

**Allowed Rehabilitation Work:**

- ❖ Roof repair or replacement including replacement of all rotten wood
- ❖ Plumbing work as needed
- ❖ Electrical work as needed
- ❖ Heating and air conditioning, including insulation and ceiling fans
- ❖ Replacement of doors and windows, if in poor condition
- ❖ Replacement of kitchen cabinets, if in poor condition
- ❖ Replacement of damaged drywall as needed
- ❖ Painting, carpeting and vinyl flooring, only as part of larger rehabilitation work
- ❖ Replacement of rotted siding
- ❖ Replacement of bathroom tubs, lavatories, and sinks as needed to bring the units to a safe and sanitary standard
- ❖ Replacement of kitchen sinks as needed
- ❖ Pressure wash, only to prepare for any allowed painting or repair
- ❖ Driveway/culvert - **only** if no driveway exists
- ❖ Repairs to make a house accessible for a disabled member of the household
- ❖ Repair or replacement of septic tank, lift station, drain field or private well as required by the public health department
- ❖ Termite repairs and treatment
- ❖ Installation of storm shutters
- ❖ Hurricane mitigation work activities
- ❖ Replacement of water heater as needed
- ❖ Application of green building standards to increase energy efficiency of the unit
- ❖ Repair of permitted porch to make it safe
- ❖ Replacement of range hood; installation if none existing
- ❖ Repair or replacement of existing smoke alarm and/or carbon monoxide alarm; installation if none existing
- ❖ Plastic screen, metal screen, or metal mesh for soffit vents
- ❖ Replacement of stairs as needed
- ❖ Other repairs as required by the building department to bring the house up to current minimum housing code

**Rehabilitation work *not allowed* includes any of the following:**

- ❖ Appliances
- ❖ Carpeting which is not part of larger rehabilitation work
- ❖ Tile floors or walls – except in bathrooms
- ❖ Wood flooring
- ❖ Patio, porch, garage or any room addition
- ❖ Painting which is not part of larger rehabilitation work
- ❖ Landscaping, laying sod, or similar work
- ❖ Any kind of cosmetic work
- ❖ Swimming pool and similar facilities
- ❖ Tile or slate roofing
- ❖ Hardi plank siding unless replacing existing portions
- ❖ Fence

## Rehabilitation Objectives / Homeowner Acknowledgement

By initialing below I/we, \_\_\_\_\_, understand and agree to comply with the following rehabilitation objectives.

\_\_\_\_\_ Major rehabilitation work activities will be based on the work write-up proposed by the designated SHIP housing inspector and the bid estimate/contract signed between the homeowner and chosen contractor.

\_\_\_\_\_ Applicants for major rehabilitation work must communicate with the designated SHIP housing inspector when the inspector first inspects the home. At that time, the applicant must provide to the designated SHIP housing inspector a list of items, if any, that are not working within the home.

\_\_\_\_\_ From bids estimates/contracts that are submitted by a licensed contractor(s), the homeowner will choose one contractor and a bid estimate/contract will be signed between the contractor and homeowner. **The County is not party to that rehabilitation contract and is indemnified from and held harmless by the homeowner and contractor.**

\_\_\_\_\_ The homeowner, friends, or relatives **SHOULD NOT** interfere with the project and work conducted by the contractor and/or sub-contractor(s) in an attempt to make changes to the work write-up or bid estimate items to be repaired or replaced in the home. Unfortunately, not all the work you may want done on your home can be done, only work that is specified in the contract.

\_\_\_\_\_ Please note that rehabilitation work may correct some of the items/problems but may not make the home in a "like new" condition.

\_\_\_\_\_ If an applicant, or other person on behalf of the applicant, interferes with the job progress to the point where the chosen contractor cannot proceed and finish the job, the homeowner will be responsible for all closing costs and SHIP funds that have been paid to the contractor as of that date. In that case, the homeowner must reimburse the SHIP office all SHIP funds spent on the job.

\_\_\_\_\_ Applicant(s) must allow Contractor(s) reasonable access to home during regular business hours to perform requested repairs to the assisted unit and proceed with the repairs without unreasonable interference from the homeowner or agent(s).

\_\_\_\_\_ The Applicant(s) and Contractor(s) **MUST** agree on all color and material style selections prior to the commencement of any rehabilitation activities.

\_\_\_\_\_ Should any conflicts or issues arise during the process of rehabilitation activities, the Applicant(s) and Contractor(s) must work together to resolve them quickly and satisfactorily. The County is not a party to the rehabilitation contract.

\_\_\_\_\_ Applicant(s) acknowledges that it is their responsibility to move and secure all valuables and personal items before the start of the rehabilitation process and applicant waives his or her right for claims against all liability for any damage or loss to any property for any type of loss associated with applicant's personal items during the course of the rehabilitation process.

\_\_\_\_\_ Applicant(s) and Contractor(s) must also be advised that the **S.H.I.P. PROGRAM IS NOT RESPONSIBLE** for payment of, or party to, any agreements made outside of the original contract signed the homeowner and the contractor, which is on file in the S.H.I.P. Office. **ONLY** those additional repairs approved by the County via a written change order will be acknowledged.

\_\_\_\_\_ A properly processed change order requires the approval of the County as well as the signatures of the Applicant(s) & Contractor(s) **PRIOR** to the performance of repairs outside of the original signed contract.

\_\_\_\_\_ Applicants(s) **MUST NOT** solicit **ANY** additional repairs, outside of those included in the original signed contract or a properly processed change order, from the Contractor(s) during the process of S.H.I.P. rehabilitation activities.

- While the Rehabilitation process can be a stressful time while living in your home it is imperative that the homeowner and contractor work together to expedite the process and complete the repairs in a timely manner.

# Rehabilitation 10 Year Loan Information

By signing below I/we, \_\_\_\_\_, \_\_\_\_\_  
Applicant Co-Applicant

Acknowledge that I/we have read and ***understood*** the following rehabilitation 10-year loan information and requirements.

**Please read each statement below and initial.**      Applicant      Co-Applicant

- Indian River County SHIP Program assistance is a ***LOAN***, that  
 converts to a grant after 10 years \_\_\_\_\_ \_\_\_\_\_
- There is 3% interest on SHIP rehabilitation 10-year loans \_\_\_\_\_ \_\_\_\_\_
- There are no monthly payments for SHIP rehabilitation 10-year loans \_\_\_\_\_ \_\_\_\_\_
- A SHIP rehabilitation 10-year loan must be repaid if the assisted housing  
 unit is sold within 10 years \_\_\_\_\_ \_\_\_\_\_
- A SHIP rehabilitation 10-year loan must repaid if assisted unit is occupied  
 by someone other than applicant and co-applicant. \_\_\_\_\_ \_\_\_\_\_
- A SHIP rehabilitation 10-year loan must be repaid if the assisted housing  
 unit is refinanced with cash out to applicant and co-applicant within 10  
 years \_\_\_\_\_ \_\_\_\_\_
- Indian River County takes a lien against property for SHIP rehabilitation  
 10-year loans. \_\_\_\_\_ \_\_\_\_\_
- Rehabilitation bid estimate/contract is between the homeowner and  
 contractor. The County is not party to the rehabilitation contract \_\_\_\_\_ \_\_\_\_\_
- Homeowners insurance is preferred and should be maintained \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 CO-APPLICANT SIGNATURE

**Indian River County  
Local Housing Assistance Plan  
Income Classifications  
Rehabilitation Loans**

<b>Household Size</b>	<b>Major and Minor Rehabilitation* Up to \$50,000</b>			<b>Emergency Rehabilitation Only** Up to \$20,000</b>
	<b>Extremely Low</b>	<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>
	<u>Not to Exceed</u> 30% of MI	<u>Not to Exceed</u> 50% of MI	<u>Not to Exceed</u> 80% of MI	<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

Updated: 04/17/2020 Median Income (MI) = \$69,600.00 (Source: Florida Housing Finance Agency)

\*In order to qualify for an Indian River County SHIP Program major or minor rehabilitation loan, your total household gross annual income must fall under the low-income category or below.

\*\*Moderate income applicants can only qualify for emergency rehabilitation loan assistance.



## REPAIR WORK LIST

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**NOTE: Application will not be processed unless the following list is provided.**

**PLEASE PROVIDE A LIST OF ALL REPAIR WORK NEEDED:**

**1.** \_\_\_\_\_

**2.** \_\_\_\_\_

**3.** \_\_\_\_\_

**4.** \_\_\_\_\_

**5.** \_\_\_\_\_

**6.** \_\_\_\_\_

**7.** \_\_\_\_\_

**8.** \_\_\_\_\_

**9.** \_\_\_\_\_

**10.** \_\_\_\_\_

**11.** \_\_\_\_\_



## INDIAN RIVER COUNTY PLANNING DIVISION SHIP REHABILITATION ASSISTANCE APPLICATION

1801 27TH STREET VERO BEACH, FLORIDA 32960  
(772) 226-1594

### RESIDENT HOUSEHOLD CONTACT INFORMATION

PLEASE COMPLETE APPLICATION WITH BLACK OR BLUE PEN

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

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

Phone #1: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone #2: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### EMPLOYMENT INFORMATION

EMPLOYMENT INFORMATION FOR ALL JOBS (FULL TIME OR PART TIME) MUST BE PROVIDED FOR ALL PERSONS, AGED 18 AND OLDER, WHO WILL OCCUPY THE IDENTIFIED 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



**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 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 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 applicant must sign all applicable verification forms attached to the back of this application.

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

### B) ASSET INFORMATION

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

NAME OF FINANCIAL INSTITUTION (PLEASE LIST THE NAME THAT APPEARS FIRST FOR EACH INDIVIDUAL ACCOUNT)	CHECKING	SAVINGS	ADDRESS AND PHONE NUMBER OF THE FINANCIAL INSTITUTION	LAST 4 DIGITS OF ACCOUNT NUMBER	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.



# 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"/> Yes <input type="checkbox"/> No |
| 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 |
| c. Have you had property <b>foreclosed</b> upon or given title or <b>Deed in Lieu</b> thereof in the last calendar year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are you a party to a lawsuit, as either plaintiff or defendant?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 |
| 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 |

## LENDER DATA

Identify all lenders, mortgage companies or similar private parties who hold a lien, a mortgage or similar financing agreement for the identified housing unit (enter N/A if not applicable).

\_\_\_\_\_

Mortgage/Lien 1

\_\_\_\_\_

Mortgage/Lien

Any additional mortgage/lien holders:

\_\_\_\_\_

**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  
\_\_\_\_ Never Married

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



## 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.

Black

Hispanic

Caucasian

Asian

Native American/Eskimo

Other (Please identify)



## **HOMEOWNER'S INSURANCE NOTICE:**

For any emergency works that are covered under your homeowner's insurance, the SHIP Program requires that you open a claim with your insurance company before any SHIP funds can be awarded for repair of your home. We understand that the amount awarded by your insurance company may not cover any or all of the items being requested for repair. If any funds are awarded from a homeowner's insurance claim, those funds must be paid to the contractor performing the repairs and if determined eligible for SHIP funds, the SHIP Program should cover additional costs needed for the job. A copy of the homeowner's insurance inspection report and a copy of any checks/deposits will be required for submission to SHIP if a claim is processed and funds are awarded from the insurance company.

If you do not have homeowner's insurance, the SHIP Program strongly recommends that you obtain homeowner's insurance after the repairs have been made. Homeowner's insurance should be more affordable once the house is up to code and all repairs have been completed.



INDIAN RIVER COUNTY  
 LOCAL HOUSING ASSISTANCE PROGRAM  
 INDIAN RIVER COUNTY PLANNING DIVISION  
 1801 27TH STREET, VERO BEACH, FL 32960  
 (772) 226-1594

**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:**

_____	_____	_____
Head of Household	(print name)	Date
_____	_____	_____
Spouse	(print name)	Date
_____	_____	_____
Adult Member	(print name)	Date
_____	_____	_____
Adult Member	(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