



## **State Housing Initiatives Partnership (SHIP)**

### **Owner-occupied Rehabilitation Program Application Package**

PLEASE BE AWARE THAT SOME APPLICATIONS MAY BE PLACED ON A WAITLIST DUE TO VERY LIMITED FUNDING AVAILABILITY. ASSISTANCE WILL BE PRIORITIZED FOR HOUSEHOLDS INCLUDING MEMBERS WITH SPECIAL NEEDS, ESSENTIAL SERVICES, VERY LOW AND LOW-INCOME HOUSEHOLDS.

#### **Application Procedures**

1. First, please read this application packet carefully. If you have any questions regarding eligibility, documentation, or submission requirements, call Planning, Zoning and Building Department at 561-791-4000. Complete and submit the application along with all supporting documentation as shown on the attached checklist. Place the application and all supporting documents in a sealed envelope or folder. Submissions must be mailed or hand delivered to:

Village of Wellington  
Planning, Zoning and Building Department  
12300 Forest Hill Blvd  
Wellington, FL 33414

2. After all requested paperwork is received, a case number will be assigned to your file. Applicants may be placed on a waitlist based on funding available at the time a complete application is received. As funding becomes available, a letter will be sent to applicants on the waitinglist asking for updated income and asset documentation, if needed. Referrals for existing transactions may be considered on a case-by-case basis, pending mandatory set-aside requirements and funding availability.

#### **Applications may be denied for any of the following reasons:**

- If the application is faxed or incomplete. Only original, signed applications submissions will be accepted;
- If the application is incomplete or copies of all items listed on the attached checklist are not submitted.



## Program Description

The Village of Wellington utilizes State Housing Initiatives Partnership (SHIP) funds to administer homeownership assistance by owner-occupied rehabilitation, emergency replacement, and rent assistance.

- The Owner Occupied Rehabilitation provides repairs and replacement to owner-occupied home dwelling units for eligible work items in the form of a loan. The loan is secured by a zero interest, deferred payment that is forgiven provided the owner occupies the property as their primary residence for 5 years. Eligible applicants may receive a maximum loan amount of \$38,000.

## Eligibility Criteria

Owner-occupied Rehabilitation applicants:

- Homeowner's residence is primary residence
- Homeowner has resided in primary residence at minimum 18 months;
- Homeowner must have homeowners insurance coverage
- Primary residence must be at or below \$382,194.90 assessed value based from Palm Beach County Property Appraiser website.

<https://www.pbcgov.org/papa/>

## Income

Annual income cannot exceed the amounts shown on the chart below. SHIP funds are awarded on the basis of need.

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
<b>Extremely Low-Income 30% Median</b>	\$19,350	\$22,100	\$24,850	\$27,600	\$29,850	\$32,050	\$34,250	\$36,450
<b>Very Low-Income 50% Median</b>	\$32,200	\$36,800	\$41,400	\$46,000	\$49,700	\$53,400	\$57,050	\$60,750
<b>Low-Income 80% Median</b>	\$51,550	\$58,900	\$66,250	\$73,600	\$79,500	\$85,400	\$91,300	\$97,200



<b>Moderate Income 120% Median</b>	<b>\$77,280</b>	<b>\$88,320</b>	<b>\$99,360</b>	<b>\$110,400</b>	<b>\$119,280</b>	<b>\$128,160</b>	<b>\$136,920</b>	<b>\$145,800</b>
<b>Moderate Income 140% Median</b>	<b>\$90,160</b>	<b>\$103,040</b>	<b>\$115,920</b>	<b>\$128,800</b>	<b>\$139,160</b>	<b>\$149,520</b>	<b>\$159,740</b>	<b>\$170,100</b>

*Source: HUD Income Limits are adjusted annually. Palm Beach County Median Income = \$90,300  
(updated 4/18/22)*

**Applicant Selection Criteria**

Applications will be accepted in a first submitted, first qualified, first served basis, subject to funding availability. (**Note:** Acceptance of an application and/or approval of an application does not guarantee funding. Assistance is subject to funding availability.)



### **SPECIAL NEEDS APPLICANTS:**

In accordance with program set-aside requirements, a portion of Wellington's SHIP funds must be set-aside for use by households including members with the following special needs as defined in Florida Statutes\*:

- Developmental disabilities;
- Those aging out of foster care;
- Survivors of domestic violence;
- Disabling condition; and/or
- SSDI/SSI or VA disability recipients.

Priority review will be given to eligible households including members with developmental disabilities. Documentation in the form of a letter from a physician or service provider is required. Required information to be included in the letter is provided below. Please note the letter does not need to explain or detail the type of special need(s) but does need to indicate the classification of special need(s) as one of those listed above and be signed by the physician or service provider. The information should be submitted on the physician or service provider's letterhead, include the information listed on the draft letter and have all contact information (including name, address and phone number) of the physician or service provider included. Service providers includes, but is not limited to, a safety officer, case worker, treating physician, mental health care facility, law enforcement or similar professional service provider.

#### **\* Florida Statute Citations:**

Section 393.063, F.S.: "Developmental disability" means a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

Section 420.0004(13), F.S.: "Person with special needs" means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; a young adult formerly in foster care who is eligible for services under Section 409.1451(5), F.S.; a survivor of domestic violence as defined in Section 741.28, F.S.; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans' disability benefits.

Section 420.0004(7), F.S.: "Disabling condition" means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or a co-occurrence of two or more of these conditions and a determination that the condition is: a) expected to be of long-continued and indefinite duration; and b) not expected to impair the ability of the person with special needs to live independently with appropriate supports.



## SPECIAL NEEDS DOCUMENTATION LETTER

I am a physician or service provider for (INSERT NAME), who is a member of a household applying for housing assistance through the Village of Wellington's State Housing Initiatives Partnership (SHIP) program. The person named above qualifies as a special needs applicant under Florida Statutes as a person who:

- Is developmentally disabled
- Is aging out of foster care
- Is a survivor of domestic abuse
- Has a disabling condition
- Receives SSDI/SSI or VA disability benefits

**Note:** All drafted letters must contain a contact number and be on a company/organization letterhead.



## State Housing Initiatives Partnership (SHIP)

### Owner-occupied Rehabilitation Program Application

Incomplete applications or applications that do not include the required supporting and up-to-date documents. This grant program is on a first come, first serve basis. Should you reapply, the application will be placed at the end queue.

Applicant Information		
<b>Name:</b>		
<b>Address:</b>		
<b>Primary Phone Number:</b>		
<b>Email Address:</b>		
<i>If applicable, please provide co-applicant information:</i>		
Name:		
Address:		
Phone Number:		
Email Address:		
<ul style="list-style-type: none"> <li>• Do you currently have a contract for another project on your home?      Yes      No</li> <li>• Do you currently have active code cases on your home?                      Yes      No</li>   <li>• Any real estate owned in addition to residence:                                      Yes      No</li> <li>• Is your home in a Trust?    Yes      No</li> </ul>		

If yes, please provide copy of Trust or Affidavit of Trustee(s)

Household Information	
<b>Name(s) on Deed:</b>	
<b>Total number of persons currently residing in dwelling unit:</b>	
<b>Number of seniors (ages 62 and over) currently residing in dwelling unit:</b>	
<b>Number of children under the age of 18 residing in dwelling unit:</b>	
<b>Number of persons with disabilities or special needs currently residing in dwelling unit:</b>	

Eligible Project Work Description

**Directions:**

Provide all required and up-to-date documents.

✓	Housing Verification
	Provide a signed/recorded copy of the property deed.
	Provide valid forms of identification for <u>all household members residing in the household over the age of 18.</u>

✓	Income Tax Documentation
	Provide copies of the <u>three most recent years</u> of signed income tax (IRS) documents (1040, 1098, all schedules) including W-2 forms and 1099 statements for <u>all household members residing in the household over the age of 18.</u>
	<ul style="list-style-type: none"> <li>• <i>In the event a tax document is missing in part or in whole, a transcript or certified copy may be requested from the IRS.</i></li> <li>• <i>If you do not file taxes, please provide written statement to explain.</i></li> </ul>

✓	Financial Institution Account Information
	Provide copies of the <u>three most recent months</u> of information for <u>all household members over the age of 18</u> (Checking, savings, IRA, stocks, bonds, etc.)
	Provide copies of interest/dividend income over \$100 annually

	Housing Expenses
	Provide copies of the most recent statement
	Mortgage
	Homeowners Insurance

	<b>Real Estate Tax</b> <i>If needed, please contact the Tax Collector's office to obtain a copy.</i>
	<b>Water/Sewer/Trash</b> <i>must be in the name of the applicant and/or co-applicant</i>
	<b>Gas and/or Oil (if applicable)</b>
	<b>Electricity</b>
	<b>Flood Insurance (if applicable)</b>
	<b>Other</b>

✓	<b>Verification of Income</b>
Provide copies of the <u>last 30 days</u>	
	<b>Payroll Stubs, Tips, Wages or a letter of unemployment (if applicable for any or all household members)</b>
	<b>Alimony (if applicable for any or all household members)</b>
	<b>Child Support (if applicable for any or all household members)</b>
	<b>Social Security (if applicable for any or all household members)</b>



	<b>Pension</b> (if applicable for any or all household members)
	<b>Social Security Disability Insurance</b> (if applicable for any or all household members)
	<b>Government Assistance</b> (if applicable for any or all household members)
	<b>Unemployment Benefits</b> (if applicable for any or all household members)
	<b>Special Needs Documentation Letter</b> (if applicable for any or all household members)

<b>Liabilities</b>	
Provide copies of the most recent statement	
	<b>Auto Loans/Lease</b> (if applicable for any or all household members)
	<b>Credit Cards</b> (if applicable for any or all household members)
	<b>Personal Loans</b> (if applicable for any or all household members)
	<b>Other:</b>

**Please fill in the amounts for the following application boxes. If item does not apply, please fill in with "N/A"**

<b>Total Household Income Information</b>		
<i>List gross dollar amounts</i>	<i>Applicant</i>	<i>Co-Applicant</i>
Wages, salaries, tips	\$	\$
Business income (self-employed)	\$	\$
Social Security	\$	\$
Pension	\$	\$
Alimony	\$	\$
Dividends and interest	\$	\$
Non-taxable income	\$	\$
Social Security Disability Insurance	\$	\$
Other (Describe):	\$	\$

<b>Housing Expenses</b>			
	<i>Monthly</i>	<i>Quarterly</i>	<i>Annual</i>
Mortgage	\$	\$	\$
Homeowners Insurance	\$	\$	\$
Recent Real Estate Tax	\$	\$	\$
Water/Sewer/Trash	\$	\$	\$
Gas and/or Oil	\$	\$	\$
Electricity	\$	\$	\$
Other	\$	\$	\$

**For the following, please provide information for all household members' assets below. If item does not apply, please fill in with "N/A".**

<b>Assets</b>	
<b>Checking Account:</b>	
Bank Name	Balance \$
<b>Savings Account:</b>	
Bank Name	Balance \$
<b>Certificates of Deposit, mutual funds,/stocks/bonds/401(k)/403(b) and additional accounts:</b> (Please attach additional sheet, if necessary)	
Name of Holder:	
Balance:	

**Additional Assets**

**Checking Account:**  
 Bank Name Balance \$

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**Savings Account:**  
 Bank Name Balance \$

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**Certificates of Deposit, mutual funds,/stocks/bonds/401(k)/403(b) and additional accounts:** (Please attach additional sheet, if necessary)  
 Name of Holder:  
Balance \$

**Liabilities**

List all credit accounts and loans  
 (Credit cards, home improvements, department stores, auto loans, personal loans, etc.)  
**If not applicable, please fill in with "N/A" to each box.**

<i><b>Creditor</b></i>	<i><b>Balance Due</b></i>	<i><b>Monthly Payment</b></i>
1.	\$	\$
2.	\$	\$
3.	\$	\$

**Assessed Property Value for home**

Please type in the assessed property value for your home, as determined by Palm Beach County Property Appraiser valuation website

\$

By signing below, Applicant(s) requests the Village of Wellington to review this application for determining eligibility to receive funding assistance through the State Housing Initiatives Partnership Program. The Applicant(s) acknowledges that such eligibility determination may include without limitation, the verification of income, assets, and deposits. Applicant(s) declares that they have read and understand the guidelines of the grant. Applicant(s) authorizes the Village of Wellington to use before and after photographs and/or videos of the repaired/restored property for promotional or informational purposes. Applicant(s) acknowledges and agrees that Applicant's statements are true, correct, that all documents are attached as required, and the application is complete to the best of their knowledge.

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*Applicant Signature* *Date* *Co-Applicant Signature* *Date*



**RESIDENT INCOME CERTIFICATION - HOME OWNER**  
**Florida Housing Finance Corporation**  
**State Housing Initiatives Partnership (SHIP) Program**

Effective Date: \_\_\_\_\_ Allocation Year: \_\_\_\_\_

**A. Recipient Information** (select one)

- a.  Current homeowner
- b.  Home buyer       Existing Dwelling       Newly Constructed Dwelling

**B. Subsidy Use** (check all that apply)

- Down Payment Assistance       Principal Buy Down
- Closing Costs       Rehabilitation
- Interest Subsidy       Emergency Repair
- Loan Guarantee       Other

**C. Household Information:** Include all household members

Member	Full Name	Relationship to Head	Age
1		HEAD	
2			
3			
4			
5			
6			
7			
8			

**D. Assets:** All household members including assets owned by minors

Member	Asset Description	Cash Value	Income from Assets
1			
2			
3			
4			
5			
6			
7			
8			
Total Cash Value of Assets		D(a) \$	
Total Income from Assets		D(b)	\$
If line D(a) is greater than \$5,000, multiply that amount by the rate specified by HUD (applicable rate <u>.06 %</u> ) and enter results in D(c), otherwise leave blank.		D(c)	\$

E. **Anticipated Annual Income:** Includes unearned income and support paid on behalf of minors.

Member	Wages / Salaries (include tips, commission, bonuses and overtime)	Benefits / Pensions	Public Assistance	Other Income	Asset Income
1					(Enter the greater of box D(b) or box D(c), above, in box E(e) below)
2					
3					
4					
5					
6					
7					
8					
	(a)	(b)	(c)	(d)	(e)
Totals					
Enter total of items E(a) through E(e). This amount is the <b>Annual Anticipated Household Income</b>					\$

F. **Recipient Statement:** The information on this form is to be used to determine maximum income for eligibility. I/we have provided, for each person set forth in Item C, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

**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.

_____	Date _____
Signature of Head of Household	
_____	Date _____
Signature of Spouse or Co-Head of Household	
_____	Date _____
Signature of Household Member (over 18 years)	
_____	Date _____
Signature of Household Member (over 18 years)	
_____	Date _____
Signature of Household Member (over 18 years)	
_____	Date _____
Signature of Household Member (over 18 years)	

G. **SHIP Administrator Statement:** Based on the representations herein, and upon the proofs and documentation submitted pursuant to item F, hereof, the family or individual(s) named in item C of this Resident Income Certification is/are eligible under the provisions of Chapter 420, Part V, Florida Statutes, the family or individual(s) constitute(s) a: (check one)

\_\_\_\_\_ **Extremely Low Income (ELI) Household** means individuals or families whose annual income does not exceed 30% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.

Maximum Income Limit: \_\_\_\_\_

\_\_\_\_\_ **Very Low Income (VLI) Household** means individuals or families whose annual income does not exceed 50% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.

Maximum Income Limit: \_\_\_\_\_

\_\_\_\_\_ **Low Income (LI) Household** means individuals or families whose annual income does not exceed 80% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.

Maximum Income Limit: \_\_\_\_\_

\_\_\_\_\_ **Moderate Income (MI) Household** means individuals or families whose annual income does not exceed 120% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.

Maximum Income Limit: \_\_\_\_\_

Based upon the \_\_\_\_\_ (year) income limits for \_\_\_\_\_ (Metropolitan Statistical Area (MSA) or County), Florida.

**Signature of the SHIP Administrator or His/Her Designated Representative:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 (print or \_\_\_\_\_)

H. **Household Data** (to be completed by Head of Household only)

<b>Household elects to not participate.</b>						_____ (Initials of Household Head)			
<b>Head of Household Data</b>									
<b>By Race / Ethnicity</b>						<b>By Age</b>			
White	Black	Hispanic	Asian	American Indian	Other	0 - 25	26 - 40	41 - 61	62 +
<b>Household Members Data</b>									
<b>Special Target / Special Needs</b> (Check all that apply to any member)									
Farm worker	Developmentally Disabled	Homeless	Elderly	Special Needs (define)	Special Needs (define)				

NOTE: Information in this Section H is being gathered for statistical use only. No resident is required to give such information unless they desire to do so. Refusal to provide information in this Section will not affect any right household has as residents. There is no penalty for households that do not complete the form.