



# SHIP Program

## State Housing Initiatives Partnership

Please return the completed application, along with copies of the corresponding documents requested, within 14 days of receipt. Applications will be processed on a first come, first served basis.

Incomplete and/or late applications will be processed last.

If you have any questions, please contact Guardian CRM, Inc. at 352-437-3902.



**Putnam County Board of County Commissioners  
ATTN: SHIP Department  
Putnam County Government Complex  
2509 Crill Avenue, Palatka, Florida 32177  
(386)-329-0207 • (888) 482-7393**

**PUTNAM COUNTY HOUSING  
STATE HOUSING INITIATIVE PROGRAM APPLICATION**

Dear Applicant,

The Putnam County State Housing Initiative Partnership (SHIP) program is designed to provide Housing Rehabilitation Services to existing owner-occupied homes, where the homeowner qualifies as very-low, low, or moderate income under the program guidelines.

The repair of mobile homes are not eligible and the applicant must occupy the property as their primary residence.

If you are a current homeowner and need rehabilitation assistance, you must be the owner and occupant of the home needing assistance and all property taxes must be current and you must have current homeowner's insurance to participate in this program.

It is important to note that this program is a voluntary program and funding is limited and subject to availability on a first ready, first served basis. Applicants in the special needs category and very-low income group will be given the highest priority. Please follow the instruction on page 2 and drop off your completed application and copies of the required items list at the Putnam County Administration Building; Attention: SHIP Housing, 2509 Crill Avenue, Palatka, Florida 32177. Incomplete applications will not be processed until all documentation is received. Once your application has been reviewed, you will receive a confirmation letter with further instructions. If you have any questions, please call the Putnam County SHIP Housing Consultant, Guardian CRM, Inc. at 888-482-7393. You will receive a call back within 48 hours.

Thank you,

Julianne Young  
Putnam County Deputy County Administrator

**PUTNAM COUNTY IS A FAIR HOUSING COMMUNITY  
EQUAL OPPORTUNITY EMPLOYER  
DISABLED DISCRIMINATION PROHIBITED**

**NOTE:** You must submit a completed, signed and dated application and “Authorization to Verify” information form. The application and “Authorization to Verify” information form must be signed by the applicant and ALL household members 18 years of age or older.

***STEPS TO FOLLOW TO APPLY FOR (SHIP) HOUSING ASSISTANCE – MUST SUBMIT THE FOLLOWING FOR APPLICANT, CO-APPLICANT AND HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER:***

**PLEASE INCLUDE A COPY OF THE FOLLOWING:**

- Completed and signed application with disclosures
- Picture identification(s) and Social Security Card(s)
- Child support/custody court orders, letter of adoption, divorce decree, alimony for all minor children
- Birth certificate(s) on dependent(s) claimed
- Disclosure of all assets, including IRA/401K's, stocks/bonds, and life insurance
- Award letters for social security, disability, unemployment, AFDC, worker compensation
- Complete copies of six most recent current banking account statements (checking and savings)
- 2 years employment history
- Most current and recent income tax return. Those who file a Schedule C must provide the last two years' income tax returns.
- Paycheck Stub [Last 4 pay stubs (one month) for each working member] OR Social Security Verification (Statement of Benefits)
- Copy of Property Deed
- A copy of the most recent mortgage statement from your mortgage company
- Copy of homeowner's insurance policy

**Drop-off application and required documents at the Reception Desk  
of the Putnam County Administration Building  
Attn: SHIP, 2509 Crill Avenue, Palatka, Florida 32177**

# PUTNAM COUNTY INCOME LIMITS 2021

| INCOME RANGE* | MEMBERS IN HOUSEHOLD |          |          |          |          |          |          |          |
|---------------|----------------------|----------|----------|----------|----------|----------|----------|----------|
|               | 1                    | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
| EVL 30%       | \$12,880             | \$17,420 | \$21,960 | \$26,500 | \$29,950 | \$32,150 | \$34,350 | \$36,600 |
| VERY LOW 50%  | \$19,400             | \$22,200 | \$24,950 | \$27,700 | \$29,950 | \$32,150 | \$34,350 | \$36,600 |
| LOW 80%       | \$31,050             | \$35,450 | \$39,900 | \$44,300 | \$47,850 | \$51,400 | \$54,950 | \$58,500 |
| MODERATE 120% | \$46,560             | \$53,280 | \$59,880 | \$66,480 | \$71,880 | \$77,160 | \$82,440 | \$87,840 |

Income in this case means gross wages, income from assets, and certain other resources or benefits as determined by HUD and the Florida Housing Finance Agency. All of these Income Limits are adjusted for family size and the type and amount of assistance will vary according to the need.

*\*Income Ranges shown above are to be used for  
Income Certifications and entry in ACCESS.*

PUTNAM COUNTY SHIP PROGRAM  
APPLICATION FOR ASSISTANCE

DATE: \_\_\_\_\_

HOME PHONE# \_\_\_\_\_

WORK PHONE# \_\_\_\_\_

**APPLICANT GENERAL INFORMATION**

Applicant Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone (Cell/Other) \_\_\_\_\_

Email \_\_\_\_\_

**Check One:**    Single        Married        Divorced        Widow

**Type of Assistance Requested**

Emergency Repair

Rehabilitation

Home Purchase Assistance (HPA)

\*First time Homebuyer Yes ( ) or No ( )

If you are applying for Emergency Repair or Rehabilitation, briefly state the nature of the repairs below on pages 5 and/or 6, or on a separate sheet of paper. Also include a copy of the most recent property appraiser home tax statement. Also, state the date and time you are available for an inspection of your home.

**ALL OF THE FOLLOWING INFORMATION WILL BE VERIFIED, PLEASE PROVIDE THE CORRECT ADDRESSES.**

**MAILING ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_       **STATE** \_\_\_\_\_       **ZIP** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_       **STATE** \_\_\_\_\_       **ZIP** \_\_\_\_\_

**How long have you lived at the present address?** \_\_\_\_\_

**Do you:**     Own                       Other



Nature of needed repairs to your existing home: (Please use back side of paper if needed)

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Monthly mortgage payment/rent payment: \_\_\_\_\_

Present a copy of a mortgage statement indicating the principle, balance, taxes and insurance:

MORTGAGE LENDER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_

**MEMBERS OF HOUSEHOLD TO INCLUDE:**

(Applicant, individual, family, or group of individuals living together in the house).

**Other Household Members/Dependents living in the home (under 18 years of age or legally disabled/dependent with proof):**

**HOUSEHOLD COMPOSITION:**

(LIST EVERY PERSON THAT IS CURRENTLY LIVING IN YOUR HOME)

|   | NAME | RELATIONSHIP | AGE | DATE OF BIRTH | RACE (C/B/H/A/NA/O) |
|---|------|--------------|-----|---------------|---------------------|
| 1 |      |              |     |               |                     |
| 2 |      |              |     |               |                     |
| 3 |      |              |     |               |                     |
| 4 |      |              |     |               |                     |
| 5 |      |              |     |               |                     |
| 6 |      |              |     |               |                     |
| 7 |      |              |     |               |                     |
| 8 |      |              |     |               |                     |

**Disability Status** (Please list any household member(s) who has a developmental disability or other handicap/special need.)

*Note: Any applicant or HH member claiming disability must complete this section. If this section is left incomplete the applicant or HH member may not be assumed automatically disabled by the individual(s) reviewing the application. **Only** the applicant may complete this section.*

|    |  |
|----|--|
| 1. |  |
| 2. |  |

**APPLICANT**

**List present employer first and go back two years from Date of Application**

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Title/Type of Work: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Change: \_\_\_\_\_

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Title/Type of Work: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Change: \_\_\_\_\_

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Title/Type of Work: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Change: \_\_\_\_\_

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*If more than one form is required because there is more than one household member over age 18, please use a photocopy of the following pages.*





**CO-APPLICANT and/or HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER:**

**List present employer first and go back two years from Date of Application**

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Title/Type of Work: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City and State : \_\_\_\_\_

Title/Type of Work: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Title/Type of Work: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

**APPLICANT**

**Bank Accounts:**

Name and Address of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Other Account Info: \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Other Account Info: \_\_\_\_\_

**CO-APPLICANT and/or HOUSHOLD MEMBER 18 YEARS OF AGE OR OVER:**

**Bank Accounts:**

Name and Address of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Other Account Info: \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Other Account Info: \_\_\_\_\_

CASH HOUSEHOLD INCOME SUMMARY:

Applicant

2019 Estimated Earnings \_\_\_\_\_

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Co-Applicant's/Household Members 18 years of Age or Over

2019 Estimated Earnings \_\_\_\_\_

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Does anyone in the household receive any of the following sources of income (please provide monthly amount):

- \_\_\_\_\_ Interest and/or Dividends
- \_\_\_\_\_ Net Income from Business (Please, include a quarterly loss and profit statement and an affidavit of anticipated net income for the next twelve months.)
- \_\_\_\_\_ Rental Income (Please provide the property tax statement and indicate if there is a mortgage on the property.)
- \_\_\_\_\_ Social Security, Pensions, Retirement Funds
- \_\_\_\_\_ Unemployment Benefits, Workers Compensation, etc.
- \_\_\_\_\_ Alimony, Child Support (Please, include a copy of your divorce decree'.)
- \_\_\_\_\_ Welfare Payments (Please include your case worker's name and phone number.)
- \_\_\_\_\_ Regular gifts from family and friends (Please include a statement from family and/or friends of the amount given to you)
- \_\_\_\_\_ Other. Please explain: \_\_\_\_\_

**Total Source of Income Received:** \_\_\_\_\_

**ASSETS:**

**LIST CURRENT ASSETS OF ALL HOUSEHOLD MEMBERS:**

Real Estate: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Individual Retirement Account (IRA, 401K): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Whole life or universal life insurance policy: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

( ) Checking ( ) Savings: Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

( ) Checking ( ) Savings: Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

( ) Checking ( ) Savings: Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other

Describe: \_\_\_\_\_ Amount: \$ \_\_\_\_\_



All applications are subject to the Public Records laws of Florida, SF Chapter 119.

**Applicant Statement:** The information on this form is to be used to determine maximum income for eligibility. I/we have provided for each person 18 and over acceptable verification of current anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief 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 S775.082 or 775.83

**Applicant**

Signature Box:

|                             |       |
|-----------------------------|-------|
| _____                       | _____ |
| Applicant's Signature       | Date  |
| _____                       | _____ |
| Co-Applicant's Signature    | Date  |
| _____                       | _____ |
| Household Member 18 or Over | Date  |



PUTNAM COUNTY  
HOUSING REHABILITATION PROGRAM  
UNEMPLOYMENT AFFIDAVIT

**(A separate form is required for any unemployed person over the age of 18, residing in the household)**

[1] I, \_\_\_\_\_, verify that I am presently unemployed and have no other source(s) of income at this time.

OR:

[2] I, \_\_\_\_\_, verify that I am presently unemployed and have other source(s) of income at this time.

*If box 2 is signed please list other sources of income. And provide all official supporting documentation that verifies the sources of the stated income.*

**SOURCE(S) OF INCOME DERIVED FROM MEANS OTHER THAN EMPLOYMENT**

|          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

\_\_\_\_\_  
**APPLICANT/CO-APPLICANT/ADULT HOUSEHOLD MEMBER SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

WARNING: Florida Statute 817 provides that willful false statements of misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment under Statutes 775.082 or 775.83.

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Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print Name of Notary Public

\_\_\_\_\_  
Personally Known

\_\_\_\_\_  
Produced Identification

Type of Identification \_\_\_\_\_





PUTNAM COUNTY HOUSING DEPARTMENT

AUTHORIZATION FOR THE RELEASE OF INFORMATION

The undersigned hereby authorizes you to release without liability, information regarding employment, credit, income and/or assets to the Putnam County Housing Program for purposes of verifying information provided as part of the Housing Assistance.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as an applicant for the SHIP 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 may be delayed or rejected for SHIP Funds.

INFORMATION COVERED: I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity: employment, credit, income and assets, criminal history, medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for the Putnam County SHIP Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information include, but are not limited to:

Table with 3 columns listing agencies: Past and Present Employers, Welfare Agencies, Social Security Admin., Veterans Administration, Banks and Financial Institutions, Credit Reporting Agencies, Unemployment Agencies, Retirement Systems, Background Check, Internal Revenue Service, Public Housing Agencies, Support & Alimony.

CONDITIONS:

I/We agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file and will stay in effect for one year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that I/We provided that is incorrect.

Household Member 1 Signature

Date

Household Member 2 Signature

Date

Household Member 3 Signature

Date

Household Member 4 Signature

Date





**PUTNAM COUNTY  
HOUSING PROGRAM  
Verification of Special Needs**

This is verification that \_\_\_\_\_ is currently under our care or working with our agency, and falls within one of the following categories: **(Please check one)**

Developmental disability.  
*“Developmental disability” means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of eighteen (18); and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.*

Other disability/special need.  
*“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 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 Income (SSI) program or from veteran’s disability benefits.  
OR A “Disabling condition”: A diagnosable substance abuse disorder; Serious mental illness.*

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**AGENCY/OFFICE**

**Notice of Collecting Social Security Numbers:**

The County collects your Social Security Number for a number of different purposes. The Florida Public Records Law (specifically Section 119.071 (5), Florida Statutes 2007), requires the County to give you this written statement explaining the purpose and authority for collecting your Social Security Number.

Your Social Security Number is being collected for the purposes of income certification for the County’s Residential Rehabilitation or Down Payment Assistance Program, which requires third-party verification of assets, employment, and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits, and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, federal, and/or state program dollars. Your Social Security Number will NOT be used for any other intended purpose other than verifying your eligibility for the County’s program.

**Certification and Waiver of Privacy:**

The applicant(s) certifies that all information in this application and all information furnished in support of this application, is given for the purpose of obtaining funding under the Putnam County Residential Rehabilitation or Down Payment Assistance Program.

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Florida 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/we hereby waive my/our rights under the privacy and confidentiality provision act, and give my/our consent to Putnam County Residential Rehabilitation or Down Payment Assistance Program, its agents, and contractors to examine any confidential information given herein. I/we further grant permission and authorize any bank, employer, or public or private agency to disclose information deemed necessary to complete this application.

|                        |                           |       |
|------------------------|---------------------------|-------|
| _____                  | _____                     | _____ |
| Signature of Applicant | Printed Name of Applicant | Date  |

|                        |                           |       |
|------------------------|---------------------------|-------|
| _____                  | _____                     | _____ |
| Signature of Applicant | Printed Name of Applicant | Date  |

|                        |                           |       |
|------------------------|---------------------------|-------|
| _____                  | _____                     | _____ |
| Signature of Applicant | Printed Name of Applicant | Date  |

