



**\*PLEASE READ INSTRUCTIONS BEFORE COMPLETING APPLICATION\***

**INDIAN RIVER COUNTY  
LOCAL HOUSING ASSISTANCE PROGRAM  
INDIAN RIVER COUNTY PLANNING DIVISION  
1801 27TH STREET  
VERO BEACH, FL 32960  
(772) 226-1594 or (772) 226-1923  
Fax (772) 226-1922**

**REHABILITATION LOAN APPLICATION PACKET**

In order to apply for rehabilitation loan assistance from the Indian River County Local Housing Assistance program, please complete this application and submit it to the county at the above address. **Following is the list of items needed for the review of your application\***:

**A. COMPLETED APPLICATION (see instructions below to complete part A-F)**

1. **Complete all questions.**
2. **Sign all Income Verification forms on the left side only. Leave the right side blank. Additional forms, if needed, may be obtained from the SHIP Office. **(SHIP STAFF will mail these forms to employers, banks, and other appropriate third parties)****
3. A ***notarized*** copy of U.S. Income Tax Return for the previous year for **all** members of the household 18 years or older.  
***(A free transcript may be obtained by calling 1-800-829-1040. Choose option 2 for personal tax accounts. Then choose option 2 again. Follow all prompts to complete request for free transcript).***
4. **You must submit proof of dependents – Include all items listed below if applicable:**
  - a. A **Copy** of Birth Certificates for **all** children in household under 18 years of age.
  - b. A **Copy** of court-ordered Guardianship and/or Child Support *(if applicable)*
  - c. A **Copy** of Adoption Papers *(if applicable)*
  - d. A **Copy** of Divorce Decree *(if applicable)*
  - e. A **Copy** of Social Security cards for **all** household members
  - f. A **Copy** of current Social Security Benefits statement for **all** household members including children *(if applicable)*

**B. COPY OF DRIVERS LICENSE OR PHOTO I.D. SUCH AS STATE I.D. OR PASSPORT**

**C. COPY OF DEED TO HOME**

**D. COPY OF PAID PROPERTY TAX BILL**

**E. COPY OF HOMEOWNER'S INSURANCE DECLARATION PAGE**

**F. LIST OF REPAIR WORK NEEDED**

**\*NOTE: Staff may ask for more information on case-by-case basis.**

- NOTICE:**
1. **THE COUNTY WILL MAIL ALL the verification forms to the appropriate third party (bank, employer, social and government agencies, etc). Only sign the left side of forms that are applicable to your individual situation where indicated (Signature of Applicant). These forms will be completed by the appropriate third party and returned to the county directly.**
  2. **MOBILE HOMES ARE NOT ELIGIBLE**
  3. **Please DO NOT bring the originals. There will be NO copying opportunity at the application submittal site (please bring copies with the application).**

**Major Rehabilitation Loan Flow Chart**  
**(Alterations/repairs as defined in the FL Building Code Chapter 3, Section 304,**  
**and Section 305, Levels 1, 2 and 3, copy attached)**  
**Local Housing Assistance Program (LHAP)**

Applicant submits a completed LHAP application to the county.  
(application must include a list of repair work to be done)



If applicant is eligible, the county will schedule inspection with the LHAP Inspector.



The LHAP Inspector will inspect the house and make a determination if the house is structurally sound and if it can be rehabilitated. If so, the LHAP inspector, prepares the work write-up specifications and cost estimates after the house inspection.



The county sends the eligibility letter and referral list of contractors to the applicant with date and time of walk-thru (staff will also e-mail date and time of walk-thru to all contractors on the county contractor referral list with e-mail address on file).



Applicant must contact sufficient number of contractors to be able to receive at least two comparable bids and inform them of the date and time of walk-thru (applicant does not have to use only the contractors on the referral list)



SHIP inspector conducts scheduled walk-thru with contractors and applicant, and provides bid package including bid numbers, and the date and time when the bids are to be received by the county. (Contractor must request in writing any questions/concerns within 7 days of scheduled walk thru date).



Contractor sends bid in sealed envelope with the applicant name and bid number noted on the outside of the envelope.



Two county staff will publicly open the bids. SHIP Inspector reviews the contractors' proposals.



If the proposals are acceptable (contractor must be currently licensed and insured and the bid cannot exceed 110% of the county SHIP inspector's estimate), the Applicant will select and sign bid(s).



The county's LRC reviews and approves the loan.



The county prepares mortgage documents and closes the loan.



The county will send a 'Notice to Proceed' to the Contractor(s) and a copy to Applicant(s).



Contractor must pull permit within 10 days (or notifies SHIP office) and complete the job per the proposal within 45 days of issuance of the building permit.



Inspector from appropriate jurisdiction's building department must inspect completed work.



Inspection finalized (county inspector approves the job and owner satisfaction letter obtained).

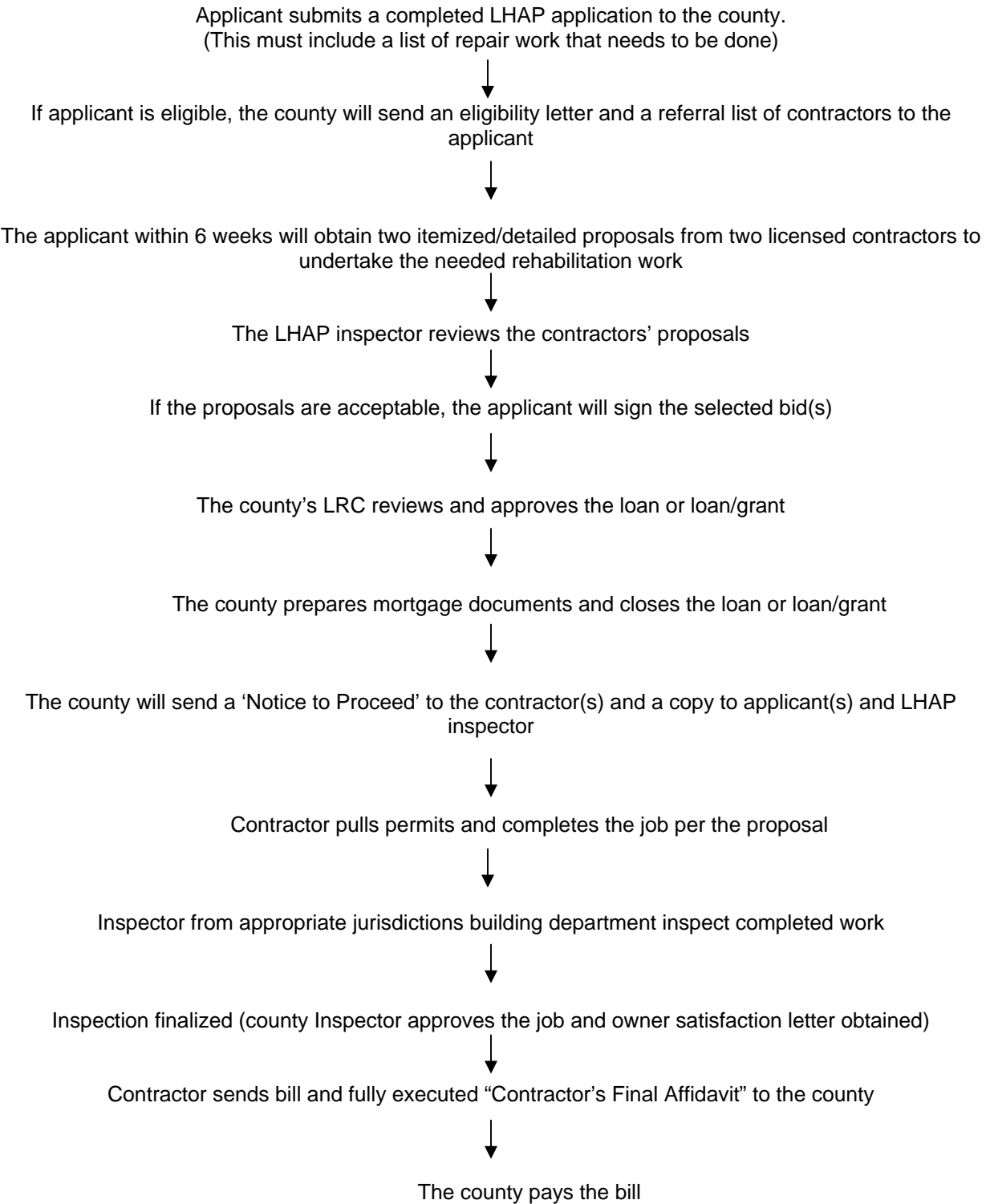


Contractor sends bill and fully executed "Contractor's Final Affidavit" to the county.



The county pays the bill.

**Minor Rehabilitation Loan Flow Chart**  
(Alterations/repairs as defined in the FL Building Code, Chapter 3, Section 302, and 303, Level 1, copy attached, or rehabilitation work in conjunction with a Down Payment/Closing Cost Loan)  
**Local Housing Assistance Program (LHAP)**



**REPAIR WORK LIST**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

NOTE: the 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. \_\_\_\_\_

For Office Use Only		
	YES	NO
Does the rehabilitation work meet the county requirements	___	___
Does the applicant have satisfactory credit	___	___



**OWNER /APPLICANT ACKNOWLEDGMENT FORM  
FOR REHABILITATION LOAN ASSISTANCE FROM THE  
INDIAN RIVER COUNTY LOCAL HOUSING ASSISTANCE PROGRAM**

Please review the following information and if you would like to proceed with your rehabilitation loan application, please sign the form and return it to the county's S.H.I.P. office.

**RESPONSIBILITIES OF HOME OWNERS IN THE REHABILITATION PROCESS**

The county will help applicants during the home improvement process, but applicants are solely responsible for finding contractors, signing agreements with contractors, choosing the contractor(s) and undertaking the activities listed below.

1. Applicant must assist the county designated inspector with inspection of the home for which rehabilitation is being requested and must point out problems.
2. Applicant and contractor must discuss and agree on all items related to bid estimates, including color and type of materials to be used.
3. Applicant must select and sign one of the bid estimates. The bid estimate form signed by both the contractor and the applicant will serve as a contract between the two parties for performing the identified rehabilitation work. The county is **NOT** party to this contract agreement. The county only provides funds upon completion of work and approved final inspection by appropriate jurisdiction building inspector.
4. Applicant must work with contractor to settle disagreements during the job.
5. Applicant must call and/or write contractor to request that problems covered by contractor warranties be corrected during the warranty time period.

By signing below I/we, acknowledge that I/we have read and ***understand*** the above rehabilitation loan information and requirements.

\_\_\_\_\_  
Home Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Home Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Staff

\_\_\_\_\_  
Date

**THOUGHTS HOME OWNER/APPLICANT SHOULD CONSIDER  
BEFORE PARTICIPATING IN THE REHABILITATION PROGRAM**

1. Not all the work that the home owner/applicant wants done can always be done.
2. Repairs will correct some problems, but may not solve all problems.
3. **DON'T** expect your house to be completely new when the work is done.
4. **DON'T** expect all floors, walls, ceilings, doors, windows, kitchen cabinets, bathroom fixtures, and tubs in older houses to be completely plumb, level and square when work is done.
5. Sometimes it can be stressful living in a house while a contractor is performing work.
6. Very few times in life are people completely satisfied with things they buy or have repaired. Buying a home or having a house repaired is no different.
7. The county Local Housing Assistance Program is not involved with work inspections, workmanship, color or type of materials or similar issues.
8. The contractor must pull permits from the appropriate jurisdiction, and completed work must be inspected by that jurisdiction and receive final approval prior to release of funds.
9. Finally, the county is **NOT** a contractor, does **NOT** recommend contractors, and **DOES NOT** and **CANNOT** guarantee that the applicant will be satisfied with the work done by the contractors.

By signing below I/we, acknowledge that I/we have read and ***understand*** the above rehabilitation loan information and requirements.

\_\_\_\_\_  
Home Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Home Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Staff

\_\_\_\_\_  
Date



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 1801 27TH STREET VERO BEACH, FLORIDA 32960  
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 REHABILITATION LOAN APPLICATION PACKET**

**FOR OFFICE USE ONLY: RESIDENT INCOME CATEGORY**    ELI \_\_\_ VLI \_\_\_ LI \_\_\_ MI \_\_\_

**I. 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 #: ( \_\_\_ ) \_\_\_ - \_\_\_ Cell #: ( \_\_\_ ) \_\_\_ - \_\_\_

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

**II. 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



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

B) Other Income and Assets Information

Provide assets information on the following tables for all household members aged 18 and older.

ASSETS INFORMATION BANKS, SAVINGS AND LOANS, AND CREDIT UNION INFORMATION						
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	ACCOUNT NUMBER	CASH/ MARKET VALUE	INCOME FROM ASSETS
					\$	\$
						%
					\$	\$
						%
					\$	\$
						%
					\$	\$
						%

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?

Yes                      No

If *yes*, complete the verification of assets disposed form (copy available at the county's housing office).

**IV. 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>	
	Yes	No	Yes	No
a. Are there any outstanding judgements against you?	Yes	No	Yes	No
b. Have you declared bankruptcy within the past 2 years	Yes	No	Yes	No
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last calendar year?	Yes	No	Yes	No
d. Are you a party to a lawsuit, as either plaintiff or defendant?	Yes	No	Yes	No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgement? (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)	Yes	No	Yes	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.	Yes	No	Yes	No

**V. LENDER DATA**

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

Mortgage/Lien 1

Mortgage/Lien 2

Add a separate sheet(s) if more than two mortgage/lien holders.

## VI. 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 reverification 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.

### 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.**

**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 loss 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

UNIT RESIDENT HOUSEHOLD INFORMATION FORM  
PLEASE PRINT OR TYPE ALL INFORMATION:

This form must be completed for ALL persons, adults and children, who will occupy the identified housing unit.

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

\_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Phone Home Number:

Phone Work Number:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

❖ Marital Status:

❖ Citizenship/Residency:

\_\_\_\_ Married  
\_\_\_\_ Separated  
\_\_\_\_ Unmarried

\_\_\_\_ U.S. Citizen  
\_\_\_\_ Registered Alien

(IDENTIFY: single, divorced, or widowed) If Divorced, please submit copy of Divorce Decree

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:

❖ Citizenship/Residency:

\_\_\_\_ Married  
\_\_\_\_ Separated  
\_\_\_\_ Unmarried

\_\_\_\_ U.S. Citizen  
\_\_\_\_ Registered Alien

(IDENTIFY: single, divorced, or widowed) If Divorced, please submit copy of Divorce Decree

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**Household Composition:** Please list the head of your household and all members who live in your home. Give the relationship of each family member to the head of household.

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

**\*STATEMENT REQUIRED PURSUANT TO FLORIDA STATUTES SECTION 119.771(5) FOR THE COLLECTION OF SOCIAL SECURITY NUMBERS.**

*Indian River county collects your social security number and the social security numbers of all members of your household for the following purposes: identification and identity verification; income and employment verification; verification of assets; verification of number of persons in household; verification of receipt of federal housing assistance; and data collection and reconciliation to detect benefits fraud. Please note that social security numbers are also used as a unique numeric identifier and may be used for search purposes*

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

- Black
  Hispanic  
 Caucasian
  Other (Please Identify)  
 Native American/Eskimo

**PRIMARY RESIDENT/APPLICANT:**

**Are you one of the following persons with special housing needs?**

NOTE: This information is requested for data reporting purposes. Completion is optional unless 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
- Physically Disabled
- Homeless
- Other, please explain: \_\_\_\_\_

**CO-APPLICANT:**

**Are you one of the following persons with special housing needs?**

NOTE: This information is requested for data reporting purposes. Completion is optional unless 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
- Physically Disabled
- Homeless
- Other, please explain: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS:**

**Are you one of the following persons with special housing needs?**

NOTE: This information is requested for data reporting purposes. Completion is optional unless 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
- Physically Disabled
- Homeless
- Other, please explain: \_\_\_\_\_

**Please provide information regarding additional household members on a separate sheet, if needed.**



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**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.

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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.

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## **CREDIT REPORTS**

A current credit report will be required for all applicants determined to be in the moderate or low-income categories.

It is not necessary to purchase a credit score, however, a complete report is required with your

application.

You may obtain a free credit report once a year at: [www.annualcreditreport.com](http://www.annualcreditreport.com) or you may contact the agencies below and request a report.

❖ **Equifax: information at (800) 685-1111;**

❖ **web site [www.equifax.com](http://www.equifax.com)**

❖ **Experian: information at (888) 397-3742 (formerly TRW); web site [www.experian.com](http://www.experian.com)**

❖ **Transunion: information at (800) 888-4213;**

❖ **web site [www.tuc.com](http://www.tuc.com)**

❖ **The Credit Source: information at (877) 322-8228;**

❖ **web site [www.annualcreditreport.com](http://www.annualcreditreport.com)**

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## **SOCIAL SECURITY BENEFITS**

If any household member receives any type of Social Security benefits please provide a current benefits statement which may be obtained, free of charge, from the local Social Security office located at 1835 20<sup>th</sup> Street, Vero Beach, FL 32960 or, you may call at 1-800-772-1213, between 7:00am and 7:00pm to request a benefits verification letter or a proof of income letter.

You may also request this information on line at:

[www.socialsecurity.gov](http://www.socialsecurity.gov)

## **RETIREMENT, PENSION PLANS, OR ANNUITY BENEFITS**

If any household member (including children) receives payment or benefits from a "Retirement", "Pension" and/ or "Annuity", please provide a copy of the latest benefit statement including contact information and the amount received monthly.

## **UNEMPLOYMENT BENEFITS**

If any household member over 18 is currently receiving unemployment benefits, please provide copy of latest benefit statement, and the amount of benefits received.

### **INDIAN RIVER COUNTY LOCAL HOUSING ASSISTANCE PROGRAM**

**HOUSING COORDINATOR  
INDIAN RIVER COUNTY PLANNING DIVISION  
1801 27TH STREET  
VERO BEACH, FL 32960**

**(772) 226-1594 or (772) 226-1923**

**Fax (772) 226-1922**

**[www.ircgov.com](http://www.ircgov.com)**

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**VERIFICATION OF: Assets on Deposits- Financial Institution \_\_\_\_\_**

**↓\*Applicant-Complete Left side only\***

(Applicant Information)

Name of Applicant or Tenant:

\_\_\_\_\_

Social Security  
Number: \_\_\_\_\_

Return to:

Name: Housing Coordinator – SHIP Program  
Agency: Indian River County – Planning  
Address: 1801 27<sup>th</sup> Street  
Vero Beach, FL 32960

\_\_\_\_\_

Fax: 772-226-1922

**AUTHORIZATION:** State and Federal Regulations require us to verify Public Assistance Income of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information

**RELEASE:** I hereby authorize the release of the requested information.

**X**

\_\_\_\_\_

(Signature of Applicant/Tenant)

Date:

\_\_\_\_\_

or;  
A copy of the executed "Release of Information Form" is attached which authorizes the release of information

Checking Account Number \_\_\_\_\_

Average Balance for Last 6 months \_\_\_\_\_

Current Interest Rate \_\_\_\_\_

Savings Account Number \_\_\_\_\_

Current Balance \_\_\_\_\_

Current Interest Rate \_\_\_\_\_

Certificate of Deposit Account Number \_\_\_\_\_

Amount \_\_\_\_\_

Withdrawal Penalty \_\_\_\_\_

Current Interest Rate \_\_\_\_\_

IRA, Keogh, Retirement Accounts

Account Number \_\_\_\_\_

Amount \_\_\_\_\_

Withdrawal Penalty \_\_\_\_\_

Current Interest Rate \_\_\_\_\_

Money Market Funds Amount (Avg. 6 month balance)

Interest Rate \_\_\_\_\_

Signature of \_\_\_\_\_  
or

Authorized Representative \_\_\_\_\_

Agency Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

**INDIAN RIVER COUNTY**  
**LOCAL HOUSING ASSISTANCE PROGRAM**

**HOUSING COORDINATOR**  
**INDIAN RIVER COUNTY PLANNING DIVISION**  
**1801 27TH STREET**  
**VERO BEACH, FL 32960**

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**CHILD SUPPORT INCOME VERIFICATION LETTER**

**FROM: SHIP**  
**County Administration Bldg.**  
**1801 27<sup>th</sup> Street**

Vero Beach, FL 32960  
Phone 772-226-1594  
Fax: 772-226-1922

DATE: \_\_\_\_\_

TO: **DEPARTMENT OF REVENUE  
CHILD SUPPORT ENFORCEMENT**

The following applicant has applied for public housing assistance. Our agency is required to conduct a third party verification of all applicants applying or living in federally assisted housing.

**STATEMENT OF AUTHORIZATION:**

I, \_\_\_\_\_, AUTHORIZE THE DEPARTMENT OF REVENUE TO RELEASE ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY DETERMINATION OF ELIGIBILITY FOR PARTICIPATION IN THE S.H.I.P. ASSISTANCE PROGRAM.

\_\_\_\_\_  
Name of Applicant (Printed)      Signature of Applicant      Date

\_\_\_\_\_  
Social Security # of Applicant      Housing Agency Representative      Date

-----  
DOR VERIFICATION:

- Find attached records on child support paid to the custodial family for the past 12 months.
- The above mentioned person has registered with our agency and has applied for enforcement action, but is not currently receiving support.
- The above mentioned person has not registered with our agency or has not received child support payments,

\_\_\_\_\_  
DOR Representative (Signature)      Title      Date

**INDIAN RIVER COUNTY**  
**LOCAL HOUSING ASSISTANCE PROGRAM**


**HOUSING COORDINATOR**  
**INDIAN RIVER COUNTY PLANNING DIVISION**  
**1801 27TH STREET**  
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	<b>VERIFICATION OF: Employment</b>	Name of Employer: _____
↓ <b>*Applicant-Complete Left side only*</b> _____		

<p style="text-align: center;">(Applicant Information)</p> Name of Applicant or Tenant: _____  Social Security Number: _____  Return to:  Name: <u>Housing Coordinator – SHIP Program</u> Agency: <u>Indian River County Planning</u> Address: <u>1801 27<sup>th</sup> Street</u> <u>Vero Beach, FL 32960</u>  Fax: <u>772-226-1922</u>	Employed Since _____ Occupation _____  Salary: _____ Effective Date of Last Increase _____  Hourly _____; or Weekly _____; or Monthly _____  Average Hours per Week at Base Pay Rate: _____  Hours _____ Weeks _____ or Months _____ worked per year.  Overtime Pay Rate: Per Hour _____  Average number of hours overtime hours <i>expected</i> during the next 12 months _____  Any other compensation not included above (specify for commissions, bonuses, tips, etc.)  FOR _____ \$ _____ Per _____  Is pay received for vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

**RELEASE:** I hereby authorize the release of the requested information.

**X** \_\_\_\_\_  
(Signature of Applicant/Tenant)

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

or;  
A copy of the executed "Release of Information Form" is attached which authorizes

Signature of \_\_\_\_\_ or

Authorized Representative \_\_\_\_\_

Agency Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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