



**DOCUMENTS REQUIRED TO BE SUBMITTED AT TIME OF
APPLICATION FOR
LIMITED REHABILITATION PROGRAM
Elderly and/or Disabled**

Application Package			
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Personal Documents			
	Social Security Card (all household members)		
	Valid Florida Driver's License or Florida Identification Card (all adult household members – 18 years and over)		
	U.S. Birth Certificate (all US citizens), or valid U.S. Passport, or Naturalization Certificate or valid Permanent Resident Card		
	Court Order Child Support or Non-Child Support		
	Student Transcript/ Enrollment on School/College Letterhead (full time students 18 years and older)		
	Legal Adoption		
	Divorcee Degree and Settlement		
	Two most Recent years of Tax Returns including W2s and 1099's (all adult household members – 18 years and over)		
	Most recent 30 days of Pay Stubs (all adult household members – 18 years and over)		
	Most recent Social Security Annual Award Letter (all adult household members – 18 years and over)		
	Most recent Pension and/or Annuity Statement (all adult household members – 18 years and over)		
	Most recent Investment Account Statement (all adult household members – 18 years and over)		
	Most recent quarterly Profit and Loss Statement (if self-employed)		
	Most recent Two (2) Months Bank Statement – All pages of each statement for all Accounts (all adult household members – 18 years and over)		
	Retirement Account Statements (401K, IRA 403B etc.) (all adult household members – 18 years and over)		
Property Specific Documents			
	Warranty Deed/Quit Claim Deed or Summary Judgement		
	Monthly Mortgage Statement (must be current)		
	*Note Property Taxes Must Be Current		

Co-Applicant/Spouse Employer: _____ **Address:** _____

Salary: _____ **How Long?** _____ **Job Title:** _____ **Main Phone #** _____

Other Employers: _____

LIST ALL PERSONS WHO WILL RESIDE IN THE PROPERTY WITH YOU AND CO-APPLICANT.

FULL LEGAL NAME	RELATIONSHIP	AGE	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are All Household Members U. S. Citizen? Yes ☐ No ☐ If No, Permanent Resident Cardholder: Yes ☐ No ☐

Does any member of your household meet the following definition of special need? Yes ☐ No ☐

Definition of Persons with Special Needs per Florida Statutes S.420.0004:

An adult person requiring independent living services in order to maintain housing or develop independent living skills and has a disabling condition 420.0004 (7) Florida Statutes.

- ☐ A young adult formerly in foster care who is eligible for services under S.409.1451 (5);
- ☐ A survivor of domestic violence as defined in S.741.28; or
- ☐ A person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security or from Veterans' Disability Benefits.

HOUSEHOLD INCOME (Must provide proof)

<u>SOURCE</u>	<u>GROSS AMOUNT</u>	<u>ADDITIONAL COMMENTS</u>
WAGES/SALARIES	_____ PER _____	_____
OVERTIME	_____ PER _____	_____
BONUS	_____ PER _____	_____
COMMISSION	_____ PER _____	_____
CHILD SUPPORT/ALIMONY	_____ PER _____	_____
UNEMPLOYMENT	_____ PER _____	_____
OTHER REGULAR CONTRIBUTIONS	_____ PER _____	_____
OTHER INCOME	_____ PER _____	_____
SOCIAL SECURITY	_____ PER _____	_____
DISABILITY	_____ PER _____	_____
PENSION	_____ PER _____	_____
VETERANS BENEFITS	_____ PER _____	_____
RETIREMENT/PENSION	_____ PER _____	_____



ASSETS (MUST PROVIDE DOCUMENTATION)

CHECKING ACCOUNT 1: YES ☐ NO ☐ BANK/INSTITUTION: _____

CHECKING ACCOUNT 2: YES ☐ NO ☐ BANK/INSTITUTION: _____

CHECKING ACCOUNT 3: YES ☐ NO ☐ BANK/INSTITUTION: _____

SAVINGS ACCOUNT 1: YES ☐ NO ☐ BANK/INSTITUTION: _____

SAVINGS ACCOUNT 2: YES ☐ NO ☐ BANK/INSTITUTION: _____

SAVINGS ACCOUNT 3: YES ☐ NO ☐ BANK/INSTITUTION: _____

CREDIT UNION: YES ☐ NO ☐ NAME/BRANCH: _____

DEBIT CARD(S): YES ☐ NO ☐ BANK/INSTITUTION: _____

INVESTMENTS: YES ☐ NO ☐ FIRM/INSTITUTION: _____

RETIREMENT: YES ☐ NO ☐ FIRM/INSTITUTION: _____

REAL ESTATE: TYPE OR USE _____ VALUE _____

DO YOU RECEIVE INCOME FROM REAL ESTATE? YES ☐ NO ☐ IF YES, AMOUNT _____ ☐ MONTHLY ☐ ANNUALLY

LIABILITIES

<u>SOURCE</u>	<u>MONTHLY PAYMENT</u>
ELECTRIC	\$ _____
TELEPHONE	\$ _____
WATER	\$ _____
GAS	\$ _____
CABLE	\$ _____
CHILD CARE	\$ _____
MEDICAL	\$ _____
INSURANCE(S)	\$ _____
LOAN(S) /CAR LOAN	\$ _____

DO YOU AND/OR THE CO-APPLICANT OWN PROPERTY IN ANY OTHER COUNTY WITHIN THE UNITED STATES? YES ☐ NO ☐

DO YOU OWN AND OCCUPY THE PROPERTY FOR WHICH YOU ARE REQUESTING REPAIRS? YES ☐ NO ☐

HAVE YOU AS A HOMEOWNER PREVIOUSLY RECEIVED ASSISTANCE FROM THE CITY OF BOYNTON BEACH FOR HOME REPAIRS? YES ☐ NO ☐

IF YES, PLEASE DESCRIBE ASSISTANCE: _____

REPAIRS/FINANCIAL AID REQUESTED

BRIEFLY LIST THE TYPE OF REPAIRS YOU WISH TO MAKE ON YOUR HOME OR REQUESTING. USE THE BACK OF THIS PAGE IF NEEDED.

ARE ANY OF THE ABOVE REPAIRS THE RESULT OF HURRICANE DAMAGE? YES ☐ NO ☐

IF YES, DID YOU RECEIVE INSURANCE AND/OR FEMA FUNDS? YES ☐ AMOUNT RECEIVED \$ _____ NO ☐

The following information is requested in order to monitor compliance with Equal Credit Opportunity and Fair Housing Laws. You are not required to furnish this information. If you do not wish to furnish the information below, please check the appropriate box.

APPLICANT

☐ Male ☐ Female

ETHNICITY

☐ HISPANIC OR LATINO

☐ NOT HISPANIC OR LATINO

☐ I DO NOT WISH TO FURNISH INFORMATION

RACE

☐ ALASKA NATIVE

☐ AMERICAN INDIAN

☐ ASIAN

☐ BLACK OR AFRICAN AMERICAN

☐ NATIVE HAWAIIAN

☐ OTHER PACIFIC ISLANDER

☐ WHITE

☐ OTHER _____

☐ I DO NOT WISH TO FURNISH INFORMATION

CO-APPLICANT/SPOUSE

☐ Male ☐ Female

ETHNICITY

☐ HISPANIC OR LATINO

☐ NOT HISPANIC OR LATINO

☐ I DO NOT WISH TO FURNISH INFORMATION

RACE

☐ ALASKA NATIVE

☐ AMERICAN INDIAN

☐ ASIAN

☐ BLACK OR AFRICAN AMERICAN

☐ NATIVE HAWAIIAN

☐ OTHER PACIFIC ISLANDER

☐ WHITE

☐ OTHER _____

☐ I DO NOT WISH TO FURNISH INFORMATION

AGREEMENT/UNDERSTANDING (IMPORTANT – READ BEFORE SIGNING)

It is your responsibility to complete the application and provide all the information requested. Failure to do so will result in the cancellation of your application.

I/We understand that providing false information on this application regarding marital status, household size and income will result in automatic denial of the application for funding.

I/We understand the Florida Statute 814 provides that willful false statements or misrepresentation concerning income, asset, or liability information relating to financial conditions is a misdemeanor of the first degree, punishable by fines and imprisonment provided under FL Statutes 775.082 or 775.083.

I/We certify that the application information provided is true and complete to the best of my/our knowledge.

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/We consent to disclose all information for the purposes of income verification related to making a determination of my/our eligibility for program assistance.

I/We understand that funds provided through the Limited Rehabilitation Program is a grant. However, if the repairs exceed the maximum award under the Limited Rehabilitation Program, a conditional loan is an option under the regular Housing Rehabilitation Program and may require my/our signature on a Mortgage and Promissory Note.

I/We understand that the city reserves the right to check any information provided as a part of this application.

APPLICANT SIGNATURE

DATE

CO-APPLICANT/SPOUSE SIGNATURE

DATE





STATEMENT OF HOUSEHOLD SIZE

This is to certify that _____ person(s) is/are residing in the property that is going to be ☐ awarded down payment assistance, ☐ rehabilitated, ☐ rented, which is located at _____

By signing below, Applicant(s) requests that the City of Boynton Beach review and verify this application for the purpose of determining eligibility to receive funding assistance through the City of Boynton Beach's Housing Program. The Applicant acknowledges that such eligibility determination may include without limitation, the verification of income and assets, including deposits. The Applicant declares that he/she has read and understands the guidelines of the Program. Applicant authorizes City of Boynton Beach to use before and after photographs and/or videos of the property for promotional or information purposes. Applicant acknowledges and agrees that Applicant's statements are true, correct, and complete to the best of his/her knowledge.

WARNING: Title 18, Section 1001 of the US. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to a department of the United States Government.

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 775.083.

Printed Name of Applicant	Signature Name of Applicant	Date
Printed Name of Co-Head	Signature of Co-Head	Date
Print Name of Member (Over 18 Years)	Signature of Member (Over 18 Years)	Date
Print Name of Member (Over 18 Years)	Signature of Member (Over 18 Years)	Date
Print Name of Member (Over 18 Years)	Signature of Member (Over 18 Years)	Date
Print Name of Member (Over 18 Years)	Signature of Member (Over 18 Years)	Date



FALSE STATEMENTS AND PUBLIC RECORD DISCLOSURE

FALSE STATEMENTS

Chapter 817 of the Florida Statutes 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 §775.082 or 775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify the City, or any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that the City does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City or any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

ELIGIBILITY RELEASE: It is required that you sign this form, which allows the City of Boynton Beach to request information from Third Parties if it chooses to do so, concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

Applicant Signature

Date

Co-Applicant Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date





**CITY OF BOYNTON BEACH
COMMUNITY IMPROVEMENT DIVISION
AFFORDABLE HOUSING PROGRAMS**

**AUTHORITY TO VERIFY CREDIT INFORMATION
CITY OF BOYNTON BEACH TIN: 59-6000282**

THIS IS YOUR AUTHORITY TO VERIFY MY BANK ACCOUNTS, EMPLOYMENT, OUTSTANDING DEBTS, INCLUDING ANY PRESENT OR PREVIOUS MORTGAGES, TO ORDER A CONSUMER CREDIT REPORT, AND TO MAKE ANY OTHER INQUIRIES PERTAINING TO MY QUALIFICATION FOR A MORTGAGE LOAN FROM YOU, IN THE EVENT YOU EXERCISE A LOAN OPTION. YOU MAY MAKE COPIES OF THIS LETTER FOR DISTRIBUTION TO ANY PARTY WITH WHICH I HAVE A FINANCIAL OR CREDIT RELATIONSHIP AND THAT PARTY MAY TREAT SUCH COPY AS AN ORIGINAL.

Privacy Act Notice: THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PROSPECTIVE MORTGAGOR UNDER ITS PROGRAM. IT WILL NOT BE DISCLOSED OUTSIDE THE AGENCY EXCEPT AS REQUIRED AND PERMITTED BY LAW. YOU DO NOT HAVE TO PROVIDE THIS INFORMATION, BUT IF YOU DO NOT, YOUR APPLICATION FOR APPROVAL AS A PROSPECTIVE MORTGAGOR OR BORROWER MAY BE DELAYED OR REJECTED.

warning: Section 1001 of title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

_____ APPLICANT’S SIGNATURE		_____ DATE	
_____ PRINT FULL NAME		_____ DATE OF BIRTH	_____ SOCIAL SECURITY #
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP
_____ CO-APPLICANT’S SIGNATURE		_____ DATE	
_____ PRINT FULL NAME		_____ DATE OF BIRTH	_____ SOCIAL SECURITY #
_____ ADDRESS	_____ CITY	_____ STATE	_____ ZIP
_____ ADULT HOUSEHOLD MEMBER		_____ DATE	
_____ ADULT HOUSEHOLD MEMBER		_____ DATE	



**CITY OF BOYNTON BEACH
COMMUNITY IMPROVEMENT DIVISION**

AUTHORIZATION TO RELEASE INFORMATION

I, _____, the undersigned, hereby, authorize to release and verify without liability, information regarding my employment, income, and/or assets to the City of Boynton Beach Community Development 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 Alimony/Child/Other Support Providers
Banks, Financial or Retirement Institutions Social Security Administration
State Unemployment Agency Veteran's Administration
Welfare Agency Other: _____

Agreement:

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



NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

24 CFR Part 5 (General HUD Program Requirements; Waivers) §5.216 specifically states the following:

(b) Disclosure required of assistance applicants. Each assistance applicant must submit the following information to the processing entity when the assistance applicant's eligibility under the program involved is being determined.

- (1) The complete and accurate SSN assigned to the assistance applicant and to each member of the assistance applicant's household; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(c) Disclosure required of individual owner applicants. Each individual owner applicant must submit the following information to the processing entity when the individual owner applicant's eligibility under the program involved is being determined:

- (1) The complete and accurate SSN assigned to the individual owner applicant and to each member of the individual owner applicant's household who will be obligated to pay the debt evidenced by the mortgage or loan documents; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

The social security number is needed to determine eligibility under federal and state programs such as HOME, CDBG and SHIP that are determined eligible using 24 CFR part 5.

The applicant and household member hereby agree to allow the City to use the SS number to verify the following information:

- Employment
- Unemployment
- Pension
- Benefits
- Social Security
- Assets
- Child support

paragraph g) Required documentation –

(1) SSN. The documentation necessary to verify the SSN of an individual who is required to disclose his or her SSN under paragraphs (a) through (e) of this section is:

- (i) A valid SSN card issued by the SSA;
- (ii) An original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or
- (iii) Such other evidence of the SSN as HUD may prescribe in administrative instructions

Signed by all adult household members

RECEIVED BY: _____

Print Name

DATE: _____

Signature

Signature



Things Homeowners Should Know Before Participating in the SHIP Emergency Repair - Limited Rehabilitation Program



The Homesteaded Owner-Occupied Limited Rehabilitation Program for qualifying households will serve low-to-very low-income residents who own and homestead their residence. The program will offer a grant for home improvement/rehabilitation and incidental expenses that correct emergency health and safety hazards, and code related issues. The maximum award \$20,000.00 per household.

ELIGIBLE APPLICANTS

Applicant's gross household income (income from all sources before taxes and withholding for every household member, age 18 and over) may not exceed 80% of the area median income (see attached Income Limits table below), as determined by the U.S. Department of Housing and Urban Development (HUD). The following apply:

- To qualify for grant funding, at least one homeowner residing in the residence must be an Elderly as defined by F.S. 420.0004 (8) and/or have a member of the household that has a documented disability as defined by F.S. 420.0004 (7).
- The applicant must be the homeowner and occupy the home for at least twelve months before the date of application.
- The applicant shall not own any other real estate.
- Absentee owners are not eligible.
- Applicants must have 100% ownership interest in the residence to be improved
- Applicants must have clear title to the subject property as evidenced by a title search or deed
- Must have home repair needs that threaten the homeowner's safety, energy efficiency, habitability, and accessibility.
- Payments on all mortgages on the property must be current. If the mortgage payment is delinquent, it must be brought current before application and remain current through the closing.
- Must not have received housing rehabilitation assistance under any program administered by the City of Boynton Beach in the last 15 years.
- Property taxes must be current.
- Must be current on obligations owed to or insured by any body of government, including, but not limited to code violation liens, income tax liens. If the loan has been charged off, the owner will be required to contact the lender and arrange to pay the past due amount.
- If a payment arrangement is made, payment must be current at the time of application and approval. If the loan has been forgiven, written proof must be obtained.

OCCUPANCY REQUIREMENTS

Homeowner must have owned the property and Homesteaded the property as his/her principal residence for at least one year prior to applying for assistance. The homeowner must intend to reside in the property for at least one year after the rehabilitation.



INCOME CERTIFICATION REQUIREMENTS

Gross annual household income included but is not limited to the gross annual projected income of all household members age 18 and over that reside in the household before taxes or withholdings. The following income sources must be included in the income calculation:

- Salaries, overtime earnings, commissions, bonuses, full-time and part-time earnings, seasonal employee earnings, tips
- Unemployment compensation
- Social Security benefits
- Public assistance
- Net rental income
- Pensions
- Alimony and child support
- Net income from business activities
- Interest and dividend income
- Capital gains
- Imputed income
- Partnership income
- Bank accounts (i.e. checking, savings and CDs)
- Prepaid debits cards (i.e. Green Dot, Prepaidify, Payoneer, Bluebird)
- Brokerage accounts (i.e. stocks, bonds)
- IRAs, 401-Ks, 457s

ELIGIBLE PROPERTIES:

- Properties that are being repaired must be the sole and primary residence of the owner.
- Homesteaded Owner-Occupied Single-family properties (Mobile Homes are not eligible)
- Must be the applicant's Homesteaded property
- The property to be improved must not have a lien as a result of code violations.
- The property must be located **within city limits** (*property control number beginning with 08*).

TITLE VERIFICATION

The City will verify the following:

- The legal description of the subject property
- The owner's ownership interest by conducting or facilitating a title search/investigation
- Existing liens, if any on the property

ELIGIBLE IMPROVEMENTS

Improvements include but not limited to:

- Electrical
- Plumbing
- Air Conditioning Replacement
- Insulation
- Accessibility Improvements for occupant(s) with disabilities
- Single families detached dwellings are also eligible for:
 - Exterior Doors Replacement
 - Windows Replacement
- Repairs incidental to any of the above (i.e. drywall, caulking and painting)
- Other conditions that could cause the home to be or become uninhabitable will be considered on a case by case basis.

REHABILITATION REQUIREMENTS

Rehabilitation must satisfy the following requirements:

- Prior to start of rehabilitation, the property must be inspected by the City of Boynton Beach Community Improvement Division to determine eligibility under the program.

Eligible applicant(s) will be assisted based on funding availability. Applicant(s) will be selected on a first-qualified, first-served basis. Only completed applications, with all applicable supporting documentation will be processed.

HOMEOWNER – TYPE OR PRINT	DATE
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HOMEOWNER - TYPE OR PRINT	DATE
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WITNESS: TYPE OR PRINT	DATE
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WITNESS: TYPE OR PRINT	DATE
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PALM BEACH COUNTY INCOME GUIDELINES
Palm Beach County Median Income = \$111,800
2025 INCOME LIMITS

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low- Income 30% Median	24,550	28,050	31,550	35,050	37,900	43,150	48,650	54,150
Very Low- Income 50% Median	40,950	46,800	52,600	58,450	63,150	67,850	72,500	77,200
Low-Income 80% Median	65,450	74,800	84,150	93,500	101,000	108,500	115,950	123,450
Moderate Income 120% Median	98,280	112,320	126,240	140,280	151,560	162,840	174,000	185,280

Source: HUD Income Limits (*subject to change annually*)

Fiscal Year 2025

Palm Beach County Median Income = \$111,800

HUD Released: 4/1/2025

FHFC Posted: 4/8/2025

Effective: 4/1/2025

In Accordance with the Provisions of the Americans with Disabilities Act, this document can be requested in an alternate format. Contact 561-742-6276 for assistance.