

# BOARD OF COUNTY COMMISSIONERS GULF COUNTY, FLORIDA

**Towan Kopinsky, Grant Writer/Coordinator**

**1000 CECIL G. COSTIN SR. BLVD., ROOM 312, PORT ST. JOE, FLORIDA 32456  
PHONE: (850) 229-6144 / FAX (850) 229-9252 / EMAIL: tkopinsky@gulfcounty-fl.gov**

TO: Gulf County Residents  
FROM: Jeffrey C. Winter, Project Manager  
SUBJECT: **Homeowner Pre-Application for CDBG Housing Rehabilitation Assistance**  
DATE: June 7, 2012

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Gulf County has been awarded a Community Development Block Grant (CDBG) in the Housing Rehabilitation category to assist homeowners living within the unincorporated areas (residences outside of the City Limits) of the County that meet certain income and ownership requirements. If you are interested in participating in the CDBG Housing Rehabilitation Program, you must complete the attached pre-application. **Upon completion, the pre-application must be submitted to Towan Kopinsky, Grant Coordinator, at the Robert Moore Administration Building, 1000 Cecil G. Costin, Sr. Boulevard, Room #312 or Room #301, Port St. Joe, FL 32456. ALL PRE-APPLICATIONS ARE DUE NO LATER THAN 2:00 P.M., E.T. ON JUNE 28, 2012.**

Please follow the instructions when completing your pre-application. Incomplete pre-applications may not be considered for assistance. Please read the complete pre-application package, as most pre-application preparation questions should be addressed herein. Should you have any additional questions or concerns, please do not hesitate to contact Jeffrey C. Winter, Project Manager, at (904) 264-6203 or by e-mail at [jwinter@jordangrants.com](mailto:jwinter@jordangrants.com).

Before completing the pre-application, please make sure that you meet the following eligibility requirements:

1. Is your home located within the unincorporated areas of the County? (This grant cannot be used within the corporate limits of Port St. Joe or Wewahitchka.)
2. Do you own or are you financing your home?
3. If you are financing your home, are you current on your mortgage payments?
4. Are you current on your property taxes?
5. According to the following table, is your TOTAL household income below the limits identified for the number of people living in your home?

Household Size	1	2	3	4	5	6	7	8
Household Income	\$28,850	\$33,000	\$37,100	\$41,200	\$44,500	\$47,800	\$51,100	\$54,400

**IF YOU ANSWERED 'NO' TO ANY OF THESE QUESTIONS YOU ARE NOT ELIGIBLE FOR THIS PROGRAM. IF YOU ANSWERED 'YES' TO ALL OF THE QUESTIONS, YOU ARE ELIGIBLE FOR THIS PROGRAM AND WILL NEED TO COMPLETE THE PRE-APPLICATION.**

**CDBG HOUSING REHABILITATION PROGRAM**  
**NOTICE OF VOLUNTARY PARTICIPATION**

I, \_\_\_\_\_, do hereby acknowledge that I VOLUNTARILY request to be included in the Gulf County CDBG Housing Rehabilitation Program. I acknowledge that such inclusion will require me to provide personal data, such as income information, and by signing I acknowledge that the release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated as confidentially as the CDBG Program permits.

I further acknowledge that I am responsible to follow the program rules listed below:

1. The purpose of the program is to place my residence in a condition equal to minimum housing standards associated with state and local building codes, health & safety related items and disability accommodations, as necessary. I consent to attainment of this standard and will not demand assistance greater than that which is approved by the local government and regulated by the CDBG Program.
2. I understand that the contract for assistance is prepared between the contractor and me as an administrative matter, but that the local government as the funding agency reserves the right of decision making. While I have the right to provide my view, I will not dispute the final decision made by the local government or its agent.
3. I understand that I am subject to immediate program disqualification, with existing financial responsibility for the incurred costs, if I:
  - a. Provide any inaccurate or untruthful information,
  - b. Fail to comply with existing guidelines,
  - c. Perform any action to receive more assistance than I am entitled.
4. I hereby authorize the local government and/or its designated representatives to inspect my property.

I recognize that this assistance is provided as good will of the local government and that my participation binds me to the rules and regulations of the program and to the maintenance of the property after rehabilitation. I understand that my participation may affect my ability to qualify for assistance in the future.

I agree to all the terms in this document.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name (Print)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**CDBG HOUSING REHABILITATION PROGRAM  
PRE-APPLICATION FOR ASSISTANCE**

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Daytime Ph. #: \_\_\_\_\_

Evening Ph. #: \_\_\_\_\_

**A. Household Composition** (Please list every member of the household)

#	Name	Age	Sex	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**B. Household Income** (Please list all sources of income from all members of the household)

Source of Income	Applicant			Co-Applicant			Other Member		
<b>Employment Income</b>	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Social Security Benefits</b>	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Suppl. Security Income</b>	\$			\$					
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Net Income from a Business</b>	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Unemployment Income</b>	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Alimony/Child Support</b>	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Asset Income</b>	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Other:</b>	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

\*\*\*FOR OFFICIAL USE ONLY\*\*\*

<b>TOTAL TABLE B</b>	<b>Household Income:</b>
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**CDBG HOUSING REHABILITATION PROGRAM  
PRE-APPLICATION FOR ASSISTANCE**

**C. Asset Income** (Please list all assets held by all members of the household)

Asset Description	Financial Institution Name & Address	Last 4 of Account #	***For Official Use Only***
			Asset Income
Checking Account			
Savings Account			
COD/Treasury Bill			
Retirement Account			
Annuities			
Stocks & Bonds			
Other (Real Estate, etc.)			
<b>***FOR OFFICIAL USE ONLY***</b>			
<b>TOTAL TABLE C:</b>		<b>Annual Income:</b>	

**D. Disability Status** (Please list every disabled member of the household. For each member claiming disability status, please provide a completed "Disability Certification" form.)

#	Name	Description of Disability
1.		
2.		

**E. Housing Structure/Property Information** (Please check/complete all that apply)

- The housing structure identified in the application is a:  
 Manufactured/Mobile     Block/CMU     Brick     Wood Frame     Other: \_\_\_\_\_
- The housing structure identified in the application was constructed in what year? \_\_\_\_\_
- Is there a mortgage on the housing structure/property identified in the application?     Yes     No
- If yes, are the mortgage payments current?     Yes     No
- Are the property taxes current for the housing structure/property identified in the application?     Yes     No

**F. Miscellaneous Information**

- Has the applicant/co-applicant received Housing Rehabilitation Assistance through Gulf County within the last ten (10) years?     Yes     No
- If yes, please provide details pertaining to the assistance provided. (What program? When? What repairs? Etc.)  
 \_\_\_\_\_
- Does any member of the household have a business or familial relationship with any Gulf County employee, Citizens' Advisory Task Force (CATF) member or County elected official?     Yes     No
- If yes, please disclose the name(s) & position(s) of all that apply:  
 \_\_\_\_\_

**CDBG HOUSING REHABILITATION PROGRAM  
PRE-APPLICATION FOR ASSISTANCE**

**G. Applicant Certification**

By signing below, the **Applicant**, and **Co-Applicant** if applicable, certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the applicant/co-applicant's knowledge and belief.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Co-Applicant Name (Print)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date of Application

**\*\*\*APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY\*\*\***

**I. Application Scoring Summary**

Household Size: \_\_\_\_\_  Disabled HH  Elderly (62+) HH

HH Income: \_\_\_\_\_  VLI  Low  Mod Ranking Score: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. Jordan & Associates Certification**

By signing below, the **Jordan & Associates (J&A)** Representative certifies that he/she has examined this application for assistance as described herein, using the guidelines established in the Gulf County Housing Assistance Plan (HAP). Based on the eligibility criteria outlined in the County's HAP, the application  **DOES** or  **DOES NOT** meet the requirements for eligibility for the Gulf County CDBG Housing Rehabilitation Program.

\_\_\_\_\_  
J&A Representative Name (Print)

\_\_\_\_\_  
J&A Representative Signature

\_\_\_\_\_  
Date of Review