



**MONROE COUNTY PLANNING DEPARTMENT
AFFORDABLE HOUSING FOR-SALE APPLICATION
FOR INCOME CERTIFICATION DETERMINATION**

Application Date: _____

Applicant Name(s):

Current Mailing Address: _____

Phone: (Cell) _____ (W) _____

Email Address: _____

Property Address of For-Sale Unit (Include Unit# if Condo): _____

Home size (# of bedrooms) _____ Sales Price from Listing _____

Is this property a Condo/HOA? Yes or No _____
If yes, Monthly Condo/HOA Fee Amount _____

Household Composition: List all persons who will live in your household. Head of household should be listed first. **List must include all occupants, dependents and children 17 or younger that will be living in unit.**

Occupants age 18 or older

List all persons age 18 or older that will be living in the home, beginning with the head of household. Each box must be complete for each member. Each working adult may complete a separate application if desired.

	Occupant(s) Name:	Birthdate	Employer Name	Marital Status	Relationship to Applicant	Full-time student (Yes or No)
1						__Yes__ No
2						__Yes__ No
3						__Yes__ No
4						__Yes__ No



Occupants age 17 or younger

List all children who will be living in the home, oldest to youngest.

	Occupant(s) Name:	Legal Relationship to Head of Household	Birthdate	School Name	Dependent (Yes or No)
1					__Yes __ No
2					__Yes __ No
3					__Yes __ No
4					__Yes __ No

Applicant/Co-Applicant Employment Information:

Employee Name:	Employer Name:	
Position:	Supervisor:	
Work Address/Phone:		How long Employed:
Pay Rate:		How often paid:
Annual Income (gross salary): \$		

Employee Name:	Employer Name:	
Position:	Supervisor:	
Work Address/Phone:		How long Employed:
Pay Rate:		How often paid:
Annual Income (gross salary): \$		

NOTE: Attach additional sheets as necessary for all household members 18 years and over



OFFICE USE ONLY

- **Verified Household Annual Income:** \$ _____
 - **Certified Income Category:** (VL, L, Median, Moderate) _____
 - **Reviewer's Signature/Date** _____
-

NOTICE:

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 or 775.83. 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 the purpose 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 are aware that all information and documents provided are a matter of public record.

1) _____
(Signature of Applicant)

(Date)

(Print Name of Applicant above)

2) _____
(Signature of Applicant)

(Date)

(Print Name of Applicant above)

3) _____
(Signature of Applicant)

(Date)

(Print Name of Applicant above)

4) _____
(Signature of Applicant)

(Date)

(Print Name of Applicant above)



Application Instructions:

- Answer all questions on the application form. Do not leave any questions blank. If the question does not apply to you write “none”, “N/A” or “unknown at this time”. All yes/no questions must be checked to indicate whether your response is a “yes” or “no”.
- Staple all the pages of your application together before submitting.
- Incomplete applications will not be processed and will be returned to the applicant. If you make a mistake on your application, please fill out another form. Application with any information crossed out or altered will not be accepted. Only original applications are accepted. Please make sure all information is legible.
- If there is not enough space to answer a particular question or to provide any additional explanation, then attach a separate sheet and label as “Attachment A”.
- Use full legal names of applicants.
- The legal head of household and spouse/co-head (if any) including any other family members 18 years old and over must sign and date the application form.
- The information you provide on this application must be true and complete. It is a violation of law to make false statements.

Submit the following information with your application:

- 1) Copy of driver’s license or other officially-issued proof of identification
- 2) Pay stubs: provide copies of the most recent pay stubs from all sources of income showing your total income for the one month prior to your application, and your most recent W2.
 - a. For instance, if you are paid weekly you will submit 4 pay stubs, if you are paid biweekly you will submit 2 pay stubs, if you are paid monthly you will submit 1 stub.
- 3) If self-employed provide your most recent tax return with all schedules and the current 3 months of bank statements for the business. If you own the company and are paid as an employee of that company, provide the payroll check stubs, three months personal bank statements and 1099s or W2s.
- 4) Mortgage Loan Pre-approval or Approval Letter
- 5) Purchase & Sale contract. MLS Listing Ticket.
- 6) Copy of Affordable Housing Deed Restriction. Monroe County Lease Agreement or Affidavit.
- 7) NOTE: Other documents may be requested to clarify questions in review, including but not limited to your most recent IRS tax return, additional bank statements, additional pay stubs/income documentation, corporate entity documentation, etc.

Additional Info: Employment verification will be required. Obtain and provide a letter of employment from your employer. Your employer may also be contacted by our office directly.

The Income Certification Process

Once you have submitted your complete application with all requested documentation and we have received your employer verification documents, etc., it typically takes up to 14 business days to inform you of the determination on your income certification status.

A delay in receiving documentation will increase the time needed to complete the review.

If for any reason it takes you more than 120 days from the time you first submit your documentation to complete all file document requirements, you will be required to resubmit updated information that is dated within a new 120-day review cycle.

You will receive an official response indicating the status of your application for Income Certification from our office via the email you provided on your application.

If approved, you may be required to visit our office in person to sit with the reviewer and sign the certification documents. All other adults in the household will be required to sign the same document but may do so in front of a notary public if necessary.

The letter of income certification will be active for 12 months from the date of the letter.

If you are determined not qualified for an income-based program, you can submit a new application and new documentation if your circumstances change in the future. A minimum of six months must lapse prior to reapplication.

All applications will be processed according to Monroe County Code Section 139-1(a), 6, j

If you have questions at any point during the process, please contact us at:

305-289-2500

Planning & Environmental Resources Department

Marathon Government Center

2978 Overseas Highway, 2nd Fl

Marathon, FL 33050

NOTE: IF YOU HAVE APPLIED AND BEEN APPROVED FOR HOMEBUYER ASSISTANCE WITH THE MONROE COUNTY SHIP OFFICE, WE WILL ACCEPT THE DETERMINATION OF THE SHIP OFFICE AS TO INCOME COMPLIANCE REQUIREMENTS. Please provide the certification letter with this application for review.



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to **Monroe County Florida, Planning & Environmental Resources Department**, for the purposes of verifying information provided as part of determining eligibility for assistance under the **Affordable Housing Program**. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers
Alimony/Child Support Providers
Banks, Financial or Retirement Institutions
Social Security Administration
State Unemployment Agency
Veteran's Administration
Welfare Agency Other:

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 of Applicant/ Printed Name

Date

Signature of Co-applicant/ Printed 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 or go online for Form 4506-T, "Request for Copy of Tax Return" and prepare and sign separately.

THIRD-PARTY VERIFICATION OF EMPLOYMENT

Note to employer: The individual listed below is applying for housing assistance. The information you provide will assist us in determining the applicants eligibility for the program. Please provide information about anticipated employment income during the next 12 months only.

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may mail the form to the address below, or you may fax to: **305-289-2536**

Authorization:

I hereby authorize the release of requested information. A copy of the executed " Authorization for the release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant/Print Name Date
Co-Applicant/Household Member

Please return information to:

Name: **Tiffany Stankiewicz** Title: **Development Administrator**
Department: **Planning & Environmental Resources** Phone: **305-289-2513**
Address: **2798 Overseas Highway, 2nd FL., Marathon, FL 33050**

Position: _____ Date of hire: _____ Probability of continued employment (Y or N) _____
Current Pay Rate: _____ Pay Frequency (Hr, Wk, Mo): _____ per _____
Overtime Pay Rate: _____ Expected overtime hours during the next 12 months: _____
Total anticipated Annual Base Pay Earnings for the next 12 months: _____
Total anticipated Overtime Base Pay Earnings for the next 12 months: _____
Probability and expected date of any pay increase _____ Amount of increase _____ New rate of Pay _____
Amount of Other Compensation anticipated during the next 12 months (bonus, commission, tips): \$ _____
Vacation Pay (Y or N): _____ If yes, number of days: _____
Retirement Account (Y or N) Amount Accessible to Employee: _____
Penalty for withdrawal (Y or N) Penalty Amount _____
Total anticipated Gross Annual Income, including other compensation, for next 12 months: _____
Signature of authorized representative: _____
Printed Name: _____ Title: _____
Date: _____ Phone: _____

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