



**COMMISSION ON AFFORDABLE HOUSING
SHIP / HOME PROGRAM
APPLICANT/TENANT RELEASE AND CONSENT**

The undersigned hereby authorize the release without liability information regarding the applicant's employment, income and/or assets to PALM BEACH COUNTY COMMISSION ON AFFORDABLE HOUSING, for the purpose of verifying information provided as part of the owner's assistance under the State Housing Initiatives Partnership (SHIP) Program for Program Assistance PAP.

It is understood previous and current information regarding the applicant(s) may be needed. Verification and inquires may be requested, but are not limited to the following:

- √ **Personal Identity**
- √ **Employment**
- √ **Income**
- √ **Assets**
- √ **Medical Allowances**
- √ **Child Care Allowances**

This authorization will only be used to obtain information about the applicant(s) pertinent to my eligibility for the SHIP Program.

Information may be solicited from, but not limited to:

- Past and Present Employers
- Previous Landlord(s) *(including Public Housing Agencies)*
- State Unemployment Agencies
- Social Security Administration
- Internal Revenue Service
- Retirement Systems
- Veterans Administration
- Welfare Agencies
- Bank and Other
- Financial Institutions

The applicant(s) understands a photocopy of this authorization may be used for the purposes stated above. The original authorization is on file and will stay in effect for one year and one month from the date signed. The applicant(s) have the right to review this file and correct any information proven to be incorrect.

Head of Household

Print Name

Spouse / CO-Applicant

Print Name

Adult Member

Print Name

**State of Florida
Palm Beach County**

The foregoing instrument was acknowledged before me this ____ day of _____, 200__, by _____, who is (are) personally known to me or who has produced _____ as identification.

Notary Seal

Signature of Notary Public

Name of Notary Typed, Printed or Stamped

Commission No. _____



**COMMISSION ON AFFORDABLE HOUSING
SHIP PROGRAM
APPLICANT CERTIFICATION AFFADAVIT**

The applicant(s) certifies all information in this application and all information furnished in support of this application is given for the purpose of obtaining assistance through the Palm Beach County Affordable Housing Trust Fund Hardship Mortgage Subsidy Programs. Further, the information is true and correct to the best of their knowledge and belief.

The applicant(s) further certify he and/or she shall:

- Occupy the property as their principal place of resident for the period of the conditional mortgage; or
- Notify the Palm Beach County Commission on Affordable Housing or its designee of the owner's intent to sell and or vacate the property prior to taking such action.
- Maintain the property as their principal residence for the period of the conditional mortgage any portion of the award granted by the original conditional mortgage not yet forgiven may be due and payable to Palm Beach County's Housing Trust Fund upon sale of the property to a household not qualified as very low or low income or upon abandonment of the property.

The applicant(s) covenant and agree that he and/or she will:

- Comply with all applicable requirements imposed by or pursuant to the Palm Beach County Hardship Subsidy provisions; and
- Comply with the requirement prohibiting discrimination on the basis of race, color, religion, sex, sexual orientation, marital status, familial status, disability, age or nation origin in the sale of the property constructed or improved with the assistance through Palm Beach County.

Palm Beach County shall be deemed to be a beneficiary of the provisions both for and in its own right and also for the purpose of protecting the interest of the community and other parties, public and private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

The applicant(s) affirm that their household is comprised only of those members identified during this application process and certified herein as being eligible to participate in this program according to Chapter 67-37 of SHIP Regulations in Florida. The applicant(s) further covenant and agree he and/or she will notify Palm Beach County **before receiving assistance through this program**, if there are any changes in the household's circumstances as described in the application including but not limited to:

- The birth of a child;
- A divorce;
- A change in employment or income status; and
- A change that might affect the eligibility of the household to receive assistance through this program.

The applicant(s) hereby authorizes Palm Beach County to obtain verification and information as may be needed in connection with qualifying the applicant(s) for funding.

Applicant's Signature

Applicant's Signature

**State of Florida
Palm Beach County**

The foregoing instrument was acknowledged before me this ____ day of _____, 200__, by _____, who is (are) personally known to me or who has produced _____ as identification.

Notary Seal

Signature of Notary Public

Name of Notary Typed, Printed or Stamped

Commission No. _____



**COMMISSION ON AFFORDABLE HOUSING
SHIP PROGRAM
ASSET ADDENDUM TO APPLICATION**

To determine the eligibility of applicants for the SHIP Program, the following asset information is required for all occupants including minors.

Assets include:

- **Cash Held in Savings and/or Checking Accounts**
- **Trust Funds**
- **Equity in Real Estate**
- **Other Capital Investments**
- **Stocks**
- **Bond**
- **Treasury Bills**
- **Certificate of Deposits**
- **Money Markey Funds**
- **IRA Accounts**
- **Retirement and Pension Funds**
- **Lump Sum Receipts (*i.e. lottery winnings, insurance settlement, etc.*)**
- **Personal Property Held for Investments (*i.e. gem or coin collections, paintings, antique cars, etc.*)**

Personal property such as furniture, automobiles and clothing are not included.

I (we) hereby state that the combined value of my (our) assets:

- Exceed \$5,000.
- Do not exceed \$5,000.
- I / We do not have any assets at this time

Total Value of Assets: \$ _____

Total Annual Income Expected to be Derived from Assets: \$ _____

Applicant Signature

Date

Applicant Signature

Date



**COMMISSION ON AFFORDABLE HOUSING
SHIP PROGRAM
VERIFICATION OF ASSETS DISPOSED**

I/We certify that during the two years (24 months) period preceding the effective date of my certification or recertification of eligibility for program participation, I/We _____ have _____ have not disposed of more than \$1,000.00 in asset(s) for less than fair market value.

If asset(s) were disposed of for less fair market value, describe:

<u>Asset</u>	<u>Date of Disposition</u>
1. _____	_____
2. _____	_____
3. _____	_____

The amount received for the asset(s) disposed:

- 1. \$ _____
- 2. \$ _____
- 3. \$ _____

Applicant Signature

Date

Applicant Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial conditions is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.