



The Indian River County SHIP Program **Purchase Assistance Information**

Indian River County Planning Division
1801 27th Street, Vero Beach, FL 32960
(772) 226-4344 or - email: jwatkins@ircgov.com

Please Read These Instructions Carefully

- Submit **copies** of all required documentation. Staff will **NOT** accept original documents and will **NOT** make copies of your original documentation.
- See the attached page for a list of documents that are required to be submitted with this application **or** refer to the list provided to you by SHIP staff. Incomplete applications will **NOT** be accepted.
- Make a “Housing” file for yourself, and always keep a copy of everything you submit to the bank and the IRC SHIP Program.
- Please review the application before you fill it out. **Do not leave any questions unanswered or any boxes blank. All adult household members (18 and over) must sign and initial where indicated.**
- Submit the SHIP Application and all required documents to the SHIP Housing Coordinator. An appointment with SHIP staff to turn in the application and requested documents is advised. **Applications must be submitted in person.** Applications and documents will **NOT** be accepted by mail or electronically (email or fax).
- If you are not able to obtain an updated pre-qualification letter from a SHIP lender within **2 weeks** of your application being pulled from the waiting list, **you will not** qualify for a SHIP Purchase Assistance Loan and your application may be cancelled. SHIP Purchase Assistance Loans are processed only in conjunction with a first mortgage from a lender/bank. **Owner financing is not permitted.**
- **You must attend an Indian River County’s Homebuyer’s Educational Workshop. This is an application requirement.** You will need to sign up for the workshop with the SHIP Housing Coordinator when you submit your intake form and lender pre-qualification letter (**Workshop reservation is required.**) ***The workshop dates will be scheduled based on the number of applications received and a copy of the certificate will be sent to your bank or lender.**
- Submit your application by the due date with all the necessary paperwork requested by SHIP staff.
- “all state, county, and municipal records are open for personal inspection and copying by any person.”

Mobile Homes are Not Eligible for SHIP Funds

You Must Provide the Following Documentation When Applying for a Purchase Assistance Loan



The following items **must** be submitted within **two (2)** from the date your application is pulled from the waiting list:

- Completed and Signed Application**
- An updated Mortgage Pre-Qualification Letter from a lender or bank. (Required)**
- Copy of a valid photo ID for everyone in the household over the age of 18 years.
- Copy of Birth Certificates for all children in the household (any person under the age of 18 years).
- The Authorization to Release Confidential Information form (inside the application packet) – **Must** be signed by everyone in the household over the age of 18 years.
- Copies of the last, **most current 6 pay stubs** for everyone in the household employed over the age of 18 years.
- Copies of the last, most current **6 months** of bank statements for **all accounts** for everyone in the household.
- Copies of your most current statement(s) for all Retirement, Pension, or Annuity accounts (*company name, address, telephone, fax numbers & amount*), including 401K, 403 B, IRA, etc.
- All members of the household 18+ who are currently unemployed must complete and sign the Unemployment Benefits form. A notarized affidavit explaining the reason for unemployment is required for all household members over the age of 18 years of age who are currently unemployed. Please contact SHIP for a blank affidavit.
- If you, your spouse, or any children in the household receive any benefits from the Social Security Administration, **a statement dated within the last 30 days from the Social Security Office**, must be submitted with the application.
- Child Support:** A copy of the Court Order, Divorce Decree, or any other official documents related to child support are required for submission to determine income eligibility. You will be required to provide a 12 month history of child support received (even if zero was received) from the Clerk of Court where the order was filed. **If you are eligible for Child Support but do not receive it, you will be required to establish an order to be eligible for SHIP unless certain conditions apply.**
- If you are self-employed, you will be required to fill out a **Verification of Income from Business Form** and will be required to submit a tax return that details the business income from the prior two Years (schedule C).
- A **notarized** copy of a 1040 US Income Tax return for the **previous 2 years** for **all** members of the household 18 years or older (a free transcript may be obtained by calling 1-800-829-1040).
- If you did **not** file taxes, please call 1-800-829-1040 to request a letter stating **no taxes were filed.**
- If you did not file taxes because you are **exempt** from paying taxes, please contact the SHIP office to sign a “No Tax Return” affidavit (requires notarization).

***Note: SHIP staff may ask for more information on a case-by-case basis.**

Purchase Assistance Loan Process Flow Chart

(Steps to buying a house with SHIP)

Applicant must contact a SHIP lender or bank for a mortgage Pre-Qualification Letter.



Applicant submits a completed SHIP Intake Form with a mortgage Pre-Qualification Letter to the county and receives a waiting list number, on a first come, first completed application basis.



Applicant must attend a Homebuyer's Educational Workshop. You will be contacted when the next workshop is scheduled. The workshop is mandatory.



Applicant must wait to be contacted by the SHIP office to fill out a completed application and for a request for verification documents once their waiting list number is pulled.



The county verifies all current income and asset information.



The county will send a "CONDITIONAL AWARD LETTER" determining the amount of SHIP funds the applicant is eligible to receive and informs the applicant that they can now look for a home.



The applicant will take the Conditional Award Letter to the bank, formally apply for a mortgage loan, and may begin house hunting. This is a good time to contact a real estate agent.



The applicant must find a home to purchase and sign a contract with homeowner (seller) within 90 days of the conditional approval letter.



Bank will provide the commitment/approval letter (and other required documentation) to the county as well as the applicant.



Applicant submits two like bids to SHIP staff from licensed contractors for needed rehabilitation work to the home under contract.



Indian River County's Affordable Housing Loan Review Committee approves the loan



Loan closing



The Indian River County SHIP Program
Purchase Assistance Application

Indian River County Planning Division
1801 27th Street, Vero Beach, FL 32960
(772) 226-4344 or - email: jwatkins@ircgov.com



**INDIAN RIVER COUNTY PLANNING DIVISION
SHIP PURCHASE ASSISTANCE APPLICATION**

1801 27TH STREET VERO BEACH, FLORIDA 32960
(772) 226-4344

RESIDENT HOUSEHOLD CONTACT INFORMATION

PLEASE COMPLETE APPLICATION WITH BLACK OR BLUE PEN

APPLICANT AND CO-APPLICANT NAME	FULL STREET ADDRESS	MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS

Number of persons in household: Adults 18 or older: _____ Children younger than 18: _____

Phone #: (____) _____ - _____ Cell #: (____) _____ - _____

Email: _____

EMPLOYMENT INFORMATION

EMPLOYMENT INFORMATION FOR ALL JOBS (FULL TIME/PART TIME) MUST BE PROVIDED FOR **ALL PERSONS, AGED 18+**, WHO WILL OCCUPY THE HOUSING UNIT.

NAME OF HOUSEHOLD MEMBER 18 YEARS AND OLDER	EMPLOYER'S NAME	EMPLOYER'S MAILING ADDRESS	EMPLOYER'S PHONE & FAX NUMBER	DATE OF HIRE	POSITION/TITLE



ONLY COMPLETE IF YOU HAVE BEEN EMPLOYED IN YOUR CURRENT POSITION FOR LESS THAN ONE YEAR, COMPLETE THE FOLLOWING:

Applicant Name:

Name and Address of Previous Employer: Self Employed (Submit affidavit)

Dates: From: _____ To: _____ Monthly Gross Income \$ _____

Position/Title/Type of Business Business Phone
_____ () - _____

.....
Co-Applicant Name:

Name and Address of Previous Employer: Self Employed (Submit affidavit)

Dates: From _____ To: _____ Monthly Gross Income \$ _____

Position/Title/Type of Business Business Phone
_____ () - _____

APPLICANT:

If you are not employed and not a seasonal farm worker, are you one of the following persons with special housing needs? NOTE: This information is requested for data reporting purposes. Completion is required if you are claiming Special Needs Person status for LHA-Program qualification. If claiming special needs status, you must provide sufficient documentation to verify your claim.

- Elderly (over 65 years of age)
- Physically Disability (receiving SSDI or SSI for Disability)
- Mental Disability (receiving SSDI or SSI for Disability)
- Veteran Disability (receiving VA Disability funds)
- Homeless
- Other, please explain: _____

CO-APPLICANT: **OTHER / NAME:** _____

If you are not employed and not a seasonal farm worker, are you one of the following persons with special housing needs? NOTE: This information is requested for data reporting purposes. Completion is required if you are claiming Special Needs Person status for LHA-Program qualification. If claiming special needs status, you must provide sufficient documentation to verify your claim.

- Elderly (over 65 years of age)
- Physically Disability (receiving SSDI or SSI for Disability)
- Mental Disability (receiving SSDI or SSI for Disability)
- Veteran Disability (receiving VA Disability funds)
- Homeless

[] Other, please explain: _____



INCOME AND ASSET INFORMATION

A) INCOME

In the table below, list household's income for all persons, **aged 18 and older**, who will occupy the identified unit. As proof of income the household member must sign all applicable verification forms enclosed with this application.

<u>SOURCE</u> OF INCOME (EMPLOYMENT, SOCIAL SECURITY, CHILD SUPPORT, CASH WELFARE PAYMENT, PENSION, TIPS, AND OTHERS)	<u>NAME</u> OF HOUSEHOLD MEMBER EARNING THE INCOME	AMOUNT (\$) GROSS <u>MONTHLY</u> INCOME
1.		
2.		
3.		
4.		
5.		
6.		
TOTAL		

B) ASSET INFORMATION

Provide asset information on the following tables for all household members:

(PLEASE LIST THE <u>NAME</u> THAT APPEARS FIRST FOR EACH INDIVIDUAL ACCOUNT)	CHECKIN	SAVINGS	NAME, ADDRESS AND PHONE NUMBER OF THE FINANCIAL INSTITUTION	LAST FOUR DIGITS OF ACCOUNT NUMBER	CURRENT CASH/ MARKET VALUE
					\$
					\$
					\$
					\$
					\$



\$

TYPE OF ASSET (PLEASE SPECIFY)	ADDRESS OR NAME AND PHONE NUMBER	ACCOUNT NUMBER	CASH/MARKET VALUE	INCOME FROM ASSETS
Equity in Real Estate Owned (<i>Not your primary residence</i>)			\$	\$
Individual Retirement Account (IRA) and Keogh Accounts			\$	\$
Retirement and Pension Funds which may be withdrawn before retirement			\$	\$
Stocks, Bonds, Treasury Bills, Certificates of Deposit, Money Market Funds			\$	\$
Net Worth of Business(es) Owned			\$	\$
Lump Sum Receipts (inheritance, capital gains, lottery winnings, insurance settlements, others)			\$	\$
Personal property held as an investment (gems, jewelry, antique cars, paintings, etc.)			\$	\$
Cash on Hand			\$	\$
Total for all assets			\$	\$

**Have you disposed of any of your assets in the last two years for less than market value?
(Circle one)**

YES

NO

If 'yes', please request a blank affidavit from the SHIP office to provide a detailed

explanation.



HOUSEHOLD INFORMATION:

MEMBER #	FULL NAME	RELATIONSHIP	DATE OF BIRTH	AGE	RACE*
1		HOH			
2					
3					
4					
5					
6					
7					
8					

*This information is requested for data reporting purposes only. Completion of this information is optional.

- | | |
|---|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native American/Eskimo | <input type="checkbox"/> Other (Please identify) |

DECLARATIONS:

Please complete the following section. If you answer "YES" to any questions A through F, please provide explanation on a separate sheet. (Check appropriate box)

- | | <u>Borrower</u> | <u>Co-Borrower</u> |
|--|--------------------------|---|
| a. Are there any outstanding judgments against you? | <input type="checkbox"/> | Yes <input type="checkbox"/>
No <input type="checkbox"/> |
| b. Have you declared bankruptcy within the past 2 calendar years?
<input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Have you had property foreclosed upon or given title or Deed in Lieu thereof in the last calendar year?
<input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Are you a party to a lawsuit, as either plaintiff or defendant? | <input type="checkbox"/> | Yes <input type="checkbox"/>
No <input type="checkbox"/> |
| e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee? If "Yes" provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action)
<input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes" give details as described in the preceding question.
<input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18 ARE REQUIRED TO
INITIAL AND SIGN THIS ACKNOWLEDGMENT & AGREEMENT**

ACKNOWLEDGMENT AND AGREEMENT

The undersigned specifically acknowledge(s) and agree(s) that: (1) the award requested by this application will be secured by a mortgage or deed of trust on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the assistance indicated herein; (4) occupation of the property will be as indicated above; (5) verification or re-verification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Lender, even if the application is not approved; (6) the lender, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) ownership of the loan may be transferred to successor or assign of the Lender without notice to me and/or the administration of the loan account may be transferred to an agent, successor or assign of the Lender without prior notice to me; (8) the Lender, its agents, successors and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property; (9) the Lender, its agents, successors and assigns may request and obtain a credit report(s) providing a credit history for me/us in completing the Lender's review of this application. **Initials** _____

NOTICE - BE AWARE THAT:

FLORIDA STATUTE SECTION 837.06 - FALSE OFFICIAL STATEMENTS LAW STATES THAT:

"WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE," PUNISHABLE AS PROVIDED BY A FINE TO A MAXIMUM OF \$500.00 AND/OR MAXIMUM OF A SIXTY DAY JAIL TERM.
Initials _____

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any lost due to reliance upon any misrepresentation which I/we have made on this application.

X _____ Applicant's Signature	_____/_____/_____ Date
X _____ Co-Applicant's Signature (if any)	_____/_____/_____ Date
X _____ Household Member 18 yrs. + Signature	_____/_____/_____ Date
X _____ Household Member 18 yrs. + Signature	_____/_____/_____ Date



UNIT RESIDENT HOUSEHOLD INFORMATION FORM

PLEASE PRINT OR TYPE ALL INFORMATION:

(1) Primary Resident Applicant Name (Including Jr. or Sr., if applicable):

_____ **Age:** ____ **D.O.B.** ___/___/___

Phone Home Number: _____ Phone Work Number: _____
 (____) ____-_____ (____) ____-_____

❖ **Marital Status:** _____ Married
 _____ Separated
 _____ Unmarried
 _____ Never Married
 _____ Widowed
 _____ Divorced _____ Date

❖ **Citizenship/Residency:** _____ U.S. Citizen
 _____ Registered Alien

(2) Second Resident/Co-Applicant (Including Jr. or Sr., if applicable):

_____ **Age:** ____ **D.O.B.** ___/___/___

Relationship to Primary Resident _____

Phone Home Number: _____ Phone Work Number: _____
 (____) ____-_____ (____) ____-_____

❖ **Marital Status:** _____ Married
 _____ Separated
 _____ Unmarried
 _____ Never Married
 _____ Widowed
 _____ Divorced _____ Date

❖ **Citizenship/Residency:** _____ U.S. Citizen
 _____ Registered Alien

(3) Third Resident (Including Jr. or Sr., if applicable):

_____ **Age:** ____ **D.O.B.** ___/___/___

Relationship to Primary Resident _____

Phone Home Number: _____ Phone Work Number: _____
 (____) ____-_____ (____) ____-_____

❖ **Marital Status:** _____ Married
 _____ Separated
 _____ Unmarried
 _____ Never Married
 _____ Widowed
 _____ Divorced _____ Date

❖ **Citizenship/Residency:** _____ U.S. Citizen
 _____ Registered Alien

(4) Fourth Resident (Including Jr. or Sr., if applicable):

_____ **Age:** ____ **D.O.B.** ___/___/___

Relationship to Primary Resident _____

Phone Home Number: _____ Phone Work Number: _____
 (____) ____-_____ (____) ____-_____

❖ **Marital Status:** _____ Married
 _____ Separated
 _____ Unmarried

❖ **Citizenship/Residency:** _____ U.S. Citizen
 _____ Registered Alien



DECLARATION OF PREVIOUS HOMEOWNERSHIP STATUS
TO BE COMPLETED BY PERSONS REQUESTING PURCHASE ASSISTANCE LOAN
(This form must be signed in front of Notary)

I/We, the undersigned person(s), do certify that I/We have not owned or held title to a home within the three calendar years prior to the date of this form.

Witnesses for Applicant:

1. _____

(Signature)

Printed
Name: _____

Applicant Signature

Applicant's Printed Name

2. _____

(Signature)

Printed
Name: _____

STATE OF FLORIDA
COUNTY OF INDIAN RIVER (**APPLICANT'S NOTARY**)

The foregoing instrument was acknowledged before me on this _____ day of _____, 20__ by _____ who is personally known to me OR who has produced

(Applicant's printed name)

_____ as identification.

Notary: _____

(SEAL):

Printed Name: _____

Commission No.: _____

Commission Expiration: _____

Witnesses for Co-Applicant (if applicable):

1. _____

(Signature)

Printed
Name: _____

Co-Applicant Signature

Co-Applicant's Printed Name

2. _____

(Signature)

Printed
Name: _____

STATE OF FLORIDA
COUNTY OF INDIAN RIVER (**CO-APPLICANT'S NOTARY if applicable**)

The foregoing instrument was acknowledged before me on this _____ day of _____, 20__ by _____ who is personally known to me OR who has produced

(Co-Applicant's printed name)

_____ as identification.

Notary: _____

(SEAL):

Printed Name: _____

Commission No.: _____

Commission Expiration: _____

REV: 5/18/20



INDIAN RIVER COUNTY
 LOCAL HOUSING ASSISTANCE PROGRAM
 INDIAN RIVER COUNTY PLANNING DIVISION
 1801 27TH STREET, VERO BEACH, FL 32960
 (772) 226-4344 fax (772) 226-1922

APPLICANT/TENANT RELEASE AND CONSENT

I/We, _____, the undersigned hereby authorize the below listed groups and individuals, to release without liability, information regarding my/our employment, income, and/or assets to Indian River County for purposes of verifying information provided as part of my/our request for assistance under the S.H.I.P. Program.

INFORMATION COVERED:

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets, and medical or childcare 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 S.H.I.P. Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

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

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

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. **THE ORIGINAL OF THIS AUTHORIZATION IS ON FILE AND WILL STAY IN EFFECT FOR 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 therein that I/We find to be incorrect or outdated.

SIGNATURES:

_____	_____	_____
Applicant	(print name)	Date
_____	_____	_____
Co-Applicant	(print name)	Date
_____	_____	_____
Adult Member (over 18)	(print name)	Date
_____	_____	_____
Adult Member (over 18)	(print name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Acknowledgement of County Public Records Law and Social Security Number Usage

By signing below, I acknowledge the following:

I am aware that all state, county, and municipal records are open for personal inspection and copying by any interested person.

I am aware that Indian River County SHIP Program collects my social security number, and the social security numbers of all members of my household 18 years and older for the following purposes: income, employment verification, and assets verification.

Applicant Printed Name

Applicant Signature

Date

Co-Applicant or Adult Household Member Printed Name

Co-Applicant or Adult Household Member Signature

Date



Indian River County Local Housing Assistance Plan Income Classifications

Household Size	Eligible to receive up to \$20,000.00 Purchase Assistance loan if total gross annual income is:		Eligible to receive up to \$15,000.00 Purchase Assistance loan if total gross annual income is:	Eligible to receive up to \$10,000.00 Purchase Assistance loan if total gross annual income is:
	Extremely Low <u>Not to Exceed</u> 30% of MI	Very Low <u>Not to Exceed</u> 50% of MI	Low <u>Not to Exceed</u> 80% of MI	Moderate <u>Not to Exceed</u> 120% of MI
1 Person	\$14,650	\$24,400	\$39,000	\$58,560
2 Persons	\$17,240	\$27,850	\$44,600	\$66,840
3 Persons	\$21,720	\$31,350	\$50,150	\$75,240
4 Persons	\$26,200	\$34,800	\$55,700	\$83,520
5 Persons	\$30,680	\$37,600	\$60,200	\$90,240
6 Persons	\$35,160	\$40,400	\$64,650	\$96,960
7 Persons	\$39,640	\$43,200	\$69,100	\$103,680
8 Persons	\$44,120	\$45,950	\$73,550	\$110,280

Median Income (MI) = \$69,600

Source: Florida Housing Finance Agency

**In addition to the above Purchase Assistance Loan,
Applicant may also receive up to \$10,000.00 for additional
Impact Fees or Rehabilitation Loan Assistance.**

***Updated: 04/28/2020



Lending Consortium Members

<u>LENDING INSTITUTION</u>	<u>CONTACT PERSON (S)</u>	<u>PHONE NUMBER</u>
Acopia Home Loans 850 NW Federal Hwy, Ste. 233 Stuart, FL 34994	Rick Riggs rriggs@acopiahomeloans.com	772-678-0053
Caliber Home Loans		
2095 IR Blvd. Vero Beach, FL 32960		
lucy.kranker@caliberhomeloans.com shannon.pohl@caliberhomeloans.com abby.bass@caliberhomeloans.com jessica.kurutz@caliberhomesloans.com	Lucy Kranker Shannon Pohl Abigail Bass Jessica Kurutz	772-473-4486 772-360-6030 772-913-1530 772-501-0074
Cardinal Financial 551 NW 77 th Street, #101 & 105 Boca Raton, FL 33487	Samir Maignan smaignan@peopleshomeequity.com	904-444-8500
Center State Bank 3900 20 th Street Vero Beach, FL 32960	Ursula Kupferer ukupferer@centerstatebank.com	772-234-7858 772-633-6721
Synovus Bank 1301 SE Port St. Lucie Blvd. Port St. Lucie, FL 3495218	Cheryl Banks cbanks@fcb1923.com	772-225-5962
Marine Bank & Trust Co. 571 Beachland Blvd. Vero Beach, FL 32963	Mary Cone mcone@marinebankandtrust.com	772-231-6611
Motto Mortgage Riverside 1601 US1 Sebastian, FL 32958	Gina Melton gina.melton@mottomortgage.com	772-571-5671
PNC Mortgage 958 20 th Place Vero Beach, FL 32960	Penny Reed penny.reed@pnc.com	321-704-0727

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