

Lee County Housing Development Corp



Housing Families & Transforming Lives
3677 Central Ave. Ste. F, Fort Myers FL 33901
(239)-275-5105

Housing Stabilization Program Policy

Program Overview

The Housing Stabilization Program is designed to provide financial assistance to families and individuals, who are residing or homeless in Lee County, FL area, gain or maintain housing stability. This program targets two populations of persons facing housing instability:

1. Families or individuals who are still housed within Lee County limits but are at imminent risk of becoming homeless and;
2. Families or individuals who are already homeless and seeking housing within Lee County.

This program assistance is *not* intended to provide long-term support for program participants, and it is *not* intended to provide all supportive service needs of households that affect housing stability. The program instead is part of a plan made in partnership with the family and other community resources, relying on community resources, agency partners, and mainstream benefits to help households regain stability.

The Lee County HDC will utilize funding from the Department of Children and Families in agreement with Lee County Board of County Commissioners to conduct activities associated with the HSP program. The rules and regulations associated with the Department of Children and Families Challenge Grant Sections 420.622(4)-420.624(6) F.S. will govern the use of such funds.

Form of Assistance

The Housing Stabilization Program funds will be used to provide temporary rental, mortgage, and utility assistance up to a maximum of \$2800 per household and is based upon funding availability. The Housing Stabilization Plan plays a primary role in determining the amounts and types of assistance the participant will need to become housed in permanent housing or move toward stability.

Any rental housing unit, the rental for which is paid, in whole or in part, with rental assistance received under the Housing Stabilization Program, shall be in compliance with the Housing Quality Standards of the United States Department of Housing and Urban Development.

Rental units must meet the following income and rental limit standards:

Maximum Income Limit-Adjusted for Household Size

Household Size	0-30% AMI*	31-50% AMI*
1	\$13,400	\$22,300
2	\$16,460	\$25,500
3	\$20,780	\$28,700
4	\$25,100	\$31,850
5	\$29,420	\$34,400
6	\$33,740	\$36,950
7	\$38,060	\$39,500
8	\$42,050	\$42,050

*AMI – Area Median Income

Rent Limit by Number of Bedroom Units						
	0	1	2	3	4	5
Rent Limits	701	773	956	1240	1415	1627

*New Limits Effective 6/1/2018

Public Records Disclosure

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Devouring

Notice of Collecting Social Security Number

The LCHDC collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the LCHDC to give you this written statement explaining the purpose and authority for collecting your social security number.

Your Social Security Number is being collected for the purposes of income certifying you for the LCHDC’s Housing Stabilization Program which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, Federal and/or State program dollars. Your social security number will not be used for any other intended purpose other than verifying your eligibility for the LCHDC’s program.

Eligible Applicants

For current residents seeking assistance:

- Applicant(s) must meet gross annual incomes not exceeding 50% Area Median Income (AMI) limits established by HUD for the jurisdiction of Lee County, FL. The applicable low-income limits for determining program eligibility are published by HUD in the federal register and are updated annually. The occupant household's gross annual income (for the purpose of determining program eligibility) shall be calculated according to the HUD regulations identified in the Code of Federal Regulations at 24 CFR, Part 5 and in Determining Income Eligibility chapter of this guidebook.
- Applicant(s) must complete a financial counseling session prior to HSP payment and overall debt to income ratio (DTI) cannot exceed 55%.
- Applicant(s) current rent must not exceed SHIP rental limits (not to exceed 80% AMI).
- Applicant(s) must have a lease in their or a household member's name.
- Applicant(s) must have an actual 3-day notice or pending eviction notice within 30 calendar days.
- Applicant(s) must have a documentable crisis or hardship situation that contributed to their housing instability.
- Applicant(s) must have the capacity to meet basic needs once payment has been rendered as determined by their household budget assessment.
- Applicant(s) or household member must not have received any other financial assistance for rent or security deposit within the last year.
- **Applicant(s) must have at least one minor child under the age of 18. Parental guardianship or legal custody documents *will* be required.**

For homeless applicants seeking assistance:

- Applicant(s) must meet gross annual incomes not exceeding 50% Area Median Income (AMI) limits established by HUD for the jurisdiction of Lee County, FL. The applicable low-income limits for determining program eligibility are published by HUD in the federal register and are updated annually. The occupant household's gross annual income (for the purpose of determining program eligibility) shall be calculated according to the HUD regulations identified in the Code of Federal Regulations at 24 CFR, Part 5 and in Determining Income Eligibility chapter of this guidebook.
- Applicant(s) must be referred by a Homeless Continuum of Care (CoC) agency.
- Applicant(s) must complete a financial counseling session prior to HSP payment and overall debt to income ratio (DTI) cannot exceed 55%.
- Applicant(s) potential rent must not exceed SHIP rental limits.
- Applicant(s) must obtain a lease in their or a household member's name within 90 days.
- Applicant(s) or household member must not have received any other financial assistance for rent or security deposit within the last year.

- Applicant(s) must have the capacity to meet basic needs once payment has been rendered as determined by their household budget assessment.
- Applicants will also be required to engage in monthly case management activities for a twelve-month period (e.g. attend classes, meet with case management/housing counseling staff, etc.)

Eligible Properties

Eligible properties must be located within the Lee County, FL.

The following types of housing units are not eligible for this program are:

- Rooming Houses
- Hotel/Motels
- Units deemed uninhabitable by Code Enforcement
- Units not in compliance with State and local ordinances
- Properties owned by an immediate family member of applicant (parents, step-parent, children, siblings or grand-parents)
- Properties where applicant is listed as an owner

Availability of Funds

Applications will be processed on a first-come, first-served basis, first-ready eligible basis from all applicant(s) meeting program eligibility criteria, subject to funding availability. First priority will be given to “special needs” applicants, which include the disabled and general/honorably discharged veterans (SSI/disability proof or DD-214 required).

Applications will be made available online at leecountyhdc.org or in person at Lee County Housing Development Corporation, 3677 Central Ave # F, Fort Myers, FL 33901. Applicants must schedule an appointment with Lee County HDC staff prior to submitting an application. Applications will only be accepted through appointments scheduled. Walk-ins or drop offs will not be accepted.

Only completed applications, which consists of a completed application form and all the applicable supporting documentation, will be accepted. No copies or exceptions will be made. If application is not completed, applicant(s) will have to schedule another appointment to submit application. Failure to provide all mandatory documentation can result in disqualification of application.

Appeal/Grievance Procedure

If the applicant wishes to appeal/grieve the decision denying assistance, he/she must contact management within fourteen (14) days from date of the denial letter to request a meeting to discuss the reasons for the denial and/or to present additional information. The Director will consider all new information and within five (5) business days of this meeting send written notification of his/her decision to retain the denial or approve the application.





Housing Families & Transforming Lives

Lee County Housing Development Corporation

HOUSING STABILIZATION PROGRAM APPLICATION

Rental Assistance Amount Needed: _____ Security Deposit Amount Needed: _____

Reason for Assistance: _____

APPLICANT(S): Please complete Sections (1-6) as applicable.

(1) HOUSEHOLD INFORMATION (Please Include area code for all phone numbers)

Applicant's Name			
Social Security Number		Date of Birth	Marital Status
Present Address (include city, state, and zip code)			Apartment Number
Cell Phone Number	Work Phone Number	Home Phone Number	Emergency Contact Number
Living Arrangements <input type="checkbox"/> Homeless <input checked="" type="checkbox"/> Rent <input checked="" type="checkbox"/> Family/Friends		Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Other	
Co-Applicant's Name			
Social Security Number		Date of Birth	Marital Status
Present Address (include city, state, and zip code)			Apartment Number
Cell Phone Number	Work Phone Number	Cell Phone Number	Work Phone Number
Current Living Arrangements <input type="checkbox"/> Homeless <input checked="" type="checkbox"/> Rent <input checked="" type="checkbox"/> Family/Friends		Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Other	
OTHER HOUSEHOLD MEMBERS		RELATIONSHIP	SSN
AGE			
1.			
2.			
3.			
4.			
5.			
6.			
Total Number of Household Members:			
Is the applicant, co-applicant or any household member age 18 or older, a full-time student? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, what is that person's name(s)? _____			
Is the applicant or co-applicant a veteran? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

(2) LEASED PROPERTY (or to be leased)		
Address	City	Zip Code
Property Type <input type="checkbox"/> Apartment <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Townhouse <input checked="" type="checkbox"/> Duplex	Rent Amount	
Total Number of Bedrooms	Total Number of Bathrooms	
Landlord Name	Landlord Phone Number	
(2) APPLICANT – PRIMARY EMPLOYMENT INFORMATION		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		
Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state, and zip code)		
Name of Employer Contact Person	Phone Number of Employer Contact Person (include area code)	
(3a) APPLICANT – SECONDARY EMPLOYMENT INFORMATION		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		
Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state, and zip code)		
Name of Employer Contact Person	Phone Number of Employer Contact Person (include area code)	
(3) CO-APPLICANT/OTHER HOUSEHOLD MEMBER - PRIMARY EMPLOYMENT INFORMATION		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		
Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state, and zip code)		
Name of Employer Contact Person	Phone Number of Employer Contact Person (include area code)	
(4a) CO-APPLICANT/OTHER HOUSEHOLD MEMBER – SECONDARY EMPLOYMENT INFORMATION		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		
Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state, and zip code)		
Name of Employer Contact Person	Phone Number of Employer Contact Person (include area code)	



(4) HOUSEHOLD INCOME			
Gross Monthly Income & Recipient	Amount	Applicant Name	Other Household Member Name
Wages / Salary			
Overtime			
Bonuses			
Commissions			
Dividend / Interest			
Social Security			
Pension			
Disability			
Child Support			
Self/Employment			
Net Rental Income			
Unemployment			
TANF			
Regular Contributions / Gifts			
Spousal Support/Alimony			
Other			
Total Monthly	_____	_____	_____
Total Annually	_____	_____	_____
Total Monthly Household Income	_____	Total Annual Household Income	_____



(5) HOUSEHOLD ASSETS				
Please check all your assets (include all Household Members)	Amount	Bank or Financial Institution	Account Number	Household Member Name
Checking				
Checking				
Savings				
Savings				
Credit Union				
401K, IRA, CD, Annuity				
Retirement/Pension Fund				
Stocks / Bonds				
Life Insurance				
Other				
TOTAL COMBINED ASSETS				

(6) PROGRAM BENEFICIARY INFORMATION

This application is for funding from the State Housing Initiative Partnership (SHIP) Program and the following information is required to monitor compliance to Equal Credit Opportunity and Fair Housing Laws

APPLICANT <input type="checkbox"/> African American / Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Native Hawaiian / Other Pacifica Islander <input type="checkbox"/> Other _____	CO-APPLICANT <input type="checkbox"/> African American / Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other _____
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Citizenship Status: <input type="checkbox"/> US citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> <u>Not</u> US citizen/ Legal Resident	Citizenship Status: <input type="checkbox"/> US citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> <u>Not</u> US citizen/ Legal Resident
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I / We understand the Florida Statute 814 provides that willful false statements or misrepresentation concerning income, asset, or liability information relating to financial conditions is a misdemeanor of the first-degree, punishable by fines and imprisonment provided under FL Statutes 775.082 or 775/83. I/ We certify that the application information provided is true and complete to the best of my / our knowledge. I / We consent to disclose all information for the purposes of income verification related to making a determination of my / our eligibility for program assistance. I / We agree to provide any documentation needed to assist in determining eligibility and am / are aware that all information and documents provided are a matter of public record. I / We further understand these funds are available only once per lifetime. Assistance through this fund is for relocation purposes only. I / We certify that no one in my household has ever received State of Florida SHIP Funds. I/ We certify I / We have sufficient income/resources to maintain my residence.

_____ Applicant's Signature	_____ Date	_____ Co-Applicant's Signature	_____ Date
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LEE COUNTY HOUSING DEVELOPMENT CORPORATION STABILIZATION PROGRAM APPLICATION

Conflict of Interest Disclosure

In accordance with 24 CFR 570.611 applicants can be denied participation in the Housing Stabilization Assistance Program if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official or appointed official of the recipient or sub recipients and the applicant currently or within the past 12 months:

- Exercises or has exercised any functions or responsibilities with respect to funds for this program.
- Participates or has participated in the decision making process related to funds for this program.
- Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the Housing Rehabilitation Program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge the conflict.

Please read statement #1 and #2 and check the statement that applies to you.

_____ 1. A conflict of interest DOES NOT EXIST as it relates to the Housing Stabilization Assistance Program Application.

_____ 2. A conflict of interest DOES EXIST as it relates to the Housing Stabilization Assistance Program Application.

If you placed a checkmark by statement, #2 please explain the Conflict of Interest:

Certification Statements

_____The applicant(s) certifies that all information provided in this application and all information furnished in support of this application (including the asset, liability, and insurance disclosure forms attached hereto) is provide for the purpose of obtaining rental and/or security deposit assistance and is true correct, and complete to the best of the applicant’s knowledge and belief.

_____The applicant(s) understands that information in this application will be used to determine if the applicant is eligible for assistance and the amount of rental and/or security deposit assistance to be provided. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

WARNING: Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within jurisdiction. The information provided in this application is true and correct as of the date set forth opposite my signature and that may intentional or negligent misrepresentation of this information contained in the application may result in civil liability, and /or in criminal penalties including, but not limited to, fine or imprisonment or both.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant

Print Name

Date





Housing Families & Transforming Lives

LEE COUNTY HOUSING DEVELOPMENT CORPORATION

HOUSING STABILIZATION PROGRAM APPLICATION

Authorization for Release of Information - Complete for all Household Members over the age of 18.

I _____, the undersigned, hereby authorize release without liability, information regarding my/our employment income, and/or assets to **Lee County Housing Development Corporation** for the purposes of verifying information provided, as part of determining eligibility for assistance under the **Housing Stabilization Program**. I understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

Verifications that may be requested are, but not limited to: personal identify; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions disability or death benefits; unemployment, disability and/or worker’s compensation; welfare assistance; net income from the operation of a business; and, alimony or child support payments, etc.

Organizations/Individuals that maybe asked to provide written/oral verification are, but not limited to:

- | | |
|---|---------------------------------------|
| Past/Present Employers | Alimony/Child/Other Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration |
| State Unemployment Agency | Veterans Administration |
| Welfare Agency | |

Agreement to Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

_____	_____	_____
Signature	Print Name	Date

NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506. Request for Copy of Tax Return and prepare and sign separately.



Lee County Housing Development Corporation

Section III- Required Documents

HOUSING STABILIZATION PROGRAM APPLICATION

The documents listed below must be submitted with your completed application, which consists of a completed application form AND all the applicable supporting documentation as listed below. Some of the requested information may not pertain to you. Only provide the information that pertains to your household. Appropriate information will be verified by third-party. **Only copies will be accepted.**

1. **Proof of Income.** Two (2) months most recent consecutive pay stubs or earnings statements showing the employees name, gross pay per pay period, deductions, and frequency of pay for every household member over 18 years old (employment wages, child support payment history, Social Security benefits, disability benefits, retirement income, etc.)
If self-employed, provide year to date profit & loss statement.
2. **Bank Statements.** Last two (2) months bank statements for every household member. We need every page of the bank statements.
3. **Proof of number of dependents claimed.** Dependents must be listed on your federal tax return:
 - A. Birth Certificate on which the parent/applicant's name is listed or
 - B. School records which give the parents' names and address or
 - C. Court-ordered letters of guardianship or
 - D. Divorce decree or
 - E. Letters of adoption
 - F. If a dependent over 18 is a full time student please submit a copy of their class schedule in addition to the above documents.
4. **Social Security Cards.** Social Security Cards for all household members.
5. **Photo Identification.** Provide photo ID for all household members over the age of 18.
6. **Proof of citizenship or legal alien status documents.**
 - A. United States of America birth certificate or
 - B. Naturalization papers or
 - C. Alien registration card
7. **Divorce Decree.** If you are divorced we need a copy of your divorce decree or certified court documents.
8. **Eviction notice.** Notice must be within City limits and in applicant(s) name or current household member OR homeless referral from partnering agency
9. **Lease.** Document must be in applicant(s) or household member's name (within 90 days for new move-ins)
10. **Self-Employment Income.** Schedule C, E, or F must be included with your federal income tax return AND
 - A. Accountant or bookkeeper's statement of net income expected for the next 12 months printed on the accountant/book keeper's company letterhead or
 - B. A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months



11. **Social Security, Supplemental Security Income (SSI), and Disability benefits.** An award or benefit notification letter for current year prepared and signed by the authorizing agency.

12. **Unearned Income.** Provide documents for all that apply.

- A. Unemployment Compensation - Unemployment benefit award notice with three (3) copies of unemployment check stubs.
- B. Disability Compensation - Notice of eligibility from employer or authorizing agency and three (3) copies of check stubs.
- C. Worker's Compensation - Notice of eligibility with amount awarded and three (3) copies of check stubs.
- D. Severance Pay - Notice of employer stating the amount received in severance pay.
- E. Welfare of other needs based payments given to any household members
- F. Unemployed household member not receiving unemployment benefits or income. Please provide a notarized, sworn statement from the household member stating that unemployment benefits are not received and he/or she is not receiving any income.

13. **Alimony or Child Support Payments.**

- A. A printout from the court or governmental agency through which payments are being made. or
- B. An original notarized letter from the non-custodial parent stating the amount given weekly, bi-weekly, or monthly or
- C. An original notarized statement from custodial parent stating that child support is not received for each child. or

14. **Scholarships, Grants, and Veterans Administration Benefits.** Benefactor's written confirmation of amount of assistance, and educational institutions written confirmation of expected cost of the student's tuition, fees, books, and equipment for the next 12 months.

15. **Assets.** Most current statements for the below assets for each household member if applicable. We need all pages of each statements submitted and listed on your application form.

- A. 401(K) / 403(B) account statement
- B. Retirement statement
- C. Pension statement

16. **Recurring Contributions and Gifts.** Example: non-household member paying all of part of bills, mortgages or contributing money on a regular basis.

- A. Notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts or
- B. A letter from a bank, attorney, or a trustee providing required verification.

17. **Evidence of Hardship**

- A. If unemployed, letter from employer indicating no longer employed, and/or benefit letter of unemployment payments
- B. If decrease in income, then supporting documentation (e.g. paystubs, termination letter, etc.)
- C. If Medical Reasons, then provide medical documentation

Hardship Affidavit

(Briefly ,tell us in your own words, what caused your financial hardship)

Client Name _____

Date _____