

# Union County S.H.I.P.

(State Housing Initiative Partnership)

## **Purchase Assistance**

### Contact information:

Suwannee River Economic Council, Inc.  
SHIP Administration staff

1. Bailey Edwards, SHIP Program Assistant  
386-362-4115 ext. \*245  
[bedwards@suwanneec.net](mailto:bedwards@suwanneec.net)

2. Amanda Lamb, SHIP Coordinator  
Office- 386-362-4115 ext.\*233  
Work Cell- 386-688-0074  
[alamb@suwanneec.net](mailto:alamb@suwanneec.net)

3. Stephanie Barrington, SHIP Director  
386-362-4115 ext. \*242  
[sbarrington@suwanneec.net](mailto:sbarrington@suwanneec.net)



## **APPLICATION INSTRUCTIONS**

1. **PLEASE PRINT!**

2. Fill in all blanks. If the information requested is not applicable to you, write "N/A". See **yellow highlights** for additional explanations.
3. SHIP applications for Purchase Assistance must be accompanied by a pre-qualification/pre-approval letter from a lender. **Both items must be submitted together.** Applications without a pre-qualification/pre-approval letter are not accepted.
4. Return pages 1 -6 of the SHIP application and a copy of your prequalification letter from a lender in one of the following ways:
- Scan the documents into a PDF format and email to [bedwards@suwanneeec.net](mailto:bedwards@suwanneeec.net) or [sbarrington@suwanneeec.net](mailto:sbarrington@suwanneeec.net)

**OR**

- Mail to: SREC, Inc.  
ATTN: SHIP  
POB 70  
Live Oak FL 32064
5. The SHIP Coordinator will email the **Applicant's** email address to begin the income verification process to determine program eligibility.
6. Once the income verification process is complete you will either receive a decline letter stating the reason for the decline, or an eligibility letter stating you are eligible for the program. The eligibility letter DOES NOT constitute a commitment of funds. Refer to the eligibility letter for further information.

## **UNION COUNTY S.H.I.P. RULES**

1. Maximum sales price cannot exceed \$350,000.
2. Mobile home regulations:
  - A. The mobile home cannot be older than 1994 and must pass a full home inspection.
  - B. You must own the land where the mobile home will be established or purchase the mobile home and land together as a package.
  - C. The appraisal must be on the home and the land.
  - D. The SHIP Lien will be placed on the mobile home and the land.
3. Maximum S.H.I.P. participation for New Construction and Purchase Assistance:  
Moderate Income category - \$25,000.00  
Low Income category- \$30,000.00  
Very Low Income category - \$35,000.00  
  
Down payment assistance cannot exceed 50% of the cost of the home including closing costs.
4. Minimum client out-of-pocket participation required is 1% of the sales price.
5. New home construction contracts must be "turn-key" form, with floor plans, cost of materials and labor, and statement of no changes once submitted. New mobile homes must be turn-key, complete with delivery and complete set-up to meet Florida building and zoning requirements.
6. For the complete Local Housing Assistance Plan, the public document setting forth the regulations of the County's SHIP program, visit [www.floridahousing.org](http://www.floridahousing.org).

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APPLICANT PRINTED NAME

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APPLICANT SIGNATURE

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DATE

# UNION COUNTY S.H.I.P. PROGRAM

## APPLICATION FOR HOUSING PURCHASE ASSISTANCE

Gross Annual Household Income: \$ \_\_\_\_\_

|                              | Applicant / Head of Household (HOH) | Co-Applicant / Add'l Adult Household Member |
|------------------------------|-------------------------------------|---------------------------------------------|
| Full Name                    |                                     |                                             |
| E-mail                       |                                     |                                             |
| Date of Birth/Age            |                                     |                                             |
| Cell Phone                   |                                     |                                             |
| Home Phone                   |                                     |                                             |
| Street Address               |                                     |                                             |
| Mailing Address if different |                                     |                                             |

**Other Household Members** *(list ALL additional household members):*

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

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?    Yes \_\_\_\_    No \_\_\_\_

If yes, list the educational institution and provide enrollment documentation \_\_\_\_\_

Does Applicant/Co-Applicant own a home?    Yes \_\_\_\_    No \_\_\_\_    Monthly rent / mortgage: \$ \_\_\_\_\_

If No, type of unit to be purchased:    Newly constructed \_\_\_\_    Existing structure \_\_\_\_

**Employment Information** (If unemployed or retired, state it here.) **NOTE: Attach additional sheets as necessary for all household members 18 years and over.**

|                                                                           |                  |
|---------------------------------------------------------------------------|------------------|
| <b>Applicant / HOH Name:</b>                                              | Employer:        |
| Position:                                                                 | Supervisor name: |
| Time employed:                                                            | Address:         |
| Pay rate: Pay frequency:                                                  | Phone:           |
| Estimated annual gross income (salary, overtime, tips, bonuses, etc.): \$ |                  |

|                                                                           |                  |
|---------------------------------------------------------------------------|------------------|
| <b>Co-Applicant / Add'l Adult Household Member Name:</b>                  | Employer:        |
| Position:                                                                 | Supervisor name: |
| Time employed:                                                            | Address:         |
| Pay rate: Pay frequency:                                                  | Phone:           |
| Estimated annual gross income (salary, overtime, tips, bonuses, etc.): \$ |                  |

**Other sources of income** (For ALL household members including minors list business or rental net income, child support, alimony, Social Security, retirement, pensions, unemployment or workers compensation, public assistance payments, etc.)

|    | Household member name | Type of income             | Gross annual amount |
|----|-----------------------|----------------------------|---------------------|
|    | (EXAMPLE) James Smith | Social Security Disability | \$11,500            |
| 1. |                       |                            |                     |
| 2. |                       |                            |                     |
| 3. |                       |                            |                     |
| 4. |                       |                            |                     |
| 5. |                       |                            |                     |
|    |                       |                            | Total \$            |

**Assets and asset income** (For ALL household members including minors, list checking and savings accounts, IRA's, CD's, life insurance, bonds, stocks, equity in properties in addition to homestead, etc. Do not include homestead property.)

|    | Type of Asset      | Asset Value | Bank / Account # | Annual Asset Income |
|----|--------------------|-------------|------------------|---------------------|
|    | (EXAMPLE) Checking | \$1500      | First Bank       | \$0.00              |
| 1. |                    |             |                  |                     |
| 2. |                    |             |                  |                     |
| 3. |                    |             |                  |                     |
| 4. |                    |             |                  |                     |
| 5. |                    |             |                  |                     |

**Liabilities** (For ALL household members age 18+ list all charge accounts including credit cards, store charge accounts, etc., and all loans including auto, real estate, mortgage loans, etc.)

|    | Type Credit / Loan | Creditor's Name | Balance Owed | Monthly Payment |
|----|--------------------|-----------------|--------------|-----------------|
|    | (EXAMPLE) Car      | The Auto Place  | \$12,500     | \$320           |
| 1. |                    |                 |              |                 |
| 2. |                    |                 |              |                 |
| 3. |                    |                 |              |                 |
| 4. |                    |                 |              |                 |
| 5. |                    |                 |              |                 |

**Ethnicity/Special Needs** (For reporting purposes only, please check all that apply for Applicant / HOH only)

White ☐

Black ☐

Hispanic ☐

Native American ☐

Asian/Pacific Islander ☐

Farmworker ☐

Elderly ☐

Homeless ☐

Special Needs ☐

Disabled or Disabled Minor ☐

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 / HOH Signature

Printed Name

Date

Co-Applicant Signature

Printed Name

Date

Household member Signature (over 18)

Printed Name

Date

Household member Signature (over 18)

Printed Name

Date

Household member Signature (over 18)

Printed Name

Date

## ASSET ADDEMDUM TO APPLICATION

To qualify an applicant for S.H.I.P. assistance, the following asset information for **all persons, including minors, who will occupy the assisted household**, must be obtained. This information will be used for qualification purposes only.

### Assets include, but are not limited to:

Cash held in savings and/or checking accounts, safe deposit boxes, homes, etc.; trust funds (revocable trusts); equity in real estate and other capital investments; stocks, bonds, treasury bills, certificates of deposit, money market and other investment accounts; IRA, Keogh and similar accounts; retirement and pension funds; cash value of life insurance policies available to the individual before death; mortgage or deed of trust; lump sum receipts (i.e. lottery winnings, inheritances, victim's restitution, insurance claims or settlements, etc.) and, personal property held as an investment (i.e. gem or coin collections, painting, antique cars, etc.).

*NOTE: Do not include necessary property such as clothing, furniture, cars, wedding bands, etc.*

### Certification (**NOTE: ALL assets and their amounts will be verified.**):

I / We hereby state that the combined value of my / our assets (check one):

☐ I / we do not have any assets at this time.

☐ Does NOT exceed \$5,000

☐ Does exceed \$5,000

Total value of assets \$ \_\_\_\_\_

Total annual income expected to be derived from assets \$ \_\_\_\_\_

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Applicant / HOH Signature

Printed Name

Date

---

Co-Applicant Signature

Printed Name

Date

---

Household member Signature (over 18)

Printed Name

Date

---

Household member Signature (over 18)

Printed Name

Date

---

Household member Signature (over 18)

Printed Name

Date

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize the release without liability information regarding my employment, income, and / or assets to:

**SUWANNEE RIVER ECONOMIC COUNCIL, INC.**

for the purpose of verifying information provided as part of determining eligibility for assistance under the SHIP Program. I understand that only information necessary for determining eligibility can be requested.

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 / saving accounts, stocks, bonds, certificates of deposits, IRA's and other investment accounts, interest, and dividends; Payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, and welfare assistance; Net income from the operation of a business; and Alimony or child support payments.

Organization / individuals that may be asked to provide verifications are, but not limited to: Past / present employers, banks, financial or retirement institutions, unemployment agency, welfare agency, alimony / child support providers, Social Security Administration, Veteran's Administration, and others.

Agreement to Conditions:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Do not include multiple signatures on this form. Make a copy of this page for each individual household member age 18+ as needed. Each person must sign their own form.**

**S.H.I.P. INCOME LIMITS**  
**UNION COUNTY**  
Effective 5/1/2026

| INCOME CATEGORY      | NUMBER OF HOUSEHOLD MEMBERS |          |          |          |           |           |           |           |
|----------------------|-----------------------------|----------|----------|----------|-----------|-----------|-----------|-----------|
|                      | 1                           | 2        | 3        | 4        | 5         | 6         | 7         | 8         |
| <b>Extremely Low</b> | \$17,000                    | \$21,640 | \$27,320 | \$33,000 | \$38,680  | \$44,360  | \$50,040  | \$53,350  |
| <b>Very Low</b>      | \$28,300                    | \$32,350 | \$36,400 | \$40,400 | \$43,650  | \$46,900  | \$50,100  | \$53,350  |
| <b>Low</b>           | \$45,300                    | \$51,750 | \$58,200 | \$64,650 | \$69,850  | \$75,000  | \$80,200  | \$85,350  |
| <b>Moderate</b>      | \$67,920                    | \$77,640 | \$87,360 | \$96,960 | \$104,760 | \$112,560 | \$120,240 | \$128,040 |

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

**MORTGAGE AFFORDABILITY LEVELS (Monthly Amounts PITI)**

|                      | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8       |
|----------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>Extremely Low</b> | \$425   | \$541   | \$683   | \$825   | \$967   | \$1,109 | \$1,251 | \$1,334 |
| <b>Very Low</b>      | \$708   | \$809   | \$910   | \$1,010 | \$1,091 | \$1,173 | \$1,253 | \$1,334 |
| <b>Low</b>           | \$1,133 | \$1,294 | \$1,455 | \$1,616 | \$1,746 | \$1,875 | \$2,005 | \$2,134 |
| <b>Moderate</b>      | \$1,698 | \$1,941 | \$2,184 | \$2,424 | \$2,619 | \$2,814 | \$3,006 | \$3,201 |

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