



Tax Payments & Assessments Program Outline

Program Outline

State Housing Initiative Partnership Funding is used to stabilize homesteaded homeowners with delinquent property taxes, special assessments, association fees, or homeowners who are at least three months, but no more than six months in arrears on their first mortgage and are not under an active foreclosure action.

This program is designed to serve very low and low-income individuals and families per the income limits below.

Income Category	1	2	3	4	5
Very Low – 0-50% AMI	\$25,850	\$29,550	\$33,250	\$36,900	\$39,900
Low Income – 51-80%	\$41,350	\$47,250	\$53,150	\$59,050	\$63,800

Maximum Awards

- Foreclosure Prevention: \$20,000 per unit
- Tax Payment & Assessments Program: \$15,000 per unit

Loan Terms

Loan Amount	Term
Up to \$5,000	10 Years
Up to \$10,000	15 Years
Over \$10,000	20 Years

The loan will be deferred for five years. At the end of the deferral period payback will begin.

Eligibility Criteria

1. Applicants must provide evidence of the hardship that caused the nonpayment of their mortgage or property tax & assessments. Eligible reasons are:
 - Income at or below 30% AMI
 - Loss of employment;
 - Sudden medical expenses;
 - Divorce or separation;
 - Death in the immediate family;
 - Unforeseen home repair bills;
 - Large increase in amount of mortgage payment because of terms of adjustable loan.
2. Properties must be homesteaded; rental lots are not eligible.
3. Liquid assets of less than \$25,000
4. Foreclosure Prevention:
 - Applicants must receive counseling from a HUD-Certified approved agency trained in foreclosure counseling as assigned by the County.
 - Applicants must provide written evidence of the ability to resume making monthly payments after the assistance is provided, which includes an explanation of how the hardship has been overcome and a budget plan approved by the counseling agency.

5. Tax Payment & Assessment Program:

- Property must be homesteaded; rental lots are not eligible.
- Homeowners insurance is not a requirement.
- Only tax on the property is eligible for mobile and manufactured homes, and the mobile home must be built after 1994.
- Property value cannot exceed \$160,000 according to the Pasco County Property Appraiser and no more than 75% of its value in debt.
- No outstanding judgments or liens placed on the property by the County, excluding paving assessment liens and utility assessments.
- Current and delinquent taxes and Tax Certificates are eligible to be paid. Past payments are not eligible for reimbursement.

Additional Information:

- Foreclosure prevention assistance is limited to a life-time award not to exceed \$20,000.
- Tax payment & assessment assistance is limited to a life-time award not to exceed \$15,000.

Return applications to Community Development 8610 Galen Wilson Blvd, Port Richey, FL 34668

Foreclosure prevention/Tax Payments & Assessments

Document checklist and application

- Completed and signed application
 - Authorization to Release Information for all household members over the age of 18 (or will turn 18 within 3 months of application)
 - The Privacy Policy for all household members over the age of 18 (or will turn 18 within 3 months of application)
- Identification for applicant and co-applicant
- If applicable, proof of military service (active or inactive)
- Proof of income from **ALL** sources for **ALL** household members for the last sixty (60) days (i.e. Paystubs, Social Security Income, Food Stamps/Cash Assistance, Child Support, Alimony, etc.) (see attached for additional requirements)
- If applicable, Self Employed year to date profit and loss statement (see attached for additional requirements)
- Last two year's Tax returns all pages, with all schedules and W-2s/1099(s)
- If applicable, Verification of Disability Form, if disability code is not identified on Social Security statement
- Most recent and consecutive last six (6) months of actual bank statements (With bank name and account number) (**ALL PAGES**, even if blank) for all household members with accounts
- Current Mortgage Statement, if applicable
- If applicable, bankruptcy, judgment or lien release/satisfaction/discharge/dismissal
- If applicable, legal guardianship documents regarding for any household member, if applicable.
- Property tax statement showing taxes are current
- Proof of ownership of at least two (2) years
- Property value cannot exceed \$160,000, as determined by the property appraiser's office Assessed Value.

Please contact the Community Development Department at (727) 834-3447.

GENERAL INFORMATION:

	APPLICANT	CO-APPLICANT
Full Name		
Social Security Number		
Date of Birth / Age		
Demographics	() Black () White () American Indian () Asian () Hispanic () Other	
Marital Status	() Married () Unmarried	() Married () Unmarried
	() Separated FT Student ____	() Separated FT Student ____
Status	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly (62 or older) <input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly (62 or older) <input type="checkbox"/> Veteran
Phone (incl. Area Code)		
Alternate Phone (incl. Area Code)		
Email address		
Present Address (Street)		
City, State, Zip Code		

Year home purchased _____ Monthly Mortgage Payment \$ _____

Mortgage Company Name: _____ Phone: _____

Home Owner's Insurance Company: _____

Policy No. _____ Expiration Date: _____

Name(s)	Other Household Members				
	SS Number	Date of Birth/Age	Relationship to Applicant	Full Time Student?	Employed?
					() Y () N
					() Y () N
					() Y () N
					() Y () N
					() Y () N
					() Y () N

FORECLOSURE ASSISTANCE NEEDS:

(For reporting purposes only, please check all that apply):

<input type="checkbox"/> Delinquent Property Taxes <input type="checkbox"/> Special Assessments <input type="checkbox"/> Association Fees

SPECIAL NEEDS: Special needs households include persons that are elderly, physically disabled, at risk of being or are homeless, and/or have extremely low incomes.

(For reporting purposes only, please check all definitions that apply to any household member (must provide documentation that can be verified by a third party and identify person who meets criteria below.)

<input type="checkbox"/> “Disabling condition” means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is: <ul style="list-style-type: none"> <input type="checkbox"/> Expected to be of long-continued and indefinite duration; and <input type="checkbox"/> Not expected to impair the ability of the person with special needs to live independently with appropriate supports. 		
<input type="checkbox"/> “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; <ul style="list-style-type: none"> <input type="checkbox"/> A young adult formerly in foster care who is eligible for services under s. <u>409.1451(5)</u>; <input type="checkbox"/> A survivor of domestic violence as defined in s. <u>741.28</u>; <input type="checkbox"/> A person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans’ disability benefits. 		
Name(s)	SS Number	Documentation supporting (include with application)

EMPLOYMENT INFORMATION:

	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
City/State/Zip Code		
Employer Phone #	()	()
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

NOTE: Attach additional sheets for ALL EMPLOYED household members 18 years and older.

OTHER SOURCES OF INCOME: (For ALL Household Members 18 and older)

List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, etc.

Name of Recipient	Type of Income	Frequency of pay	Amount received (Income)
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
Total			\$

AUTHORIZATION FOR RELEASE OF INFORMATION

I consent to allow Pasco County Community Development Department, to request and obtain employment, income, credit history, and/or assets to for the purpose of verifying information provided, as part of determining eligibility for assistance under the Foreclosure prevention/Tax Payments & Assessments. 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, certificates of deposit (CD), payment from Social Security, annuities, insurance policies, retirement funds, pension, 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.

Organization/Individuals that may be asked to provide written/oral verification are but not limited to:

- | | |
|--|--|
| <input type="checkbox"/> Past /Present Employers | <input type="checkbox"/> Alimony/Child/Other Support Providers |
| <input type="checkbox"/> Banks or Financial Institutions | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> State Unemployment Agency | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Welfare Agency | <input type="checkbox"/> Other _____ |

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purpose stated above. I understand that my authorization will remain effective from the date of my signature until, and that the information will be handled confidentially in compliance with all applicable federal laws.

Signature of Applicant/Co-Applicant/Other Adult

Print Name

Date

Social Security number

DOB (mm/dd/yyyy)

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- | | |
|--|--|
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Print Name

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Social Security number

DOB (mm/dd/yyyy)

Privacy Policy

Pasco County is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations.

Additionally, we want you to understand how we use the personal information we collect about you. The type of information that we collect about you is:

- Information we receive from you orally, on applications, or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balances, payment history, parties to transactions and credit card usage, tax statements, bank statements, etc.
- Information we receive from a credit reporting agency, such as your credit history.

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes and/or any other pre-authorized individuals and/or organization. The types of information we disclose is as follows:

- Information you provide on application/forms or other forms of communication. This may include your name, address, social security number, employer, occupation, account numbers, assets, expensed, and income.
- Information about your transactions with us, our affiliates, or others: such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency: such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.

OPT-OUT: I request that Pasco County, make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Pasco County will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting Pasco County.

Applicant:

Date

Applicant/Household Member:

Date

RELEASE: I hereby authorize the Pasco County to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Applicant:

Date

Applicant/Household Member:

Date

- We may also disclose personal information about you to third parties as permitted by law.

Florida's Public Records Law

Florida's Public Records Law provides a right to access the records of the state and local governments as well as private entities acting on their behalf. The information you provide to Pasco County and its contracted third parties, through writing and email, is considered public record. This information may be disclosed in response to a public records request. **FL Stat. 119.07(1)**. Although this information is public record, Chapter 119 of the Florida Statutes provides several disclosure exemptions. The information provided below will not become public record and will remain confidential.

- Social Security numbers - Fl. Stat 119.071(5)(a)(5)
- Medical history records - Fl. Stat. 119.071(5)(f)
- Bank account numbers - Fl. Stat. 119.071(5)(b)
- Debit/Credit card numbers - Fl. Stat. 119.071(5)(b)
- Information related to health and property insurances - Fl. Stat. 119.071(5)(f)

You must notify Pasco County if you qualify for additional public record exemptions provided in the Florida Statutes.

How is your personal information secured?

We restrict access to your nonpublic personal information provided to Pasco County employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Opting-Out of Certain Disclosures

You may direct Pasco County to not disclose your nonpublic personal information to third parties (such as your creditors). However, if you choose to "opt-out" we will not be able to answer any questions from your creditors, which may limit Pasco County's ability to provide services. If you choose to "opt-out" please check the box next to the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, please check the box next to the "Release" clause. You may change your decision any time by contacting our office in writing at Pasco County Community Development Department, 8610 Galen Wilson Blvd., Port Richey, FL 34668. The "Opt-Out" clause does not include information that is public record under Fl. Stat. 119.011.

IDENTITY VERIFICATION

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I HEREBY REPRESENT THAT ALL ABOVE INFORMATION IS TRUE AND ACCURATE.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

The above personally appeared before me the signer and subject of the above form, who signed and attested to the same in my presence, and presented the following form of identification as proof of his/her identity:

- Driver's License or Government Identification Card
- U.S. Passport
- U.S. Military ID Card
- State Identification Card
- Social Security Card
- Other: _____
(description)

REPRESENTATIVE (Print)

DATE

PASCO COUNTY REPRESENTATIVE (Signature)

LIEN ACKNOWLEDGMENT

I/We acknowledge that the funds received will be in the form of a 0% Deferred Loan.

I/We understand if **I/We** remain in the home as owner-occupant(s) for the term of the loan, the loan will be due upon death. However, if during the term of the loan, the home is sold or **I/We** fail to comply with the owner occupancy requirements, the full amount of the loan will be owed back to the County.

I/We acknowledge a lien will be placed on the property to insure the affordability period.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

PHOTO RELEASE FORM

I, _____ (printed name), hereby consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs, digital images, videotapes, or recordings made of for use by Pasco County, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes or recordings in conjunction with my name.

I also give permission for the photographs, digital images, videotapes, or recordings to be used in their entirety and/or edited versions as deemed necessary by Pasco County Community Development Department, including the use of images on the County's website.

I understand that these photographs, digital images, videotapes, or recordings may be used for marketing purpose, flyers (including websites) by Pasco County Community Development Department at any time in the future without further clearance from me.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

SIGNATURE _____

DATE _____

Witness _____

Please note that this authorization can be rescinded at any time by contacting Pasco County Community Development at (727) 834-3447.

Verification of Disability

DATE: _____

TO: _____ Healthcare Provider: _____ Address: _____ Phone: _____ Fax: _____	FROM: Pasco County Community Devevelopment Department 8610 Galen Wilson Blvd. Port Richey FL 34668 Main #: (727) 834-3447 Fax #: (727) 834-3450 www.pascocountyfl.net/385 Attn.: _____
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RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

Verification of Disability for:

NAME _____

Date of birth: _____ Social Security Number: _____

ADDRESS _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. YES NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2. YES NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. YES NO

Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

4. YES NO

Is a person whose sole impairment is alcoholism or drug addiction.

NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

Public reporting burden for this collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).