



CITY OF  
**SANFORD**  
COMMUNITY RELATIONS &  
NEIGHBORHOOD ENGAGEMENT

**APPLICATION FOR  
SAFETY HOME REPAIR  
PROGRAM**

**Program Year  
2023-2024**

**City of Sanford  
Community Development  
300 N. Park Ave., 2<sup>nd</sup> Floor  
Sanford, FL 32771**

# INSTRUCTIONS FOR APPLICATION

## INSTRUCTIONS FOR APPLICATION

### General Instructions

- Read the instructions for this application.
- Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.
- Applicants that knowingly provide false, misleading, or incomplete information will result in denial of application and barred from services from this office.
- The Applicant (Head of Household) if applicable, Co-Applicant, 18 and older, must sign and date the application.
- Submit application with all the required documentation to 300 N. Park Ave., 2<sup>nd</sup> Floor Sanford, FL 32771

### Itemized Instructions

1. **APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail (may or may not be the damaged property), an e-mail address (if applicable), your date of birth, and your marital status and other fields.
2. **CO-APPLICANT INFORMATION:** List other household members who hold as much responsibility for the property as the applicant. This person is often referred to as the co-owner of the property. Attach an additional sheet if there are more than two applicants.
3. **EMPLOYMENT INFORMATION:** This information is being collected to ensure income eligibility and employment verification.
4. **HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, gender, date of birth, and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, or legal custody ruling resulting in an additional household member.
5. **RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** This information is being collected to ensure compliance with federal Housing and Equal Opportunity regulations.
6. **INCOME INFORMATION:** Provide information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members 18 and older. Food benefits (THHSC: SNAP) are NOT considered income.
7. **APPLICANT INFORMATION:** Provide confirmation for citizenship/residency, veteran status, assistance requested and any additional questions.
8. **ASSET INFORMATION:** Provide the requested information on any property you may own. Examples of what constitutes assets are listed below:
  - Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
  - Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
  - Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
  - Cash value of life insurance policies available to the holder before death;
  - Personal property that is held for investment purposes;
  - Equity in real property;
  - Retirement and pension funds;

- Mineral rights; and
- Mortgage or deeds of trust held by the applicant and/or copy of Satisfaction of Mortgage

Some items of personal property are **NOT** counted as assets for the purposes of determining annual income:

- Automobiles;
- Jewelry; and/or
- Term life insurance policies

- 9. APPLICANT CERTIFICATION:** Certify that all information in the application is true, to the best of your knowledge. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent
- 10. ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the sub recipient, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

**Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office.**

## Income Limit Tables City of Sanford, FL

**NOTE:** Seminole County is part of the **Orlando-Kissimmee-Sanford, FL MSA**, so all information presented here applies to all of the **Orlando-Kissimmee-Sanford, FL MSA**.

The **Orlando-Kissimmee-Sanford, FL MSA** contains the following areas: Orange County, FL; Osceola County, FL; and Seminole County, FL.

Household Size	Extremely Low 30%	Very Low 50%	Low 80%
1	\$20,300	\$33,800	\$54,050
2	\$23,200	\$38,600	\$61,800
3	\$26,100	\$43,450	\$69,500
4	\$31,200	\$48,250	\$77,200
5	\$36,580	\$52,150	\$83,400
6	\$41,960	\$56,000	\$89,550
7	\$47,340	\$59,850	\$95,750
8	\$52,720	\$63,700	\$101,950

\*subject to change annually based on the Department of Housing and Urban Development.

Income Limit areas are based on FY 2024 Fair Market Rent (FMR) areas.

## DECLARATION OF ELIGIBILITY

**HOME REPAIRS FOR WHICH FEMA ASSISTANCE HAS BEEN REQUESTED OR RECEIVED ARE NOT ELIGIBLE FOR INCLUSION IN THE FY 2023-2024 SAFETY HOME REPAIR PROGRAM.**

### PLEASE CHECK ALL THAT APPLY:

- Have you recently filed a claim with your insurance carrier?  YES  NO
- Have you filed a claim with FEMA?  YES  NO
- If yes, do you expect to receive a check for damages and/or repairs?  YES  NO

## REQUIRED DOCUMENTATION

**Applicants who knowingly provide false, misleading, or incomplete information will result in a denied application and be barred from services from this office. Incomplete applications will be denied.** The following documents **must** be included with your application:

### **For ALL household members:**

#### **Proof of Identification**

- Driver's License and/or Passport, Resident's Card, Certificate of Naturalization
- Birth Certificates (with the parent(s) or applicant's name listed), and/or Passport, Resident's Card, Certificate of Naturalization
- School records (with the parent(s) name and address), Court-ordered Letter of Guardianship, or Letter of Adoption.

**Note: These must be accompanied by the Social Security Card.**

- Federal Income Tax Returns and W-2** forms for the most recent two (2) years for all working adults currently residing in the household.
- Current Paystubs** (for all employed household members 18 years old or older)
  - Six (6) most recent paystubs
  - If an adult household member is not working and receives no income from any source, the household member must provide a completed Verification of No Monthly Income form and supporting documentation from the following agencies Social Security Administration, Unemployment, and Department of Children and Families.
  - **Self-employment Income** (Schedule C, E, or F must be included with your federal income tax return AND the Accountant or bookkeeper's statement of net income expected for the next 12 months printed on the accountant/bookkeeper's company letterhead, or A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months
- Employment Information** for each household member that is working provides the following: Name of employer, Name of Supervisor / Manager, Address of the employer, Phone Number of the employer, and fax number of employer.
- Current Bank Statements** (Checking and/or Savings Accounts)
  - Six (6) most recent bank statements
  - A notarized letter or statement from each adult household member that does not have an open bank account, stating such.
- Award Letter:** (Social Security, Pension or Public Assistance, Veteran's benefits)
- If applicable**, proof of other income received by any household member, such as Alimony, Unemployment benefits, or any other income you receive regularly.
- If applicable**, court-ordered child support or direct payment agreement from the natural parent not residing in the household. All reported children in the household must demonstrate guardianship.
- If applicable**, a copy of the Divorce Decree.
- If applicable**, a copy of the most recent statement for 401k, retirement funds, IRA, stocks, bonds, or other funds.
- If applicable**, a copy of the current case value statement for any Whole Life Policy insurance.

**For Property:**

- Proof of Property Ownership**
  - Warranty Deed, or Quit Claim Deed, or Satisfaction of Mortgage
- Proof of Insurance**
  - The “Declaration Page” of your current Homeowner’s Insurance, Fire Insurance, Windstorm, and/or Flood Insurance Policy if applicable
- Proof that you are current in your property taxes**
  - Property tax payment receipt from the county, or
  - A printout from the Seminole County Property Appraisers website
- Most recent Mortgage Statement**

**You are required to bring all requested information to your appointment or your application will be deemed incomplete and denied.**

This page must be signed by the homeowner certifying the accuracy and completeness of this application. No application will be accepted without this document.

I hereby certify that this application is complete and that all information included herein is true and accurate.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION DEADLINE IS MAY 15<sup>TH</sup>.**

**RECEIVED AFTER 4:00 PM WILL NOT BE CONSIDERED**

## SUBMISSION FORM

### APPLICANT

First Name:	Last Name:	Middle Initial:
Address:		
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	Email:

### SPOUSE / CO-APPLICANT

First Name:	Last Name:	Middle Initial:
Home Phone Number:	Cell Phone Number:	Email:

### APPLICANT EMPLOYMENT INFORMATION

Employer Name:	Position:
Employer Email:	Pay Rate: \$
Year Employed:	Annual Income <small>(gross salary, overtime, tips, bonuses, etc.)</small> \$
Employer Address/Phone:	

### SPOUSE / CO-APPLICANT EMPLOYMENT INFORMATION

Employer Name:	Position:
Employer Email:	Pay Rate: \$
Year Employed:	Annual Income <small>(gross salary, overtime, tips, bonuses, etc.)</small> \$
Employer Address/Phone:	

## RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

### APPLICANT RACE / NATIONAL ORIGIN / ETHNICITY

#### RACE (Check all that apply):

- Asian     
  Black or African American     
  White     
  Other  
 American Indian or Alaska Native     
  Native Hawaiian or Other Pacific Islander

#### ETHNICITY (Check one):

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."  
 Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

	Name	Date of Birth	Social Security Number	Relationship to Applicant
1				Applicant
2				
3				
4				
5				
6				
7				

## OTHER SOURCES OF INCOME

(For ALL household members 18 and over)

List employment, child support, alimony, social security pensions, unemployment and/or Workers Compensation, etc.

	Name	Wages/Salaries Include Tips, Commission and Bonuses	Benefits / Pensions	Public Assistance	Other Income	Annual Income
1						
2						
3						
4						
5						
6						
7						

PROPERTY INSURANCE NOTE: The agent can fax a copy of the policy **Declarations** page to 407-688-5159

Homeowners Insurance:  Yes  No



## ADDITIONAL INFORMATION

Provide basic applicant information including citizenship/residency status, veteran status, and assistance requested. PLEASE READ AND ANSWER ALL OF THE QUESTIONS BELOW:

CITIZENSHIP/RESIDENCY STATUS:	YES	NO
Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>
*If no, are you a permanent resident of the U.S.? <i>(If yes, a copy of the resident card must be provided.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
VETERAN STATUS:		
Are you a Veteran or Spouse/Dependent of a Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impaired: Do you need TTD/TDY access to our staff?	<input type="checkbox"/>	<input type="checkbox"/>
*Do you require accommodations for handicap accessibility?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what *accommodations do you need?		
ASSISTANCE REQUESTED (1 trade only)		
Water Heater	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>
Septic Tank	<input type="checkbox"/>	<input type="checkbox"/>
ADA security (fences, trees)	<input type="checkbox"/>	<input type="checkbox"/>
Trip hazards (unleveled flooring)	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Paint & Pressure Washing	<input type="checkbox"/>	<input type="checkbox"/>
Are copies of valid Florida Photo ID or valid Florida Driver's License for all adult household	<input type="checkbox"/>	<input type="checkbox"/>
Are copies of Social Security Cards and birth certificates for all household members attached to the application?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive alimony/child support?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive Social Security, SSI, and SSDI?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive any pensions (VA, military, retirement)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive unemployment compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive Business or Rental Income?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive Workmen's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive short- or long-term disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive recurring contributions and gifts?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household receive any other type of income?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household have one or more checking account(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household have one or more savings account(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household have an IRA account?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household have a 401(k), stocks, bonds, or any other investment	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did all adult household members (18 years and older) sign the Signature Page and the Authorization of Release (ATRI FORM) and attach them to the application?</b>	<input type="checkbox"/>	<input type="checkbox"/>

## ASSET INFORMATION

**For ALL Household Members, Including Minors**, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have a financial account, must sign a **Verification of No Financial Accounts** (form). **(Please provide the last 6 months of Bank Statements or benefit statements)**

1. Do you own any other real estate?  Yes  No  N/A

If yes, provide the address, city, and state of the property(s):

2. Do you have a mortgage on the damaged property you are seeking assistance on?  Yes  No

If yes, what is the current balance owed on the mortgage?

3. Are your payments current on your mortgage?  Yes  No

4. Is your primary residence currently in foreclosure?  Yes  No

5. List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.)

Household Member Name	Type & Source of Asset	Cash Value of Asset	Account #



## CITY OF SANFORD SAFTEY HOME REPAIR PROGRAM UNEMPLOYED AFFIDAVIT

State and/or Federal Regulations require us to verify all information, services, and monetary support made to the person/s that are requesting assistance. To establish eligibility applicants must provide supporting documentation.

This form must be completed by all household members aged 18 and older who do not have any income additional members please request an additional form.

I, \_\_\_\_\_, (the applicant, co-applicant, or a household member) of the City of Sanford, being of sound mind and legal age, state the following:

- I have made an application for assistance from the City of Sanford’s Home Maintenance Program.
- Check as applicable:
  - I AM NOT presently employed BUT anticipate becoming employed within the next three months.
  - I AM NOT presently employed and DO NOT anticipate becoming employed within the next three months.
- I AGREE THAT I WILL REPORT ANY CHANGES REGARDING MY INCOME TO THE CITY OF SANFORD
- Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

### STATE OF FLORIDA COUNTY OF SEMINOLE

I **HEREBY CERTIFY** that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments personally appeared \_\_\_\_\_  who is/Are personally known to me or  who produced a Florida driver’s license(s) as identification and acknowledged before me that she/he/they executed the same. Sworn and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2024, the said person(s) did take an oath and was/were first duly sworn by me, on oath, said person(s), further, deposing and saying that she/he/they has/have read the foregoing and that the statements contained herein are true and correct.

**WITNESS** my hand and official seal in the County and State last aforesaid this \_\_\_\_\_, day of \_\_\_\_\_, A. D. 2024.

Printed Name: \_\_\_\_\_  
Notary Public; State of Florida



## CITY OF SANFORD SAFETY HOME REPAIR PROGRAM CERTIFICATION STATEMENT

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless individuals, and to better understand the needs of homeless individuals. We only collect information that we consider to be appropriate.

**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 and 775.083.**

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 income verification related to determining 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.

I/we further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided, the City of Sanford, Community Development Block Grant (CDBG) Program, will demand and pursue through all legal remedies available, repayment of the funds provided for the assistance that was provided. The undersigned further understands that providing false representations herein constitutes an act of fraud.

**Applicants who knowingly provide false, misleading, or incomplete information will result in denial of application and barred from services from this office.**

**\*ALL ADULTS 18 years of age and older must sign below.**

\_\_\_\_\_  
Signature of Head of Household                      Social Security Number                      Date

\_\_\_\_\_  
Signature of Spouse/other Adult                      Social Security Number                      Date

\_\_\_\_\_  
Other Adult Signature                      Social Security Number                      Date

\_\_\_\_\_  
Other Adult Signature                      Social Security Number                      Date



**CITY OF SANFORD SAFETY HOME REPAIR PROGRAM  
MEMORANDUM OF UNDERSTANDING**

I/We, \_\_\_\_\_ (Applicant/Head of Household)

And \_\_\_\_\_ (Co-Applicant/Co-HOH) understand the following:

- I/We am/are applying for the City of Sanford Community Development Block Grant (CDBG) Home Maintenance Program, to address trade repairs and trade-associated repairs in my home.
- My household income must not exceed the income levels determined by the applicable funding program.
- I/We understand that my/our home must be located within the City limits of Sanford.
- I/We must currently occupy the Property as my/our principal residence. This assistance is provided to me as a grant.
- The property taxes and the insurance must be up to date to qualify for the program. My home must be site-built.
- My manufactured/mobile housing is only eligible if it meets the standards established by the Florida Department of Community Affairs (DCA) which requires a DCA decal/emblem to be displayed in the home.
- One (1) trade** (i.e. doors, water heater, septic tank, accessibility, etc.) will be addressed by this program. Homes in need of moderate, substantial, and major rehabilitation/reconstruction are not eligible.
- Repairs for which FEMA assistance has been requested or received are not eligible for inclusion in this Program.

**APPLICANT(S) ACKNOWLEDGMENT**

I/we acknowledge that I/we have received a copy of the foregoing fully executed Memorandum of Understanding by my Lender and that the terms and requirements thereof were explained to me/us.

Signature of Head of Household	Print Name	Date
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Signature of Spouse/other Adult	Print Name	Date
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## AUTHORIZATION FOR RELEASE OF INFORMATION AND PRIVACY ACT NOTICE

The undersigned authorizes the City of Sanford to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG program, including authorization to obtain a consumer credit report.

This includes but is not limited to the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), the State of Florida Department of Human Services programs, and the Federal Emergency Management Agency (FEMA). The City of Sanford may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to the City of Sanford on household members, income, net family assets, allowances, and deductions is accurate.

**PRIVACY ACT NOTICE STATEMENT:** The Department of Housing and Urban Development (HUD) and the Florida Housing Finance Authority require the collection of this information to determine an applicant’s eligibility and the amount of assistance necessary. This information will be used to establish the level of benefit, to protect the government’s financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. HUD is authorized to ask for this information by the National Affordable Act of 1990.

### ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I acknowledge that: (1) a photocopy of this form is as valid as the original, (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me), (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 12 months from the date signed.

**Warning: Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office. I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.**

_____	_____	_____
Signature of Head of Household	Social Security Number	Date
_____	_____	_____
Signature of Spouse/other Adult	Social Security Number	Date
_____	_____	_____
Other Adult Signature	Social Security Number	Date
_____	_____	_____
Other Adult Signature	Social Security Number	Date



## CONFLICT OF INTEREST

### City of Sanford

No persons who are an employee, agent, consultant, officer, or elected official or appointed official of the City of Sanford who exercise or have exercised any functions or responsibilities concerning activities assisted with state or federal funds or who are in a position to participate in a decision-making process or gain inside information with regards to these activities, may obtain a financial interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

#### NOTIFICATION ABOUT POTENTIAL CONFLICT OF INTEREST

I, \_\_\_\_\_ (Head of Household) certify that:

- I am employed with the City of Sanford Government.
- I have a family member employed with the City of Sanford Government.
- I am **not** employed, nor do I have a family member employed with the City of Sanford Government.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

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

I, \_\_\_\_\_ (Co-Head of Household) certify that:

- I am employed with the City of Sanford Government.
- I have a family member employed with the City of Sanford Government.
- I am **not** employed, nor do I have a family member employed with the City of Sanford Government.

\_\_\_\_\_  
Signature of Co/Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name



## **COMPLETED APPLICATION & SUPPORTING DOCUMENTS:**

Please call Edwige “Eddie” Josue at (407) 562-2779 and press 1 and then press 2 to schedule an appointment.

You are required to bring all requested information to your appointment.

**Please do not “walk-in” or “drop off” application.**

Please be advised appointment time can average an hour.