



**City of New Port Richey Community Redevelopment Agency
5919 Main Street, New Port Richey, FL • Phone (727) 853-1021**

HOMEOWNER REHABILITATION ASSISTANCE (CDBG) APPLICATION

OFFICIAL USE ONLY		
Date: _____	Application Reviewed By: _____	Reviewer Signature: _____

This program will assist eligible homeowner(s) **who are interested in seeking to remedy code and Housing Quality Standard deficiencies in their owner-occupied residence in the City of New Port Richey** by providing Homeownership Rehab Assistance as a part of the FFY 2019 Community Development Block Grant Housing Rehabilitation Program.

The following requirements and activities apply under this CDBG funded housing rehab assistance program:

- A. Potential recipients must be a primary resident of New Port Richey, FL, Florida.**
- B. Funding can only be used to assist in rehab of an owner/occupied primary residence (homestead).**
- C. All applicants must meet the minimum Section 8 HUD approved income limits and provide documentation to prove eligibility.**
- D. A second mortgage, note and deferred payment lien will be required for the assistance (no interest, no payments).**
- E. A minimum of 11 units will be rehabilitated through assistance to income eligible applicants (less than 80% of Area Median Income (AMI), or LMI).**
- F. Rehabilitation assistance of up to \$80,000.00 for single family homes and up to \$50,000 for multi-family homes will be available for qualified applicants and their qualified homes.**
- G. Focus shall be on units that require repair.**

**All applications must be submitted to the City of New Port Richey:
5919 Main Street, New Port Richey, FL**

APPLICATIONS WILL NOT BE ACCEPTED BY FAX OR E-MAIL



Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

CITY OF NEW PORT RICHEY
HOUSEHOLD AUTHORIZATION FOR THE RELEASE OF INFORMATION

The undersigned hereby authorizes you to release without liability, information regarding employment, credit, income and/or assets to the City of New Port Richey Community Development Block Grant (CDBG) Administrator for purposes of verifying collected data and information provided as part of the Housing Rehab Assistance under the CDBG Housing Rehab Program.

The undersigned also authorizes and understands that if he/she is found to be qualified to participate in the City Community Development Block Grant (CDBG) program and is eligible to receive assistance or benefit from this assistance from either of the said programs that they will be subject to a background check consisting of a criminal history check and a sex offender registry check to be used solely to ensure that the person or persons are eligible to receive assistance from programs that are HUD funded.

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, credit, income and assets, criminal history, 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/our eligibility for the City of New Port Richey CDBG 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	Banks and Financial Institutions
Veterans Administration	Internal Revenue Service	Support & Alimony Provisions
Credit Reporting Agencies	Unemployment Agencies	Retirement Systems
Background Check Agencies	Public Housing Agencies	Social Security Administration

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 one year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that I/We can provide is incorrect.

Household Member 1 Signature

Date

Household Member 2 Signature

Date

Household Member 3 Signature

Date

Household Member 4 Signature

Date

FY 2024 INCOME LIMITS SUMMARY CITY OF NEW PORT RICHEY, FLORIDA*
HOUSEHOLD SIZE

FY 2024 Income Limit Area	<u>Median Income</u>	FY 2024 Income Limit Category	1	2	3	4	5	6	7	8
Pasco County- New Port Richey	\$92,000	<u>Low & Moderate (80%) Income Limits</u>	\$53,500	\$61,150	\$68,800	\$76,400	\$82,550	\$88,650	\$94,750	\$100,850

APPLICANT/CO-APPLICANT GENERAL INFORMATION:

Applicant Name _____ D.O.B. / /

Street Address _____

City, State and Zip Code: _____

Mailing Address _____

City, State and Zip Code: _____

Home Phone _____ Alternate Phone (select) Cell Work _____

Email: _____

Check One: Single: ___ Married ___ Divorced ___ Widow ___

Co-Applicant Name _____ D.O.B. / /

Street Address _____

City, State and Zip Code: _____

Home Phone _____ Alternate Phone (select) Cell Work _____

Email: _____

Check One: Single: ___ Married ___ Divorced ___ Widow ___

***Income limit amounts are subject to change and be updated according to the HUD annual income limit documentation system.**

Other Household Members/Dependents living in the home (under 18 years of age or legally disabled/dependent with proof):

Proof of number of dependents claimed-Bring your Federal Tax return AND one of the following:

- Birth Certificate on which parents/applicants' name is listed
- School records that provide the parents/applicants name and address
- Court ordered letter of guardianship
- Divorce decree that list dependents
- Letter of adoption
- Social Security Card
- Child Support Documentation

HOUSEHOLD COMPOSITION:

(LIST EVERY PERSON THAT IS CURRENTLY LIVING IN YOUR HOME)

	NAME	AGE	SEX (M/F)	RACE	FULL TIME STUDENT (Y/N)	DISABLED (Y/N)
1						
2						
3						
4						
5						
6						
7						
8						

Please answer the following:

Are any HH member active Duty Military or Active Military Reserve? Yes () or No ()

-If yes please list the names of all active Duty HH members:

Are any HH member retired or discharged from Military or the Military Reserves? Yes () or No ()

-If yes please list the names of all active Duty HH members:

INCOME AND EMPLOYMENT:

Applicant Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

Co-Applicant Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

(If Applicable) Additional HH Member Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

(If Applicable) Additional HH Member Employer Name: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

MOST CURRENT INCOME FOR ALL MEMBERS OF THE HOUSEHOLD
(EXCLUDING DEPENDENT MINORS)

SOURCE OF INCOME (PER MONTH)	APPLICANT	CO-APPLICANT	OTHER Household Members Total Income	TOTAL
1. Employment				
2. Soc. Sec./S.S.I				
3. Unemployment/Wages				
4. Retirement/Pension(s)				
5. Public Assistance				
6. Rental Income				
7. Interest/Dividends				
8. Support Payments/Alimony				
9. Disability Wages				
10. Other				
TOTAL MONTHLY INCOME				

LISTED TOTAL HOUSEHOLD COMBINED ANNUAL INCOME: \$ _____

NOTES:

CITY OF NEW PORT RICHEY

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

UNEMPLOYMENT AFFIDAVIT

[1] I, _____, verify that I am presently unemployed and that I am receiving unemployment benefits at this time

[2] I, _____, verify that I am presently unemployed and have no other source of income at this time.

[3] I, _____, verify that I am presently unemployed and have other source(S) of income OTHER THAN UNEMPLOYMENT BENEFITS at this time.

If box 3 is signed please list other sources of income. And provide all official supporting documentation that verifies the sources of the stated income.

SOURCE(S) OF INCOME DERIVED FROM MEANS OTHER THAN UNEMPLOYMENT

1. _____
2. _____
3. _____

APPLICANT SIGNATURE

PRINT NAME

WARNING: Florida Statute 817 provides that willful false statements of misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment under Statutes 775.082 or 775.83.

Subscribed and sworn before me this _____ day of _____, 202_.

(SEAL)

Notary Public, State of Florida

Print Name of Notary Public

_____ Personally Known

_____ Produced Identification

Type of Identification _____

Commission Expires _____

CITY OF NEW PORT RICHEY
CDBG
SELF-EMPLOYMENT AFFIDAVIT

[1] I, _____, verify that I am presently self-employed and have no other source of income other than that shown on my Tax Return Schedule C (Please Attach).

[2] I, _____, verify that I am presently self-employed and also have other source(s) of income at this time.

If box 2 is signed please list other sources of income. And provide all official supporting documentation that verifies the sources of the stated income.

SOURCE(S) OF INCOME DERIVED FROM MEANS OTHER THAN SELF- EMPLOYMENT

1. _____
2. _____
3. _____

Print Name: _____	Signature: _____
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WARNING: Florida Statute 817 provides that willful false statements of misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment under Statutes 775.082 or 775.83.

Subscribed and sworn before me this _____ day of _____, 20__.

(SEAL)

_____	_____
Notary Public, State of Florida	Print Name of Notary Public

_____ Personally Known _____ Produced Identification

Type of Identification _____

Commission Expires _____

CITY OF NEW PORT RICHEY
COMMUNITY DEVELOPMENT BLOCK GRANT
HOUSING REHAB ASSISTANCE

STATEMENT AND AFFIDAVIT OF NON TAXES FILED

City of New Port Richey a recipient of U. S. Department of Housing and Urban Development (HUD) funding under the State of Florida Community Development Block Grant (CDBG) Housing Rehab Assistance Program. As a recipient of these funds, City of New Port Richey is required to verify the income and asset history of any persons (including spouse and/or dependents) that have applied for or will be receiving assistance under the program.

The undersigned hereby state that I/we have not filed federal Income taxes for the years of:

_____ 2022
 _____ 2023
 _____ 2024

I _____ am subject to be disqualified from the CDBG program if it is found that I am being untruthful as it pertains to the filing of my Federal Income taxes for the years of 2019 to 2021. I agree and understand that if I/we are found to be untruthful or to be acting in a fraudulent manner that I/we may be subject to return all CDBG funds provided to be under the City of New Port Richey CDBG Housing Rehab Assistance Program.

THE APPLICANT attests that all information provided on this form, and all information furnished in support of the City of New Port Richey CDBG application, is true, accurate and complete to the best of the applicant's knowledge and belief.

 Applicant's Signature Co-Applicant's Signature Date

****SEAL**** Sworn to and subscribed before me this _____ Day of _____, 20__

 Notary Public, State of Florida

 Print Name

_____ Personally Known or Produced I.D. _____

Type Of I.D. Provided: _____

WARNING: Florida Statute 817 provides that willful false statements of misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment under Statutes 775.082 or 775.83.

ASSETS:

Bank Accounts				
<u>Bank Name</u>	<u>Account Holder Name</u>	<u>Account Type</u>	<u>Account #</u>	<u>Balance</u>

Other (Describe) _____ Balance: \$ _____

Other (Describe) _____ Balance: \$ _____

Other (Describe) _____ Balance: \$ _____

PLEASE INCLUDE A COPY OF THE FOLLOWING:

1. Completed application and disclosures with signatures and date.
2. Picture Identification for applicant and any co-applicants.
3. Social Security Card for applicant, any co-applicants, all household members
4. Birth Certificate for Minor Children
5. Proof of Ownership Recorded Copy of Property Deed (if applicable for current home)
6. A copy of your current homeowner's Insurance
7. Property Tax Receipt (if applicable for current home)
8. Most current year's Tax Returns or year's Tax Transcripts from IRS.
9. Paycheck Stub (Last 4 pay stubs for each working member) or most current Social Security Verification (Statement of Benefits).
10. Child Support Documentation
11. Most current other assets - 401(k), retirement/pension, IRA, CDs, annuities, etc and proof of income derived from any listed assets.
12. Most current Self-employment income statement with schedule C, E, or F.
13. Six months current bank statements for all open checking, savings, or other interest bearing accounts at the time of application and contract signing.
14. Third party contact information for all assets and a signed release to obtain third party verification.

LIABILITIES / DEBTS (FOR ALL HOUSEHOLD MEMBERS 18 AND OVER):

List Credit Card Debt, Auto, Real Estate and Mortgage Loans, etc. (For ALL Household Members 18+)

Creditor's Name / Company	Type	Balanced Owed	Monthly Payment
1. _____	/ _____	/ _____	/ _____
2. _____	/ _____	/ _____	/ _____
3. _____	/ _____	/ _____	/ _____
4. _____	/ _____	/ _____	/ _____
5. _____	/ _____	/ _____	/ _____
6. _____	/ _____	/ _____	/ _____

List Additional Liabilities / Debts on back of this page, include in total.

Total: Liabilities \$ _____

HOME AND APPLICANT INFORMATION:

Handicap Status (Please list any household member(s) who has a physical or mental disability and provide a brief description of each listed disability)

1.
2.
3.
4.

CONFLICTS OF INTEREST:

Are you related to any member of the City Commission, Advisory Committee, City employees?
_____ Yes ___ No (If yes, please list the names of all that you are related :)

1. _____	3. _____
2. _____	4. _____

CONFIDENTIAL SHEET – ADDENDUM PAGE
COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

Notice of Privacy Act

"The Privacy Act regulates the use of Social Security Numbers by government agencies. When a Federal, State, or local government agency asks an individual to disclose his or her Social Security number, the Privacy Act requires the agency to inform the person of the following: the statutory or other authority for requesting the information; whether disclosure is mandatory or voluntary; what uses will be made of the information; and the consequences, if any, of failure to provide the information."

City of New Port Richey Disclosure Statement

CITY OF NEW PORT RICHEY COLLECTS YOUR SOCIAL SECURITY NUMBER, OR A PORTION THEREOF, FOR ONE OR MORE OF THE FOLLOWING PURPOSES: VERIFICATION OF FINANCIAL; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, AND TRACKING; PAYROLL AND BENEFIT INFORMATION; TAX, UTILITY ACCOUNT INFORMATION; BANK INFORMATION; FOR BACKGROUND CHECKS; AND VERIFICATION OF IDENTITY.

Applicant's Name: _____

Applicant's Social Security Number: _____ - _____ - _____

Co-Applicant's Name: _____

Co-Applicant's Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

(Please attach a second sheet if necessary)

THIS SHEET SHALL BE KEPT IN A NON-PUBLIC PORTION OF THE APPLICATION FILE

OFFICIAL USE ONLY

The undersigned has examined this application for assistance as described herein. The application meets the requirements for eligibility for the local housing program.

Initial Reviewer: City of New Port Richey Housing Specialist Signature	Date

Guardian Reviewer Signature	Date



City of New Port Richey
Community Development Block Grant (CDBG)
Housing Rehabilitation Program
Homeowner's Insurance Waiver Request

Date: _____

Name

Address

City, State, Zip

I, _____, understand that Homeowner's Insurance is required to be eligible for the CDBG Housing Rehabilitation program. Due to financial hardship, I am unable to obtain insurance at this time and request a waiver of Homeowner's Insurance.

I confirm that I will obtain and maintain Homeowner's Insurance once the repairs on my property have been completed and for the duration of the deferred payment loan.

For City use only

Waiver approved by:

Signed

Date

Print Name and Title