

**S.H.I.P.**  
**(State Housing Initiative Partnership)**

**Application Packet**  
**LAFAYETTE County**

Return to SREC, Inc.:

POB 70, Live Oak Fl 32064

FAX – 386/362-4078

Email – [sbarrington@suwanneeec.net](mailto:sbarrington@suwanneeec.net)

**LAFAYETTE COUNTY S.H.I.P. PROGRAM  
APPLICATION FOR HOUSING ASSISTANCE**

Type of Assistance: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_

Home Ownership     Home Repair

Income Category (VL, LI, MI): \_\_\_\_\_

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Name:		
E-mail:		
Date of Birth/Age:		
Street Address:		Phone:
City:		State/Zip:
Mailing Address:		Phone:
City:		State/Zip:

**Other Household Members:**

Name(s)	Date of Birth/Age	Relationship to Applicant

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student? If yes, please list: \_\_\_\_\_

Does Applicant/Co-Applicant own a home? Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly rent/mortgage: \$ \_\_\_\_\_

If No, type of unit to be purchased? \_\_\_\_\_ existing unit    \_\_\_\_ newly constructed unit

**Applicant/Co-Applicant Employment Information:**

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ _____	

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ _____	

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

**Other Sources of Income (For ALL Household Members including minors, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)**

	Name	Type of Income	Gross Annual Amount
1.			
2.			
3.			
4.			
			Total \$ _____

**Assets and Asset Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)**

	Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
1.				
2.				
3.				
4.				
		Total \$ _____		Total \$ _____

**Liabilities (For ALL Household Members 18 and Over, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)**

	Type Credit/Loan	Creditor's Name	Balance Owed	Monthly Payment
1.				
2.				
3.				
4.				
			Total Annual Payments \$ _____	

**Ethnicity/Special Needs (For reporting purposes only, please check all that apply for Head of Household Only:**

White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_  
 Native American \_\_\_\_\_ Farmworker \_\_\_\_\_ Disabled or Disabled Minor \_\_\_\_\_ Elderly \_\_\_\_\_  
 Homeless \_\_\_\_\_ Special Needs \_\_\_\_\_ Other \_\_\_\_\_

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member Signature (over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member Signature (over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member Signature (over 18)

\_\_\_\_\_  
Date



**S.H.I.P. INCOME  
INCOME LIMITS  
LAFAYETTE COUNTY**  
Effective 4/17/17

**NUMBER IN HOUSEHOLD**

	1	2	3	4	5	6	7	8
Extremely Low	\$12,060	\$16,240	\$20,420	\$24,600	\$27,750	\$29,800	\$31,850	\$33,900
Very Low	\$18,000	\$20,550	\$23,100	\$25,650	\$27,750	\$29,800	\$31,850	\$33,900
Low	\$28,750	\$32,850	\$36,950	\$41,050	\$44,350	\$47,650	\$50,950	\$54,200
Moderate	\$43,200	\$49,320	\$55,440	\$61,560	\$66,600	\$71,520	\$76,440	\$81,360

**NOTE: Figures represent maximum household income and maximum monthly payment amounts for each income level per number in household.**

**AFFORDABILITY LEVELS (Monthly Amounts PITI)**

	1	2	3	4	5	6	7	8
Extremely Low	302	406	511	615	594	745	796	848
Very Low	450	514	578	641	694	745	796	848
Low	719	821	924	1,026	1,109	1,191	1,274	1,355
Moderate	1,080	1,233	1,386	1,539	1,665	1,788	1,911	2,034

This chart indicates the affordability figures based on 30% of income levels.

*Suwannee River Economic Council, Inc.*  
PO Box 70, 1171 Nobles Ferry Road, Bldg. #2  
Live Oak, Florida 32064  
(386) 364-5799, (386) 362-4115

*Suwannee River Economic Council, Inc.*  
114 SW Community Circle  
Mayo, FL 32066  
(386) 294-2202

**LAFAYETTE COUNTY  
APPLICATION GUIDELINES**

**New Construction or Purchase of an Existing Home**

**Down Payment / Closing Cost Assistance**

1. Return to SREC, Inc. a signed, completed S.H.I.P. Housing Assistance Application form and a pre-qualification letter from a lender. Disclose all sources of income from all household members.
2. When incomes of all household members are verified, an analysis will be made to determine if the applicants are eligible within the maximum income limits allowed.
3. A letter will be sent to the applicants informing them the results of the analysis and status of eligibility. This is not to be considered a commitment of funds.
4. Upon review of the inspection reports by SREC staff, if items are deemed necessary to be prepared in order to meet health, safety & code requirements, said repairs will be addressed before a commitment letter is issued.
5. Once a commitment of funds has been made, a Letter of Conditional Commitment will be sent outlining the amount of assistance approved and the limiting conditions that must be fulfilled for closing. This letter will also be provided to the primary lender and/or the closing agent.
6. SREC, Inc. will simultaneously submit a Check Request and a Certificate of Eligibility to the appropriate Clerk of Court.
7. Once the closing agent notifies SREC, Inc. of closing and provides a copy of the final Closing Disclosures statement, the check may be picked up at the administrative office of Suwannee River Economic Council, Inc. or mailed to the closing agent upon receipt of a prepaid overnight shipping label.
8. After closing and recording the proper documentation, the closing agent will provide SREC, Inc. the following:
  - a. Properly executed and recorded S.H.I.P. Mortgage specifying the total S.H.I.P. funds disbursed.
  - b. A Mortgage Title Insurance Policy insuring the appropriate County.
  - c. An executed final Closing Settlement Statement accounting for all transactions of funds.
  - d. Properly executed Affidavit of No Income Change.

**S.H.I.P. RULES  
LAFAYETTE COUNTY**

**New Construction or Purchase of an Existing Home**

**Down Payment / Closing Cost Assistance**

1. Maximum appraised value cannot exceed \$180,000.00
2. Maximum S.H.I.P. participation for New Construction and Purchase Assistance:  
Moderate Income category \$20,000.00  
Low Income category \$25,000.00  
Very Low Income category \$25,000.00  
Down payment assistance cannot exceed 50% of the cost of the home including closing costs.
3. Minimum client participation required (cash) 1% of the sales price.
4. Value of land owned or given may be applied toward client's minimum cash participation.
5. Construction contracts must be "turnkey" form, with floor plans, cost of materials and labor, and statement of no changes once submitted.
6. Land owned at time of application will not be included in contract cost, but any financing payoff would be included. This applies only to site-built homes.
7. In case of owner/seller financing, extra protection against default may be required placing the S.H.I.P. lien in first position priority, and the seller/financer in the subordinate lien position.



**S.H.I.P. RULES  
LAFAYETTE COUNTY**

**Emergency Repair  
AND  
Owner Occupied Rehab**

1. Maximum appraised value cannot exceed \$180,000.00
2. Maximum SHIP participation for Emergency Repair is \$7,500 and is available for Very Low income category only. Maximum for Owner Occupied Rehab assistance is \$40,000 and is available for Very Low and Low income categories only.
3. Some mobile homes may be eligible for repairs depending on year of manufacturing, client needs, and funding availability.
4. Applications must be accompanied by proof of ownership through the one of the following documents:
  - a. Warranty Deed
  - b. Quit-Claim Deed
  - c. Homestead Exemption
  - d. Tax Records
  - e. Life Estate Documents
5. Applications for emergency repairs will be ranked according to the following point criteria with priority given to households defined as Special Needs by Florida Statutes.

<b><u>Age of Applicant</u></b>		<b><u>Family Income</u></b>	
Over 60	6 points	Below federal poverty level	6 points
Child under 12 in the Household	6 points		
<b><u>Special Needs</u></b> [ref. 420.0004(13)]	6 points	<b><u>Served Previously</u></b> For each occurrence within the previous five (5) years	-3 points