



City of Delray Beach Neighborhood Services Division

Thank you for your interest in the City of Delray Beach Neighborhood Services Affordable Housing Programs. We are required to document your eligibility for participation. To consider your application complete we request a copy of the documents listed below be included with the application itself. Should you have any questions throughout the application process please contact the office at (561) 243-7280 for assistance.

Sincerely,
Neighborhood Services Staff

Documentation Needed	Housing Rehabilitation	Rental Assistance	Purchase Assistance	Curb Appeal	Eviction Prevention	Foreclosure Prevention
Completed Application Form	X	X	X	X	X	X
Proof of Property Ownership (may include a copy or original of one of the items listed below): <ul style="list-style-type: none"> Warranty Deed, Quit Claim Deed or Life Estate 	X			X		X
Current property tax payment <ul style="list-style-type: none"> Property tax payment receipt or Cancelled check to the county Mortgage statement from lenders 	X			X		X
Proof of hazard insurance (Basic hazard or fire). *Only need declaration page.	X					X
Provide the most recent two consecutive pay stubs for all household members who work. If unemployed, please obtain wage earner statement from Social Security Office	X	X	X	X	X	X
Provide copies of bank statements for all household members <ul style="list-style-type: none"> Most recent one -month checking account Most recent one-month savings account Most recent retirement benefit statement 	X	X	X	X	X	X
Provide copies of picture ID and review of social security cards (driver's license) for anyone living in the household.	X	X	X	X	X	X



Documentation Needed	Housing Rehabilitation	Rental Assistance	Purchase Assistance	Curb Appeal	Eviction Prevention	Foreclosure Prevention
Most recent Federal Income Tax Return or Verification of Non-Filing if you haven't filed previous year(s); If self-employed, provide most recent two (2) years.	X	X	X	X	X	X
Additional documents needed as applicable for dependents only:						
• Birth Certificate(s) on which the parent/applicant's name is listed for children younger than 18 yrs. old	X	X	X	X	X	X
• School record(s) which provide the parent/applicants' name and address; College schedule	X	X	X	X	X	X
• Court-ordered letter(s) of guardianship/ Letter(s) of adoption	X	X	X	X	X	X
• Child support letter w/amount received	X	X	X	X	X	X
<i>Purchase Only:</i> Lender Pre-Approval Letter			X			
Credit Report (From Lender)			X			
Homebuyer Education Course Certificate			X			
<i>Rental Only:</i> Lease Agreement when obtained		X			X	
Documentation from landlord re non-payment or Notice of Eviction					X	
Balance Statement					X	
<i>For Mortgage Assistance:</i> Most recent Mortgage Statement and/or Lis Pendens from Courthouse	X					X

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RETURN TO: NEIGHBORHOOD SERVICES DIVISION
 100 NORTHWEST 1ST AVENUE
 DELRAY BEACH, FLORIDA 33444
 Office: (561) 243-7280. Fax: (561) 243-7221
 CommunityNeighborhood@mydelraybeach.com



APPLICATION FOR HOUSING ASSISTANCE

(PLEASE PRINT CLEARLY)

PLEASE ADD AN N/A IN SECTIONS THAT DO NOT APPLY

I Am Requesting Assistance to:	
<input type="checkbox"/> Purchase a New Home	<input type="checkbox"/> Purchase an Existing Home in Need of Rehabilitation
<input type="checkbox"/> Fix my Home	<input type="checkbox"/> Improve the Exterior of my Home
<input type="checkbox"/> Make Repairs to my Home due to Disaster	<input type="checkbox"/> First, Last and Security Assistance
<input type="checkbox"/> Security Deposit Assistance	<input type="checkbox"/> Eviction/Foreclosure Assistance

*For First-Time Homebuyers Only:	
<input type="checkbox"/> I am a first-time homebuyer	<input type="checkbox"/> I have relocated more than 100 miles to employment
<input type="checkbox"/> I have not owned a home in the past 3 years	<input type="checkbox"/> I am a displaced homeowner (Divorced in the past twelve months)
<input type="checkbox"/> Aging out of Foster Care	

*For City Employees/Relatives:	
<input type="checkbox"/> I am a City Employee; List Department _____	
<input type="checkbox"/> I am a direct relative of a City Employee; List Name & Department _____	
<input type="checkbox"/> I am not a City Employee and I am not a direct relative of a City Employee _____	

Pursuant to federal regulations governing the City of Delray Beach's Housing Rehabilitation Program (Community Development Block Grant – 24 CFR 570.611(1)), City Employee or Employee's relatives who participate in the program must be publicly disclosed.

APPLICANT'S INFORMATION

Full Name (Last, First, MI) _____ Date Of Birth: _____

Social Security Number: _____

Marital Status Single Married Divorced Separated Widowed

Email address: _____

PRESENT ADDRESS:

Address		Apt. #	
City	State	Zip	
Phone	Work#	Cell Phone	
Do you: Own _____ Rent _____	How Long	Monthly Payment	
Landlord/Lenders Name		Address	
City	State	Zip	
Phone			

Do you receive income for renting or subletting any section of your property? YES NO Amount \$ _____

CURRENT EMPLOYER:

Employment Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Disabled
Company Name		Address		
City	State	Zip		
Phone	No. Years	Job Title		
Yearly Income \$				

Date Stamp Here

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Last Name

First

Middle

Application #

Year Built

OTHER EMPLOYMENT:

Company Name	Address	
City	State	Zip
Phone	No. Years	Job Title
Yearly Income \$		

OTHER MEMBERS WHO LIVE IN UNIT:

Full Legal Name	Social Security # / Tax ID # / Work Authorization	Relationship to Applicant	Date of Birth	Sex	Monthly Income

If there are more household members, please list on Attachment Form.

OTHER INCOME: (List for All Occupants Who Will Reside in the Home)

TYPE OF INCOME	Monthly Income	Who Receives This Income
Retirement and Pension Funds		
Unemployment Benefits		
Social Security Benefits (Direct Express)		
Alimony		
AFDC		
Child Support		
Individual Retirement Accounts (IRA)		
Other (Identify Cash App, GoFundMe)		
Other Cash Contribution		
Other funds deposited into Debit/Credit Card		

ASSETS AND ASSET INCOME: (List for All Who Will Reside in the Home)

Do You Own Any Other Property? (House, Vacant Lot, etc.) YES NO

If yes, Please List the Location of Your Property(s).

List Mortgage Carrier for Above Properties:

ADDRESS	EQUITY
1.	Market Value (A)
	Unpaid Balance (B)
	Equity (A minus B)
2.	Stocks and Bonds
3.	Certificate of Deposit
4.	Revocable Trusts
5.	Personal Property as Investment (Jewelry/Antique Car)



BANK REFERENCES: (List Checking and Savings Account for Everyone Who Will Reside in the Home)

Name of Company	Account Number	Checking Acct. #	Savings Acct. #	Balance
				\$
				\$
				\$

Are you currently in process of filing for bankruptcy? Yes No

Are you currently in foreclosure? Yes No

INSURANCE INFORMATION:

Name of Insurer	Address	Policy Number	Policy Period	Type(s) of Insurance

COMPLETE ONLY FOR HOUSING REHABILITATION PROGRAM

FIXED HOUSING EXPENSES:

HAZARD INSURANCE	\$
REAL PROPERTY TAXES/SPECIAL ASSESSMENTS	\$
ELECTRICITY	\$
WATER, SEWAGE, GARBAGE	\$
GAS	\$
TELEPHONE	\$
OTHER	\$
TOTAL FIXED MONTHLY EXPENSES	\$

LIST IMPROVEMENTS NEEDED:

SPECIAL NEEDS CERTIFICATION

“Assistance is prioritized for persons with special needs. Does any member of your household meet the following definition of special needs?” Check all that apply. (Documentation will need to be provided)

Yes No

- | | |
|---|---|
| 1) Developmental Disability <input type="checkbox"/> | 4) Disabling Condition <input type="checkbox"/> |
| 2) Aging Out of Foster Care <input type="checkbox"/> | 5) SSD/SSI <input type="checkbox"/> |
| 3) Survivor of Domestic Violence <input type="checkbox"/> | 6) Other <input type="checkbox"/> |

DATE _____

SIGNATURE OF APPLICANT

DATE _____

SIGNATURE OF CO-APPLICANT

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STATEMENT ON THE COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS

Florida law requires that public entities provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the entity collects an individual's social security number. The collection of social security numbers by the Board of Governors is either specifically authorized by law or imperative for the performance of the Board's responsibilities as prescribed by law and the Florida Constitution. The following list identifies the purposes for which social security numbers may be collected, used, or released, and the pertinent authority:

1. For employment eligibility and reports to IRS and the Social Security Administration, including for W-4's and I-9s [Required by federal statute and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and Fla. Stat. §119.071(5) (a) 6]
2. To verify an alien's eligibility for employment, including I-9 [Authorized by 8 U.S.C. 1324 a(b) and 8 C.F.R. 274a.2]
3. For income tax withholding (including for annuity and sick leave)/payroll deductions on W-2's [Required by 26 U.S.C. 3402, 26 C.F.R. 31.6051-1 and Fla. Stat. §119.071(5) (a) 6]
4. For enrollment/participation in the Florida Retirement System (FRS) and contributions to FRS (Required by Fla. Admin. Code 19-11.010, 19-11.006 and 19-11.007 and Fla. Stat. §119.071(5) (a) 6 or required by Fla. Stat. §121.051 and 121.071 and Fla. Admin. Code 19-13.003 and Fla. Stat. § 119.071(5) (a) 6]
5. For Level 1 and level 2 criminal background checks conducted by the Florida Department of Law Enforcement for employees and/or Board appointees to university boards of trustees [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]
6. For social security contributions [Required by Fla. Admin. Code 60S-3.010 and Fla. Stat. §119.071(5) (a) 6]
7. For income deduction notices for child support, alimony, and child support, and for child support enforcement [Required by Fla. Stat. § 61.1301 (2) (e), 45 C.F.R. 307.11, or Fla. Stat. §§ 61.13, 742.10, 409.2563, 409.256, or 742.031]
8. For unemployment compensation benefits [Required by Fla. Stat. Ch. 443 and Fla. Stat. §119.071(5)(a)6]
9. Reports of worker's compensation injury or death [Required by Fla. Stat. § 440.185, Fla. Admin. Code 69L-3.003 et seq. and Fla. Stat. § 119.071(5) (a) 6]; and worker's compensation petitions for benefits and responses [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. § 119.071(5) (a) 6]
10. Vendors/Consultants for whom a federal tax identification number is not available. [Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and Fla. Stat. §119.071 (5) (a) 6]
11. The disclosure of the social security number is for the purpose of the administration of health benefits for a Board employee or his or her dependents [Required by Fla. Stat. § 119.071(5) (a) 6]
12. Authorization for direct deposit of funds by electronic or other medium to a payee's account [Required by Fla. Stat. § 119.071(5) (a) 6]
13. Tort claims and tort notices of claim against the Board of Governors [Required by Fla. Stat. § 768.28 (6), and Fla. Stat. § 119.071(5) (a)]
14. Collection and/or disclosure is imperative or necessary for the performance of the Board's constitutional duties and responsibilities, including but not limited to collection of student and employee data from state universities. [Authorized by Sections 483 and 484 of the Higher Education Act of 1965, Art. IX, s. 7, Fla. Const., BOG Regulation 3.007, Fla. Stat. § 1001.706(4)(c), and Fla. Stat. § 119.071(5) (a) 6]

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15. The disclosure of the social security number is expressly required by federal or state law or a court order [Authorized by Fla. Stat. § 119.071(5) (a) 6]
16. The individual expressly consents in writing to the disclosure of his or her social security number [Authorized by Fla. Stat. § 119.071(5) (a) 6]
17. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of Fla. Stat. § 119.071(5) [Authorized by Fla. Stat. § 119.071(5) (a) 6]

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

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RELATIVES/EMERGENCY CONTACT: Not Residing with You)

Name: _____ Relationship _____ Phone: _____
Address: _____ City: _____ State _____ Zip _____

Public Records Statement: Household members understand that all documents are subject to Chapter 119 of Florida's public records laws.

CERTIFICATION AND WAIVER OF PRIVACY:

The applicant(s) certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a grant under the City of Delray Beach Affordable Housing Program.

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 and 775.083. 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. I hereby waive my rights under the privacy and confidentiality provision act and give my consent to the City of Delray Beach Affordable Housing Program, its agents and contractors to examine any confidential information given herein. I further grant permission, and authorize any bank, employer or other public or private agency to disclose information deemed necessary to complete this application.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

The following information is requested in order to monitor compliance with equal credit opportunity fair housing and home mortgage disclosure laws. You are not required to furnish this information. If you do not wish to furnish the above information, please check the box below.

APPLICANT

CO-APPLICANT

- American Indian or Alaskan Native
- Black, not of Hispanic origin
- Asian or Pacific Islander
- Hispanic
- White, not of Hispanic origin
- Other (specify)

- American Indian or Alaskan Native
- Black, not of Hispanic origin
- Asian or Pacific Islander
- Hispanic
- White, not of Hispanic origin
- Other (specify)

SEX: Male Female

SEX: Male Female

I do not wish to furnish this information

I do not wish to furnish this information

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ the undersigned, hereby, authorize _____ to release without liability, information regarding my employment, income, and/or assets to City of Delray Beach Neighborhood Services Division. for the purposes of verifying information provided. 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: personal identity, 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 may be asked to provide written/oral verification are, but not limited to:

Past/Present Employers
Banks, Financial or Retirement Institutions
State Unemployment Agency
Welfare Agency

Alimony/Child/Other Support Providers
Social Security Administration
Veteran's Administration
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	_____ Print Name	Date _____
_____ Signature of Co-Applicant	_____ Print Name	Date _____
_____ Signature of Household Member	_____ Print Name	Date _____
_____ Signature of Household Member	_____ Print Name	Date _____

NOTE: This general consent may not be used to request a copy of 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.

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LEAD-BASED PAINT PAMPHLET RECEIPT
***ONLY REQUIRED FOR HOUSING REHABILITATION APPLICATIONS**

I have received a copy of the pamphlet entitled:

"Protect Your Family From Lead In Your Home" March 2021

Print Full Name
Signature
Address
Date

***ONLY REQUIRED FOR HOUSING REHABILITATION APPLICATIONS**

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ATTACHMENT FORM:

ADDITIONAL MEMBERS LIVING IN UNIT:

<i>Full Legal Name</i>	<i>Social Security #</i>	<i>Relationship to Applicant</i>	<i>Date of Birth</i>	<i>Sex</i>	<i>Monthly Income</i>

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