are not eligible for Down Payment or Rehabilitation assistance!**

Check	( <b>DO NOT</b> send originals, they will not be returned)
	Copy of latest tax return of each adult in home
	Copy of Pay stub ( <b>last 4</b> ) for each working adult member of family living in home.(if applicable)
	Copy of Photo ID of buyer, co-buyer, and all other household members 18 or older
	Copy of any 1099 forms from Retirement, home-based business, investments etc.
	Copy of last <b>six (6)</b> months statements of checking accounts of all household members
	Copy of last six (6) months statements of savings accounts of all household members
	Copy of homeowners insurance
	Copy of each SS Statement of Benefits for Retirement and for SSI if Applicable
	Copy of any Retirement Program Statement of Benefits if Applicable

## Owner-Occupied Rehabilitation Information

Jefferson County has allocated funding to assist residents with owner-occupied rehabilitation. These funds are designed to help very low, low income individuals and families who are living in homes that need repair. Eligible applicants may receive up to \$40,000 to assist with the rehabilitation of their property, however the final amount may be less than \$40,000 depending on the necessary work. Rehabilitation will include items necessary to correct code violations and/or substantially rehabilitate the home. Applicants are limited to assistance once, if you have previously received SHIP assistance, **you are not eligible to receive assistance a second time.**

### **Rehabilitation Program**

This program is designed to bring existing homes back into compliance with minimum HUD Housing Quality Standards by repairs or improvements needed for safe and sanitary habitation and/or correction of code violations to existing homes. SHIP funds will be awarded to qualified individuals in the form of a second mortgage deferred principal zero percent (0%) interest loan. All deferred zero (0%) interest loans will be forgiven if the home is not sold, has not changed ownership, or transferred, refinanced, and is owner occupied continuously for seven (7) years. The obligated amount will be prorated annually reducing the loan in equal amounts per annum. A repayment agreement will be recorded with JEFFERSON County's Clerk of Courts office that outlines procedures for recapture of deferred loans if the home is sold, refinanced, or ownership changes. Only the obligated portion must be repaid to the Local Housing Assistance Trust Fund. Funds are available to very low-income, and low -income households and are on a first-come, first qualified basis. **Funding priority will be persons with special needs as defined by 420.0004 Florida Statutes.**

### **Mobile Home Replacement Program**

The purpose of this strategy is to provide replacement of mobile homes that are more than 51% structurally unsound as determined by a certified Housing Rehabilitation specialist or Building Inspector. The maximum amount of SHIP funds that may be awarded per unit is \$100,000. The homeowner must claim homestead exemption and the home must be owner occupied to be considered. Funds for this strategy are limited to no more than 2 houses per fiscal year. SHIP funds will be awarded to qualified individuals in the form of a second mortgage deferred principal zero percent (0%) interest loan. All deferred zero (0%) interest loans will be forgiven if the home is not sold, has not changed ownership or transferred, refinanced, and is owner occupied continuously for twenty (20) years. The obligated amount will be prorated annually reducing the loan in equal amounts per annum. A repayment agreement will be recorded with JEFFERSON County's Clerk of Courts office that outlines procedures for recapture of deferred loans if the home is sold, refinanced, or ownership changes. Only the obligated portion must be repaid to the Local Housing Assistance Trust Fund. Funds are available to very low-income, and low income households. **Funding priority will be persons with special needs as defined by 420.0004 Florida Statutes.**

**All assistance will be in agreement with the Florida Statute 420.907 and Florida Administrative Code, rule 67-37.**

### **Proof of Ownership**

**A copy of a warranty deed or mortgage deed is required.** If you have a mortgage deed, you must provide proof that you are current on all payments (a letter from your mortgage holder is sufficient). **The Ownership, or "Title", must be clear.** If there are persons on the title who are deceased, a death certificate must accompany the deed. If there are persons on the deed who are still living, but are not in the house, they must release their rights to the property. A quitclaim deed releasing the property back to you will be sufficient. Please note that their property will not qualify for this program.

### **Proof of Hazard Insurance**

The homeowner shall keep the now existing property insured against loss by fire and other hazards included with the term "extended coverage". The insurance will be required for the life of the grant assistance.

### **Proof of Income**

As a condition of admission to the SHIP program we must obtain documentation to verify each source of income. First, an executed Release of Information form must be obtained from all household members that are eighteen (18) years or older. This authorizes the release of information from any depository, employer, or federal, state or local agency. Once the form is executed by the applicant, GSG will submit the form for verification. We will make every attempt to obtain written verification by Third-party only as this is a State requirement. Please note that we will not be able to process your application until these items are complete, so please begin working on them as soon as possible.

**SOCIAL SECURITY RECIPIENTS MUST REQUEST A PROOF OF INCOME LETTER FROM THE SOCIAL SECURITY OFFICE OR ONLINE USING THE FOLLOWING WEBSITE:**

<https://secure.ssa.gov/apps6z/BEVE/main.html>

**Income Eligibility Criteria**

Annual income cannot exceed the amount shown on the chart below:

No. of people in household	1	2	3	4	5	6	7	8
Low Income	\$42,750	\$48,850	\$54,950	\$61,050	\$65,950	\$70,850	\$75,750	\$80,600



## WHAT TO SUBMIT WITH YOUR APPLICATION

- Application and all verification forms that pertain to you. (If you need an additional form, please contact Government Services Group.)
- A copy of your warranty deed or mortgagedeed.
- If submitting a mortgage deed, you must include a copy of your most recent mortgage statement.
- A copy of your tax receipt confirming that your taxes are current, and all previous year taxes are paid. (See the tax collector’s website <http://www.Jeffersoncountytaxcollector.com/>)
- All forms that require notarization must be notarized prior to submitting your application.
- Photo ID of all household members 18 orOver.
- Copy of current homeowner’s insurance policy.

**REMINDER:** The faster you provide the correct information, the faster your house will be completed.

**Please go to application forms**

**Please note that Mobile Homes are not eligible for Down Payment or Rehabilitation assistance!**

**Please do not submit instruction pages with your application! If printing the application, please print on one side only.**

**You must submit these items along with the application and required forms.**

Call if you have questions.

Check	(DO NOT send originals, they will not be returned)
	Copy of deed to property showing that <b>you</b> are the owner (no heir property)
	Copy of latest tax return of each adult in home
	Copy of Pay stub ( <b>last 4</b> ) for each working adult member of family living in home.(if applicable)
	Copy of Property tax paid receipt
	Copy of Photo ID of owner , co-owner, and all other household members 18 or older
	Copy of any 1099 forms from Retirement, home-based business, investments etc.
	Copy of last <b>six (6)</b> months statements of checking accounts of all household members
	Copy of last six (6) months statements of savings accounts of all household members
	Copy of homeowners insurance
	Copy of each SS Statement of Benefits for Retirement and for SSI if Applicable
	Copy of any Retirement Program Statement of Benefits if Applicable

## STATE HOUSING INITIATIVE PROGRAM APPLICATION FOR HOUSING ASSISTANCE

### Office Use Only

Annual Income: \$ \_\_\_\_\_ Income Category (VL, L, M): \_\_\_\_\_

Type of Assistance – Please check one: \_\_\_\_\_ Rehab/Replacement or \_\_\_\_\_ Purchase Assistance \_\_\_\_\_ MH Replacement

General Information	Head of Household/Applicant	Spouse/Co-Applicant
Full Name:		
Social Security #:		
Date of Birth:		
Age:		

### Property and Phone Information:

Full Address (include city and zip):			
Full Mailing address (if different):			
Primary Phone:		Alternate Phone:	

### Other Household Members:

Name(s)	Social Security #	Date of Birth	Age	Gender	Relationship to Applicant

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student? If yes, please list: \_\_\_\_\_

Does Applicant/Co-Applicant own a home? \_\_\_\_\_ Do you have a mortgage? \_\_\_\_\_

Current Monthly rent/mortgage: \$ \_\_\_\_\_ Are you current on your mortgage? \_\_\_\_\_

If No, type of unit to be purchased? \_\_\_\_\_ Existing unit \_\_\_\_\_ Newly constructed unit

Use additional paper if needed for all items below

### Applicant/Co-Applicant Employment Information: (included last years W2) Current Only

Employee Name:		Employer Name:	
Position:		Supervisor:	
Address:		Phone contact:	
Pay Rate:	\$ _____ Per hour	Months employed:	Pay Frequency: _____
Annual Income including gross salary, overtime, tips, bonuses, etc.:			\$ _____

Employee Name:		Employer Name:	
Position:		Supervisor:	
Address:		Phone contact:	
Pay Rate:	\$ _____ Per hour	Months employed:	Pay Frequency: _____
Annual Income including gross salary, overtime, tips, bonuses, etc.:			\$ _____

**Other Sources of Income:**

(For ALL Household Members 18 and Over, List Business or Rental Net Income, awarded Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Household Member Name	Type of Income	Gross Annual Amount
1.		\$
2.		\$
3.		\$
4.		\$
Total		\$

**Assets and Asset Income**

(For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

Bank Name	Account Number	Type of Asset	Asset Value
1.			\$
2.			\$
3.			\$
4.			\$
Total			\$

**Handicap/ Disability**

(List household members and the disability. Please call 850-681-3717 for a disability form or send SSI information) Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment."

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. **List name or names below:**

\_\_\_\_\_

<b>ETHNICITY/SPECIAL NEEDS</b>				
White	Black	Hispanic	Asian/Pacific Islander	Native American
_____	_____	_____	_____	_____
Farm Worker	Disabled/Disabled Minor	Elderly	Homeless	
_____	_____	_____	_____	

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. 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.

\_\_\_\_\_

<b>Head of Household/Applicant</b>	<b>Print Name</b>	<b>Date</b>
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\_\_\_\_\_

<b>Spouse/Co-Applicant</b>	<b>Print Name</b>	<b>Date</b>
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\_\_\_\_\_  
Signature of Household Member Over 18      Date

\_\_\_\_\_  
Signature of Household Member Over 18      Date

\_\_\_\_\_  
Signature of Household Member Over 18      Date

\_\_\_\_\_  
Signature of Household Member Over 18      Date

\_\_\_\_\_  
Signature of Household Member Over 18      Date

**Social Security Disclosure Statement:**

This Community and its Consultant collect your Social Security number for the following purpose: Qualification for grant or loan processing under Section 119.071 (5) (a) 2, Florida Statutes. Social security numbers are confidential and do not become public records. They will not be released in any public records request. By signing below, I/We acknowledge receipt of this Social Security Number Collection Policy disclosure.

\_\_\_\_\_  
Signature – Applicant

\_\_\_\_\_  
Signature – Co-Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Household Member Over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household Member Over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household Member Over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household Member Over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household Member Over 18

\_\_\_\_\_  
Date

# NOTICE

## One form per household member

**You may need to make additional copies for your household members.**

1. Authorization for the Release of Information: (2 included)
  - a) One per adult (18 or older) in the home needs to fill out this form and include it with the application
2. Authorization for the Release of Information (minor)
  - a) One per minor child (under 18 years of age) in the household. One parent or guardian will need to sign each form
3. Third Party Verification for Employment
  - a) One per employer per household member that has employment (full time, part time, seasonal or day labor)
  - b) Household member fills out top portion and gives form to employer to complete lower portion.
4. Third Party Verification of Unemployment
  - a) One per household member on unemployment
  - b) Household member fills out top portion and gives form to Unemployment representative to complete lower portion
5. Social Security Administration
  - a) One per household member on Social Security or Social Security Disability
  - b) Include most current Social Security Benefits Award letter

### **One form per household needed for items below**

1. Income Affidavit
  - a. Please fill out this form and include the name of any household member that receives no income. **FORM MUST BE NOTARIZED!**
2. Bank Account Affidavit
  - a. Please fill out this form and include the names of any household member that does not have a bank or other financial institution to draw funds into or from. **FORM MUST BE NOTARIZED!**
3. Tax Return not Filed
  - a. Please fill out this form if any adult (18 years of age or older) in the household did not file a tax return for the previous year. **FORM MUST BE NOTARIZED!**

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If you have any question about any of the forms, call 850-681-3717 before you fill them out as you may need to make copies to accommodate your household.





GOVERNMENT SERVICES GROUP, INC.

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_ to release without liability, information regarding my employment, income, and/or assets to Government Services Group, Inc. for the purposes of verifying information provided as part of determining eligibility for assistance under the **SHIP Housing Assistance** program. I understand that only information necessary for determining eligibility can be requested.

### Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

### Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers	Alimony/Child Support Providers
Banks, Financial or Retirement Institutions	Social Security Administration State
Unemployment Agency	Veteran's Administration
Welfare Agency	Other: _____

### Agreement to Conditions:

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

\_\_\_\_\_  
Applicant or Household Member Signature (blue ink)

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

\_\_\_\_\_  
Date

**NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return", prepare, and sign separately.**



GOVERNMENT SERVICES GROUP, INC.

**AUTHORIZATION FOR RELEASE OF INFORMATION (minor)**

I, \_\_\_\_\_, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, hereby authorizes \_\_\_\_\_ to release without liability, information regarding income and/or assets to Government Services Group, Inc. for the purposes of verifying information provided as part of determining eligibility for assistance under the **SHIP Housing Assistance** program. I understand that only information necessary for determining eligibility can be requested.

**Types of Information to be verified:**

I understand that previous or current information regarding my child may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker’s compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

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

- |   |                                      |
|---|--------------------------------------|
| Past/Present Employers                      | Alimony/Child Support Providers      |
| Banks, Financial or Retirement Institutions | Social Security Administration State |
| Unemployment Agency                         | Veteran’s Administration             |
| Welfare Agency                              | Other: _____                         |

**Agreement to Conditions:**

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

\_\_\_\_\_  
Parent/Legal Guardian Signature (blue ink)

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

\_\_\_\_\_  
Date

**NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return”, prepare, and sign separately.**



**SHIP HOUSING ASSISTANCE PROGRAM  
REQUEST FOR VERIFICATION OF EMPLOYMENT AND/OR BENEFITS**

**THIRD PARTY VERIFICATION OF EMPLOYMENT**

State and/or Federal Regulations require us to verify employment history and income verification for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Scan and e-mail to [jmoseley@govserv.com](mailto:jmoseley@govserv.com) or you may fax to **Government Services Group, Inc @ 850-224-7206**

\_\_\_\_\_  
**Employee Name (Print)**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Employee Full Address**

I have applied for housing assistance through the State of Florida's (SHIP) Housing Assistance Program and I authorize you to furnish verification of my income and/or benefits.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Company Full Address**

**STOP: Employee please do not write below this line. Please give to your employer to complete.**

**VERIFICATION OF EMPLOYMENT** (Please complete all questions. Use N/A if not applicable)

**Current Position with company:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_

**Current Pay Rate** \$ \_\_\_\_\_ per hour **Pay Frequency (Hr. Wk, Mo):** \_\_\_\_\_

**Circle one:** Full Time Part Time Seasonal Day labor **Hours per week** \_\_\_\_\_

**Current Overtime Pay Rate:** \$ \_\_\_\_\_ **Average Overtime Hours/Wk:** \_\_\_\_\_

**Total Annual Base Pay Earnings:** \$ \_\_\_\_\_ **Total Overtime Base Pay Earnings:** \$ \_\_\_\_\_

**Amount and Frequency of other Compensation (bonus, raise, commission):** \$ \_\_\_\_\_

**Does the employee receive tips? (Y or N)** \_\_\_\_\_ **Average amount received per day** \$ \_\_\_\_\_

**Vacation Pay (Y or N)** \_\_\_\_\_ **If yes, number of days :** \_\_\_\_\_

**Retirement Account (Y or N)** \_\_\_\_\_ **Amount of Retirement Accessible to Employee:** \$ \_\_\_\_\_

**Total Gross Annual Income including Compensation anticipated, for the next 12 months:** \$ \_\_\_\_\_ \*\*

I certify that the above information is true and correct.

\_\_\_\_\_  
**Signature of Employer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (Print or Type)**

\_\_\_\_\_  
**Title at Company**

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

\_\_\_\_\_  
**Extension (if applicable)**

Please return completed form to:

Government Services Group, Inc.  
Attn: Third Party Verification Processing Department  
PO Box 357995, Gainesville, FL 32635-7995  
Alternatively, you may fax information to 850-224-7206 attention: Jay Moseley

**\*\*This space must be filled out and included!**





GOVERNMENT SERVICES GROUP, INC.

## HOUSING REHABILITATION ASSISTANCE PROGRAM

### No Income Affidavit

**(Please use this form if any household member does not receive income of any kind, any age)**

I \_\_\_\_\_ verify that the following household members in my home address of (full address) \_\_\_\_\_ does not have any type of income in the following areas: Unemployment, Social Security, home- base business, Independent Contractor, pension, retirement, Stocks, Bonds, Annuity, Money Market, 401K, Child Support, rental property, investment property, Treasury Bills, Certificates of Deposit (CD's), college 529 plan, Revocable Trust, IRA, Keogh Account or other retirement account, family or friends to assist in paying bills belonging to this home, gift of cash from others, eBay sales, newspaper ads, foster children assistance, cash value on a Life Insurance Policy, Lump Sum Receipt or one-time Receipt

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.**

Sign only in presence of notary

\_\_\_\_\_  
Owner/Applicant Signature (blue ink)

\_\_\_\_\_  
Co-owner/Spouse Signature (blue ink)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public, State of Florida

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

\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification

\_\_\_\_\_  
Type of owner Identification

\_\_\_\_\_  
Type of co-owner Identification

\_\_\_\_\_  
Commission Expires



GOVERNMENT SERVICES GROUP, INC.

**HOUSING REHABILITATION ASSISTANCE PROGRAM  
No Bank Account Information**

**Please use this form if any member in the household does not have a checking or savings account at a financial institution**

I \_\_\_\_\_ verify that the following household members in my home address of (full address) \_\_\_\_\_ do not have any checking, savings, or other investment account in a bank or credit union account or other financial institution.

- Name \_\_\_\_\_
- Name \_\_\_\_\_
- Name \_\_\_\_\_
- Name \_\_\_\_\_
- Name \_\_\_\_\_

**Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.**

Sign only in presence of notary

\_\_\_\_\_  
Owners Signature (blue ink)

\_\_\_\_\_  
Co-Owner/Spouse Signature (blue ink)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

_____ Notary Public, State of Florida	_____ Print Name
_____ Personally Known	_____ Produced Identification
Type of owner Identification	_____
Type of co-owner Identification	_____
Commission Expires	_____



GOVERNMENT SERVICES GROUP, INC.

**HOUSING ASSISTANCE PROGRAM**

**Non - Submission of Last Year's Tax Return**

Please use this form if a household member **DID NOT** file a tax return last year.

Applies to all adult members of household

I \_\_\_\_\_ verify that the following adult household members living at (full address) \_\_\_\_\_ did not file a tax return in the previous year.

- Name \_\_\_\_\_
- Name \_\_\_\_\_
- Name \_\_\_\_\_
- Name \_\_\_\_\_
- Name \_\_\_\_\_

**Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.**

Sign only in presence of notary

\_\_\_\_\_  
Owners Signature (blue ink)

\_\_\_\_\_  
Co-Owner/Spouse Signature (blue ink)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

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

\_\_\_\_\_  
Personally Known

\_\_\_\_\_  
Produced Identification

\_\_\_\_\_  
Type of owner Identification

\_\_\_\_\_

\_\_\_\_\_  
Type of co-owner Identification

\_\_\_\_\_

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_



GOVERNMENT SERVICES GROUP, INC.

### MEDICAL DISCLOSURE FORM

I, \_\_\_\_\_, the patient, or the undersigned parent or legal guardian of

\_\_\_\_\_, a minor, hereby authorizes the release of medical information without liability to Government Services Group, Inc., for the purposes of verifying information provided as part of determining eligibility for assistance under the **Housing Assistance** program. I understand that only information necessary for determining eligibility will be requested.

\_\_\_\_\_  
Signature – Patient, Parent or Guardian

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

\_\_\_\_\_  
Date

---

MEDICAL CONDITION OR DIAGNOSIS \_\_\_\_\_

Check the statement or statements that most applies:

\_\_\_\_\_ An adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition 420.0004(7) FL Statutes.

\_\_\_\_\_ Disabling condition means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is:

\_\_\_\_\_ (a) Expected to be of long-continued and indefinite duration; and

\_\_\_\_\_ (b) Not expected to impair the ability of the person with special needs to live independently with appropriate supports.

\_\_\_\_\_ None of the above.

\_\_\_\_\_  
Signature of Medical Professional

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

\_\_\_\_\_  
Date



GOVERNMENT SERVICES GROUP, INC.

## HOUSING REHABILITATION PROGRAM Assistance Affidavit

(Use this form if you are receiving assistance from a friend or family member.)

I, \_\_\_\_\_, verify that I am assisting applicant \_\_\_\_\_ with the following monthly gifts.

I have included receipts for these payments.

Monthly Mortgage payment: \$ \_\_\_\_\_  
Monthly Home Utility payment: \$ \_\_\_\_\_  
Monthly non-home payment: \$ \_\_\_\_\_  
Specify non-home payment items: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Relation to applicant \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

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

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

Personally Known \_\_\_\_\_

Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Type of ID