

**APPLICATION FOR S.H.I.P. HOUSING ASSISTANCE  
2021-2022 FUNDING CYCLE**

Type of Assistance: \_\_\_\_\_

(Completed by SHIP Administrator)

Household Annual Income: \$ \_\_\_\_\_

Income Category (EL, VL, LI, MI): \_\_\_\_\_

Qualified: YES NO

General Information	Applicant	Co-Applicant
Full Name:		
E-mail:		
Date of Birth/Age:		
Street Address:		
City, State, Zip Code		
Mailing Address:		
City:		
Phone:		

**Other Household Members: (Currently residing and/or planning to reside in home in the next 12 months)**

Name(s)	Date of Birth/Age	Relationship to Applicant

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student? If yes, please list: \_\_\_\_\_

Does Applicant/Co-Applicant own a home? Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly rent/mortgage: \$ \_\_\_\_\_

If No, type of unit to be purchased? \_\_\_\_\_ existing unit \_\_\_\_ newly constructed unit

**Applicant/Co-Applicant Employment Information:**

Employee Name:	Employer:
Position:	Supervisor:
Address:	Time Employed: # Wks/Mths/Years
Phone Number:	Employer Email:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

Employee Name:	Employer:
Position:	Supervisor:
Address:	Time Employed: # Wks/Mths/Years
Phone Number:	Employer Email:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

**NOTE: Attach additional sheets as necessary for all household members 18 years and over**

**Other Sources of Income (For ALL Household Members including minors, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)**

	<u>Name</u>	<u>Type of Income</u>	<u>Gross Annual Amount</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
			Total: \$ _____

**Assets and Asset Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)**

	<u>Type of Asset</u>	<u>Asset Value</u>	<u>Bank/Account #</u>	<u>Annual Asset Income</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
		Total: \$ _____	Total: \$ _____	

**Liabilities (For ALL Household Members 18 and Over, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)**

	<u>Type Credit/Loan</u>	<u>Creditor's Name</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
				Total Annual Payments: \$ _____

**Ethnicity/Special Needs (For reporting purposes only, please check all that apply for Head of Household Only):**

White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_

Native American \_\_\_\_\_ Farmworker \_\_\_\_\_ Disabled or Disabled Minor \_\_\_\_\_ Elderly \_\_\_\_\_

Homeless \_\_\_\_\_ Special needs \_\_\_\_\_ other \_\_\_\_\_

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 or 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.

APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
_____	_____	_____	_____
(HOUSEHOLD MEMBER OVER 18)	DATE	(HOUSEHOLD MEMBER OVER 18)	DATE
_____	_____	_____	_____
(HOUSEHOLD MEMBER OVER 18)	DATE	(HOUSEHOLD MEMBER OVER 18)	DATE
_____	_____	_____	_____
(HOUSEHOLD MEMBER OVER 18)	DATE	(HOUSEHOLD MEMBER OVER 18)	DATE
_____	_____	_____	_____

### THIRD-PARTY VERIFICATION OF ASSET INCOME

#### ***(To Be Completed For All Household Members, Including Minors)***

State and/or Federal Regulations require us to verify asset income information for the person who has provided authorization below, to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self-addressed return envelope is enclosed, or you may fax to: (850) 229-7180, or email to: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov).

#### ***Authorization:***

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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

#### ***Please return information to:***

Name: Naomi L. Lanier Title: S.H.I.P. Administrator  
Department: S.H.I.P. Program Phone: (850) 229-6125 Email: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov)  
Address: 1000 Cecil G. Costin Sr., Blvd, Room 311, Port St. Joe, FL 32456

#### ***Complete the (applicable) Sections below:***

Institution Name: \_\_\_\_\_ Checking Account #: \_\_\_\_\_  
Average Monthly Balance (last 6 months): \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_  
Savings Account #: \_\_\_\_\_ Balance/Interest Rate: \$ \_\_\_\_\_, \_\_\_\_\_ % \_\_\_\_\_  
Certificate of Deposit #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Withdrawal Penalty: \$ \_\_\_\_\_  
IRA, Keogh, Retirement Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Interest Rate: \_\_\_\_\_ Withdrawal Penalty: \$ \_\_\_\_\_  
Other Account #: \_\_\_\_\_ Amount/Interest Rate: \$ \_\_\_\_\_, \_\_\_\_\_ % \_\_\_\_\_  
Signature of authorized representative: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**WARNING:** 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 or 775.083.

**NOTE:** For ALL Household Members, including minors, obtain a signed copy of this form for each verification to be completed. Send form directly to depository institution; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_ to release without liability, information regarding my employment, income, and/or assets to Gulf County S.H.I.P. Program, for the purposes of verifying information provided as part of determining eligibility for assistance under the S.H.I.P. program. 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: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

### *Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:*

Past/Present Employers	Alimony/Child Support Providers
Banks, Financial or Retirement Institutions	Social Security Administration
State Unemployment Agency	Veteran's Administration
Welfare Agency	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.

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Signature of Applicant/Printed Name

Date

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Signature of Co-applicant/Printed Name

Date

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office or go online for Form 4506-T, "Request for Copy of Tax Return" and prepare and sign separately.

## VERIFICATION OF CHILD SUPPORT PAYMENTS

State and/or Federal Regulations require us to verify child support payments made to the person that has provided authorization below, to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self-addressed return envelope is enclosed, or you may fax it to: (850) 229-7180, or email to: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov).

### Authorization:

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Household Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Please return information to (attach transcript):

Name: Naomi L. Lanier

Title: S.H.I.P. Administrator

Department: S.H.I.P. Program

Phone: (850) 229-6125

Email: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov)

Address: 1000 Cecil G. Costin Sr., Blvd, Room 311, Port St. Joe, FL 32456

### Complete the Sections below:

Name of person paying child support:

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Children's names: \_\_\_\_\_

Amount of support \$ \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_ yearly

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**WARNING:** 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.

## VERIFICATION OF PENSIONS AND ANNUITIES

State and/or Federal Regulations require us to verify pension and annuity benefits made to the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self-addressed return envelope is enclosed, or you may fax it to: (850) 229-7180, or email to: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov).

Authorization: I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

_____ Signature of Applicant	_____ Print Name	_____ Date
_____ Co-Applicant/Household Member	_____ Print Name	_____ Date
_____ Household Member	_____ Print Name	_____ Date

*Please return information to:*

Name: Naomi L. Lanier Title: S.H.I.P. Administrator  
Department: S.H.I.P. Program Phone: (850) 229-6125 Email: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov)  
Address: 1000 Cecil G. Costin Sr., Blvd, Room 311, Port St. Joe, FL 32456

To: Name of Institution \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Complete the Sections below:*

Current monthly gross amount of pension or annuity: \$ \_\_\_\_\_

Deduction from Gross for Medical insurance premiums \_\_\_\_\_

Date of initial award \$ \_\_\_\_\_ Effective date of current amount \_\_\_\_\_

Expected change in current amount: \_\_\_\_\_ New amount \$ \_\_\_\_\_

Contribution to company retirement/pension fund \$ \_\_\_\_\_

Amount received in lump sum \$ \_\_\_\_\_ Date \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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**THIRD-PARTY VERIFICATION OF REGULAR CASH CONTRIBUTIONS**  
*(i.e., Paying Rent, Regular Family Assistance, Alimony, etc.)*

State and/or Federal Regulations require us to verify regular cash contributions made to the person who has provided authorization below, to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self-addressed return envelope is enclosed, or you may fax it to: (850) 229-7180, or email to: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov).

Authorization:

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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

**Please return information to:**

Name: Naomi L. Lanier Title: S.H.I.P. Administrator  
Department: S.H.I.P. Program Phone: (850) 229-6125 Email: [ship@gulfcounty-fl.gov](mailto:ship@gulfcounty-fl.gov)  
Address: 1000 Cecil G. Costin Sr., Blvd, Room 311, Port St. Joe, FL 32456

**Complete the Sections below:**

Type of Cash Contribution: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Frequency of Contribution (Wk., Mo): \_\_\_\_\_ Will Payments Continue (Y or N): \_\_\_\_\_

Signature of Authorized Representative:\_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

WARNING: 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 or 775.83.

*NOTE: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate person/agency; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.*



### THIRD-PARTY VERIFICATION OF SOCIAL SECURITY BENEFITS

State and/or Federal Regulations require us to verify Social Security Benefit income for the person who has provided authorization below, to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self-addressed return envelope is enclosed, or you may fax to: (850) 229-7180, or email to: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov).

#### Authorization:

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

_____ Signature of Applicant	_____ Print Name	_____ Date
_____ Co-Applicant/Household Member	_____ Print Name	_____ Date
_____ Household Member	_____ Print Name	_____ Date

#### Please return information to:

Name: Naomi L. Lanier Title: S.H.I.P. Administrator  
Department: S.H.I.P. Program Phone: (850) 229-6125 Email: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov)  
Address: 1000 Cecil G. Costin Sr., Blvd, Room 311, Port St. Joe, FL 32456

#### Complete the Sections below:

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of Social Security Benefit: \_\_\_\_\_ Gross Monthly Amount: \$ \_\_\_\_\_

Type of Supplemental Security Benefit: \_\_\_\_\_ Gross Monthly Amount: \$ \_\_\_\_\_

Deduction for Medicare (Y or N): \_\_\_\_\_ If yes, Amount Deducted: \$ \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

WARNING: 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 or 775.83.

NOTE: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send the form directly to the appropriate administration; do not send the form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant, and attach to file.

### THIRD-PARTY VERIFICATION OF UNEMPLOYMENT BENEFITS

State and/or Federal Regulations require us to verify unemployment benefit income for the person who has provided authorization below, to determine their eligibility for program assistance. Your cooperation in providing the requested information below is much appreciated. A self-addressed return envelope is enclosed, or you may fax to: (850) 229-7180, or email to: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov).

#### Authorization:

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

_____ Signature of Applicant	_____ Print Name	_____ Date
_____ Co-Applicant/Household Member	_____ Print Name	_____ Date
_____ Household Member	_____ Print Name	_____ Date

#### Please return information to:

Name: Naomi L. Lanier Title: S.H.I.P. Administrator  
Department: S.H.I.P. Program Phone: (850) 229-6125 Email: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov)  
Address: 1000 Cecil G. Costin Sr., Blvd, Room 311, Port St. Joe, FL 32456

#### Complete the Sections below:

Are Benefits being paid now (Y or N): \_\_\_\_\_ If Yes, Gross Weekly Payments: \$ \_\_\_\_\_

Date of Initial Payment: \_\_\_\_\_ Duration of Benefits: \_\_\_\_\_

Claimant Eligible for Future Benefits (Y or N): \_\_\_\_\_ If Yes, provide # of weeks: \_\_\_\_\_

If No, Provide Date of Benefits Termination: \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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NOTE: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send the form directly to the appropriate agency; do not send the form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant, and attach to file.

### THIRD-PARTY VERIFICATION OF EMPLOYMENT

**Note to employer: Please provide information about anticipated income during the next 12 months only.**

State and/or Federal Regulations require us to verify employment history and income information for the person who has provided authorization below, to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self-addressed return envelope is enclosed, or you may fax to: (850) 229-7180, or email to: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov).

**Authorization:**

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

_____ Signature of Applicant	_____ Print Name	_____ Date
_____ Co-Applicant/Household Member	_____ Print Name	_____ Date
_____ Household Member	_____ Print Name	_____ Date

**Please return information to:**

Name: Naomi L. Lanier Title: S.H.I.P. Administrator  
Department: S.H.I.P. Program Phone: (850) 229-6125 Email: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov)  
Address: 1000 Cecil G. Costin Sr., Blvd, Room 311, Port St. Joe, FL 32456

Business Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date of hire: \_\_\_\_\_  
Probability of continued employment (Y or N) \_\_\_\_\_  
Current Pay Rate: \_\_\_\_\_ Pay Frequency (Hour, Salary): \_\_\_\_\_ per \_\_\_\_\_ (Wk, Bi-Weekly, Month)  
Overtime Pay Rate: \_\_\_\_\_ Expected overtime hours during the next 12 months: \_\_\_\_\_  
Total anticipated Annual Base Pay Earnings for the next 12 months: \_\_\_\_\_  
Total anticipated Overtime Base Pay Earnings for the next 12 months: \_\_\_\_\_  
Probability and expected date of any pay increase (Y or N) Amount of increase \_\_\_\_\_ New rate of Pay \_\_\_\_\_  
Amount of Other Compensation anticipated during the next 12 months (bonus, commission, tips): \$ \_\_\_\_\_  
Vacation Pay (Y or N): \_\_\_\_\_ if yes, number of days: \_\_\_\_\_  
Retirement Account (Y or N) Amount Accessible to Employee: \_\_\_\_\_ Penalty for withdrawal (Y or N) Penalty Amount \_\_\_\_\_  
Total anticipated Gross Annual Income, including other compensation, for next 12 months: \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*NOTE: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate employment source; do not send form through the applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant, and attach to file.*

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## VERIFICATION OF VERBAL

### APPLICANT INFORMATION (APPLICANT ONLY COMPLETE LINES 1 AND 2)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Assistance:    Homebuyer    \_\_\_\_\_    Homeowner Rehab    \_\_\_\_\_    Emergency Repair    \_\_\_\_\_

Other: \_\_\_\_\_

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### (S.H.I.P STAFF COMPLETE BELOW)

Type of Information being verified:    Employment    \_\_\_\_\_    Household    \_\_\_\_\_    Assets    \_\_\_\_\_

Other: \_\_\_\_\_

Name of Entity being contacted: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of person contacted: \_\_\_\_\_ Title: \_\_\_\_\_

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

\_\_\_\_\_  
Signature (Receiving Verbal Verification)

\_\_\_\_\_  
Date of Verbal Verification

\_\_\_\_\_  
Time

**WARNING:** 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 or 775.83.

## VERIFICATION OF VETERAN'S BENEFITS

State and/or Federal Regulations require us to verify veteran benefits made to the person that has provided authorization below, to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self-addressed return envelope is enclosed, or you may fax to: (850) 229-7180, or email to: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov).

### Authorization:

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
Signature of Beneficiary                      Print Name                      Date

Beneficiary Address: \_\_\_\_\_

### Please return information to:

Name: Naomi L. Lanier

Title: S.H.I.P. Administrator

Department: S.H.I.P. Program

Phone: (850) 229-6125

Email: [ship@gulfcountry-fl.gov](mailto:ship@gulfcountry-fl.gov)

Address: 1000 Cecil G. Costin Sr., Blvd, Room 311, Port St. Joe, FL 32456

### Complete the Sections below:

Name of Veteran: \_\_\_\_\_

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

Claim No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Service dates: From \_\_\_\_\_ to \_\_\_\_\_

Benefits paid to \_\_\_\_\_ current benefit amount. \_\_\_\_\_

Original start date: \_\_\_\_\_ this amount will \_\_\_\_\_ increase \_\_\_\_\_ decrease

Date change takes effect: \_\_\_\_\_ new amount \$ \_\_\_\_\_

Benefit Type: \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**WARNING:** 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.

## NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS GULF COUNTY SHIP PROGRAM

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social Security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Gulf County SHIP Program. This information is not required by state or federal law; however, Social Security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income.
4. To verify household assets.
5. To verify household employment.

A Social Security number collected pursuant to this notice can only be used by the Gulf County SHIP Program, for the purposes specified above.

### **Nondisclosure except under limited circumstances.**

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's Social Security number under the following specific, limited circumstances:

☐ If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities.

- If the individual expressly consents to disclosure in writing.
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism).
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

### **Acknowledgment of Receipt of Notice**

I confirm that I have been provided a copy of this notice regarding the collection of my Social Security number and the Social Security numbers of all household occupants as part of the application process for the GULF County SHIP Program.

_____	_____	_____
Date	Applicant/s Signature	Social Security Number
_____	_____	_____
Date	Co-Applicant/s Signature	Social Security Number

## Explanation of Banking Account Deposits

This needs to be filled out by the applicants and household members 18 years and older.

Please explain all the deposits that show up on all your bank statements requested on this application. You may use additional forms if you need extra space. (Use separate forms for separate bank accounts)

[illegible]

I/We certify under penalty of perjury that all the above information is true and correct and I/we have not omitted pertinent information.

Signature \_\_\_\_\_ Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Name: \_\_\_\_\_ Date \_\_\_\_\_

This form is required as part of the application process for the SHIP/HHRP program. You must initial beside each item to indicate that you have read, understand, and agree with all stipulations herein written prior to your application being evaluated and certified for funding from the SHIP/HHRP Program.

- \_\_\_\_ SHIP/HHRP APPLICANT(S) WILL HAVE AND OR MAINTAIN FULL COVERAGE INSURANCE FOR THE VALUE OF THE HOME UPON SIGNATURE OF THE MORTGAGE AND NOTE FOR THE LOAN FOR **THE FULL TERM OF THE MORTGAGE AND NOTE.**
- \_\_\_\_ SHIP/HHRP APPLICANT(S) WILL MAINTAIN THE HOME AS THEIR PRIMARY RESIDENCE FOR THE COMPLETE TERM OF THE MORTGAGE AND NOTE.
- \_\_\_\_ SHIP/HHRP APPLICANT(S) UNDERSTAND AND AGREE THAT IF THEY TAKE OUT A LOAN FOR CASH VALUE, SELL THE HOME, OR RENT THE HOME, THAT THE REMAINING AMOUNT OF THE LOAN WILL BE DUE AND PAYABLE IMMEDIATELY UPON KNOWLEDGE OF THIS BY THE SHIP/HHRP DEPARTMENT.
- \_\_\_\_ SHIP/HHRP APPLICANT(S) UNDERSTAND AND AGREE THAT IF THEY DIE BEFORE THE END OF THE MORTGAGE AND NOTE TERMINATION DATE, AN ELIGIBLE SHIP APPLICANT MUST LIVE IN THE HOME FOR THE REMAINDER OF THE MORTGAGE AND NOTE PERIOD, OR THE REMAINING AMOUNT OF THE LOAN WILL BE DUE AND PAYABLE IMMEDIATELY. NOTIFICATION TO THE DEPARTMENT BY HEIR(S) IS REQUIRED AS WELL AS QUALIFICATION OF OCCUPANT(S) WILL ALSO BE REQUIRED.
- \_\_\_\_ SHIP/HHRP APPLICANT(S) UNDERSTANDS AND AGREES THAT THEY WILL NOT CONVEY THE OWNERSHIP OF THE PROPERTY, IN WHOLE OR IN PART, TO ANYONE ELSE DURING THE MORTGAGE PERIOD OF THIS LOAN.
- \_\_\_\_ THE TERM OF MORTGAGE AND NOTE ARE TYPICALLY 10 YEARS BUT COULD VARY DEPENDING ON AWARD. SHIP/HHRP APPLICANT(S) MUST REQUEST SATISFACTION OF MORTGAGE BY CONTACTING THE SHIP/HHRP DEPARTMENT AT THE END OF THE TERM IN ORDER TO REMOVE THIS MORTGAGE.
- \_\_\_\_ SHIP/HHRP APPLICANT(S) RECEIVED HOME COUNSELING MATERIALS.
- \_\_\_\_ SHIP/HHRP APPLICANT(S) UNDERSTANDS THE HHRP/SHIP FUNDING IS ISSUED AT CLOSING AND ANY FUNDS EXPENDED PRIOR TO CLOSING ARE AT THE EXPENSE OF THE APPLICANT. APPLICANT/BORROWER IS TO RECEIVE NO FUNDS BACK AT CLOSING NOR WILL APPLICANT/BORROWER REFINANCE THE LOAN TO RECEIVE CASH BACK.

By signing below, I/We hereby acknowledge and agree that the above statements have been read, understood and/or explained to our satisfaction.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

(REQUIREMENTS 2023: REVISED 6/15/23)



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

Do you have any of the following Special Needs: YES NO

**(MUST HAVE SUPPORTING DOCUMENTATION FROM AGENCY DETERMINED ELIGIBLE OR BE ON WAITING LIST)****(CHECK BOX TO THE RIGHT OF TYPE OF DISABILITY)**

DEVELOPMENTAL DISABILITY	<input type="checkbox"/>	DIAGNOSED SUBSTANCE ABUSE	<input type="checkbox"/>	RECEIVING SSI	<input type="checkbox"/>	HOMELESS	<input type="checkbox"/>
RETARDATION	<input type="checkbox"/>	DISABLING CONDITION, NOT DD	<input type="checkbox"/>	RECEIVING SSDI	<input type="checkbox"/>	FARMWORKER	<input type="checkbox"/>
CEREBRAL PALSY	<input type="checkbox"/>	MENTAL ILLNESS	<input type="checkbox"/>	RECEIVING VA COMP.	<input type="checkbox"/>	FRAIL ELDERLY (with Disabling Condition)	<input type="checkbox"/>
AUTISM	<input type="checkbox"/>	CHRONIC PHYSICAL ILLNESS/DISABILITY	<input type="checkbox"/>	ADULT FORMERLY IN FOSTER CARE	<input type="checkbox"/>	SPINA BIFIDA	<input type="checkbox"/>
PRADER-WILLI SYNDROME	<input type="checkbox"/>	SURVIVOR OF DOMESTIC VIOLENCE	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**IF YES (CIRCLE):** AGENCY FOR PERSONS WITH DISABILITIES, ARC ON THE GULF, CENTER FOR INDEPENDENT LIVING, DEPT. OF CHILDREN AND FAMILIES, DEPT OF ELDER AFFAIRS, AREA AGENCY ON AGING, COUNCIL ON AGING, FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL, FLORIDA DEPT. OF HEALTH, GULF COUNTY SENIOR CITIZENS

**OTHER (LIST):** \_\_\_\_\_

**DO YOU BELIEVE THAT YOU HAVE A DISABILITY THAT SHOULD QUALIFY FOR SPECIAL NEEDS: IF SO, PLEASE LIST DISABILITY AND EXPLAIN WHY YOU BELIEVE THIS IS THE CASE:**

*SPECIAL NEEDS ARE DEFINED PER FLORIDA STATUTES 420.0004(13), 409.1451(5), 741.25. OR A PERSON RECEIVING BENEFITS UNDER THE SOCIAL SECURITY DISABILITY INSURANCE PROGRAM OR THE SUPPLEMENTAL SECURITY INCOME PROGRAM OR FROM VETERAN'S DISABILITY BENEFITS.*

ARE YOU A VETERAN: YES NO

LIST AGE(S) OF ALL HOUSEHOLD MEMBERS: \_\_\_\_\_

IF YOU WORK IN ANY OF THE FOLLOWING FIELDS, PLEASE CHECK TO THE RIGHT OF APPROPRIATE JOB AND LIST OCCUPATION AND EMPLOYER:

EDUCATIONAL EMPLOYEE	<input type="checkbox"/>	FIREFIGHTER	<input type="checkbox"/>
TEACHER	<input type="checkbox"/>	MEDICAL PERSONNEL	<input type="checkbox"/>
CHILDCARE WORKER	<input type="checkbox"/>	LAW ENFORCEMENT/CORRECTIONAL OFFICER	<input type="checkbox"/>
EMS	<input type="checkbox"/>	ACTIVE-DUTY MILITARY	<input type="checkbox"/>
FIRST RESPONDER	<input type="checkbox"/>	SKILLED BUILDING TRADE	<input type="checkbox"/>

OCCUPATION DESCRIPTION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

## APPLICANT'S DOCUMENT CHECKLIST

Dear Applicant:

An appointment will be scheduled with Lynn Lanier, SHIP Administrator to determine eligibility for assistance. **(If you have previously received S.H.I.P. or H.H.R.P. Funds, you are NOT eligible to apply).**

**For Existing Homeowner (Rehabilitation Assistance), please bring items B through F to your appointment.**  
**For Home Buyer Assistance, please bring items B, E, and F only.**

- A. Completed Application Form (All Household Members- 18 years or older must sign applicable documents as indicated in application and below). All items must be completed and signed to be accepted.
- B. Proof of Property Ownership (this may include a copy or original of one of the items below):
  - Warranty Deed                      Quit-Claim Deed                      Life Estate
- C. Proof that you are current in your property taxes to the county (this may include a copy or original of one of the items listed below):
  - Property tax payment receipt from the county
  - Cancelled check to the county for property taxes
  - Affidavit certifying payment of property taxes
  - Mortgage statement from lenders indicating taxes were paid
- D. Proof of hazard insurance (which may include a copy of your homeowner's insurance, fire insurance, and/or flood insurance policy).
- E. Proof of number of dependents claimed by bringing your Federal Income Tax Return and one of the following:
  - Birth certificate on which the parent/applicant's name is listed
  - School records which provide the parent/applicant's name and address
  - Court-ordered letter of guardianship
  - Divorce decree
  - Letter of adoption
- F. Other items required for all applicants are:
  - Identification for each Household Member that will reside in the home for the next 12 months.
  - 6 Payroll Stubs
  - If Self Employed, must provide a Profit & Loss Statement from most recent quarter.
  - Social Security Income Letters (Must be current year), SS, SSI, SSDI
  - Retirement, Pension, Annuities, IRA Income or Quarterly Statement (if not receiving benefits)  
**(Sign Verification of Pensions and Annuities Form)**
  - Veteran's Disability Statement
  - Child support orders **(Sign Verification of Child Support Payments Form)**

- Alimony order (**Sign Third-Party Verification of Regular Cash Contributions Form**)
- Receiving Rental Payments from Renter (**Sign Third-Party Verification of Regular Cash Contributions Form**)
- Unemployment or Worker's Compensation statements
- Welfare Payments
- Adoption Income Statement, if applicable
- Bank statements (6 months checking and 1 month savings) For all Household Members (**Sign Third-Party Verification of Asset Income Form**)
  - Any Cash App, Venmo, or other online financial applications (6 months)
  - Property (Real Estate Assets and the percentage owned)
  - CD, Stocks, Bonds, etc. (Statement)
  - Whole Life Insurance Cash Value Page of Policy
  - In the application there is a Cash Contribution Form. **If you receive money from anyone on a regular basis**, you must have that filled out and signed by the person giving you the funds.
  - There is included in the application package a "Cash Contribution Form". If your bank statements have any deposits that are not payroll, social security, retirement, or child support submitted with other documentation, you must list them on that form with an explanation of where funds were received from and for what purpose.
  - If married, the spouse must sign a mortgage and note whether they live with you or not. Provide proof of legal separation or divorce docket information, if applicable.

Should you have any difficulty in obtaining any of the above documents, please contact Lynn Lanier at phone number (850) 229-6125 or e-mail [llanier@gulfcountry-fl.gov](mailto:llanier@gulfcountry-fl.gov) for assistance.

#### **PROCESS NOTES:**

1. Application will be received and clocked in by SHIP Administrator only.
2. Application will be considered active until another determination is made.
3. Applicant will be contacted to schedule an appointment to bring required supporting documentation.
4. If unable to complete the qualification process within 30 days of an appointment, the application will become inactive.
5. Once qualified, notification of qualification will be sent to the applicant and placed on the waiting list.
6. On funds become available, the applicant will be contacted to provide any updates, and notification of award will be sent to the applicant if still qualified after updates are considered.
7. Once awarded, the applicant will have 90 days to close.
8. Any extension will be given in writing, if approved.

HUD release: 5/15/2023

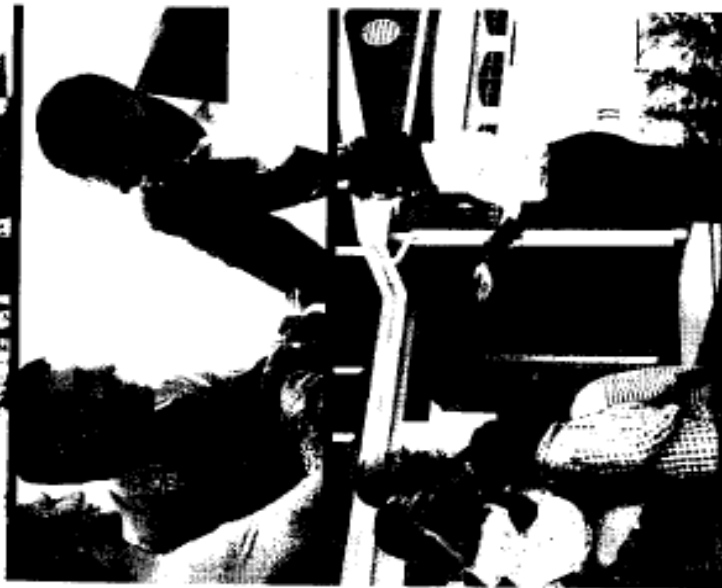
Effective: 5/15/2023

**2023 Income Limits and Rent Limits**

**Florida Housing Finance Corporation SHIP and HHRP Programs**

County (Metro)	Percentage Category	Income Limit by Number of Persons in Household															
		1	2	3	4	5	6	7	8	9	10						
Gulf County	30%	14,580	19,720	24,860	30,000	35,140	37,850	40,450	43,050	Refer to HUD							
(Panama City MSA; Gulf County HMFA)	50%	22,850	26,100	29,350	32,600	35,250	37,850	40,450	43,050	45,640	48,248						
Median: 80,100	80%	36,550	41,750	46,950	52,150	56,350	60,500	64,700	68,850	73,024	77,197						
	120%	54,840	62,640	70,440	78,240	84,600	90,840	97,080	103,320	109,536	115,795						

Florida Housing Finance Corporation (FHFC) income and rent limits are based upon figures provided by the United States Department of Housing and Urban Development (HUD) and are subject to change. Updated schedules will be provided when changes occur.



## DID YOU KNOW?

More than half of those counseled purchase a home within 1 year.

- HUD Office of Policy Development and Research

## HUD-APPROVED HOUSING COUNSELING IS YOUR TRUSTED RESOURCE.

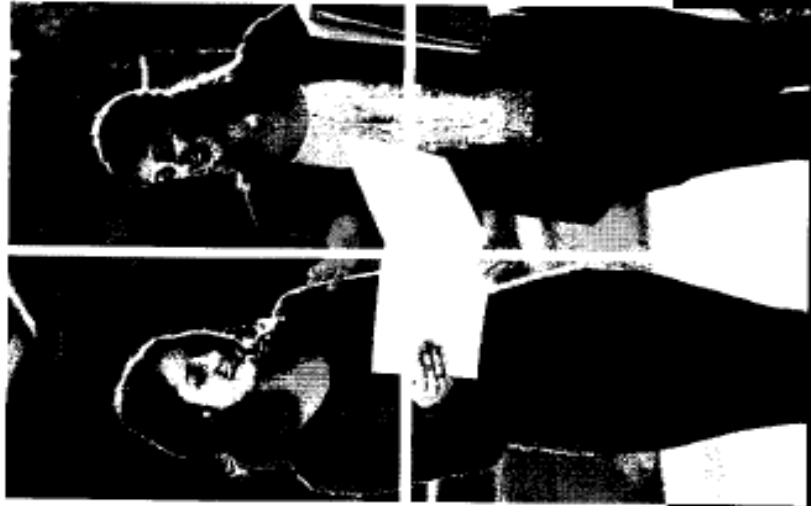
Empowering consumers to make informed housing decisions. HUD-approved housing counseling helps more than a million households every year.



The approval of a housing counseling agency does not create or imply a warranty or endorsement by HUD or the approved agency or its employees to a prospective client or to any other organization or individual. Approval means only that the agency has met the qualifications and conditions prescribed by HUD.

OFFICE OF  
HOUSING COUNSELING  
[hud.gov/housingcounseling](http://hud.gov/housingcounseling)  
1-800-569-4287

## FIRST-TIME HOMEBUYERS HOUSING COUNSELING & YOU



## HOME STARTS HERE

### LET'S TALK ABOUT

Buying your first home is exciting, but can also be overwhelming. It doesn't have to be. We're here to help you make your dream a reality. Read on to learn why planning your homebuying process with your local HUD-approved housing counseling agency is the right move.

- How much home you can afford
- How much down payment you'll need
- The mortgage process
- Budgeting for your mortgage payment
- What to expect at closing
- And much more!

## WE'LL GET YOU THERE

### WHO'S ELIGIBLE FOR HOUSING COUNSELING

The first step to your new home starts with a trip to your local HUD-approved housing counseling agency. Once you determine that home ownership is the right choice for you, your housing counselor will discuss the next steps, such as finding the right home for you, choosing a lender, types of mortgages, and so much more.

- First-time homebuyers
- Existing homeowners
- Renters
- Everyone!

## HOW WE CAN HELP

### WHY HUD-APPROVED HOUSING COUNSELING IS FOR YOU

Knowledge is power. Working with your HUD-approved housing counseling agency empowers you to make buying your first home a positive experience. You'll have what it takes to make the right choices in buying, and in being a responsible homeowner.

- We're nationwide!
- Free or low-cost advice
- Experienced, impartial, housing counseling professionals
- Work together to find the right home for you
- Get budgeting tips, protect credit, prevent foreclosure and more!

## HOUSING COUNSELORS COAST TO COAST



The road to home is a journey, but you don't have to walk alone. To learn more about the homebuying process or to find a HUD-approved housing counseling agency, visit [hud.gov/housingcounseling](http://hud.gov/housingcounseling) or call 1-800-569-4287. We're here to help get you home!



## Housing counselors near you

The counseling agencies on this list are approved by the U.S. Department of Housing and Urban Development (HUD), and they can offer independent advice about whether a particular set of mortgage loan terms is a good fit based on your objectives and circumstances, often at little or no cost to you. This list shows you several approved agencies in your area. You can find other approved counseling agencies at the Consumer Financial Protection Bureau's (CFPB) website: [consumerfinance.gov/mortgagehelp](https://consumerfinance.gov/mortgagehelp) or by calling 1-855-411-CFPB (2372). You can also access a list of nationwide HUD-approved counseling agencies at: <https://apps.hud.gov/offices/hsg/sfh/hcc/hcs.cfm>

Displaying the 10 locations closest to ZIP code 32456 (same for 32465)

1. **City of Panama City Community Development Corporation** (<https://www.panamacity.gov/>) 32.3 miles  
 501 Harrison Ave  
 501 Harrison Avenue  
 Panama City, FL 32401-2621  
**WEBSITE:** <https://www.panamacity.gov/> (<https://www.panamacity.gov/>)  
**PHONE:** 850-872-7231  
**EMAIL ADDRESS:** [sware@panamacity.gov](mailto:sware@panamacity.gov)  
**LANGUAGES:** English

Mortgage Delinquency and Default Resolution Course, Financial Management/Budget Counseling, Non-Delinquency Post Purchase Workshops, Pre-purchase Counseling, Pre-purchase Homebuyer Education Workshops.

2. **University of Florida/Florida Cooperative Extension - Washington County** 68.5 miles  
**Cooperative Extension Service** (<http://fyces.ifas.ufl.edu>)  
 1424 Jackson Ave  
 Suite A  
 Chipley, FL 32428-1628  
**WEBSITE:** <http://fyces.ifas.ufl.edu> (<http://fyces.ifas.ufl.edu>)  
**PHONE:** 850-638-6265  
**EMAIL ADDRESS:** [jlcorbus@ufl.edu](mailto:jlcorbus@ufl.edu)  
**LANGUAGES:** English

Financial Management/Budget Counseling, Financial, Budgeting and Credit Repair Workshops, Fair Housing Pre-Purchase Education Workshops, Home Improvement and Rehabilitation Counseling, Non-Delinquency Post Purchase Workshops, Pre-purchase Counseling, Pre-purchase Homebuyer Education Workshops, Rental Housing Counseling, Rental Housing Workshops.

- 
- 3. University of Florida/Florida Cooperative Extension - Holmes County Cooperative Extension Service** (<http://fyces.ifas.ufl.edu>) 71.1 miles  
 703B E Highway 90  
 Bonifay, FL 32425-2736  
**WEBSITE:** <http://fyces.ifas.ufl.edu> (<http://fyces.ifas.ufl.edu>)  
**PHONE:** 850-547-1108  
**EMAIL ADDRESS:** [jlcobus@ufl.edu](mailto:jlcobus@ufl.edu)  
**LANGUAGES:** English  
 Financial Management/Budget Counseling, Financial, Budgeting and Credit Repair Workshops, Fair Housing Pre-Purchase Education Workshops, Home Improvement and Rehabilitation Counseling, Non-Delinquency Post Purchase Workshops, Pre-purchase Counseling, Pre-purchase Homebuyer Education Workshops, Rental Housing Counseling, Rental Housing Workshops.
- 
- 4. Tallahassee Urban League, Inc** (<https://www.tallyurbanleague.org>) 74.9 miles  
 923 Old Bainbridge Rd  
 Tallahassee, FL 32303-6042  
**WEBSITE:** <https://www.tallyurbanleague.org> (<https://www.tallyurbanleague.org>)  
**PHONE:** 850-222-6111  
**EMAIL ADDRESS:** [ctkoot62@gmail.com](mailto:ctkoot62@gmail.com)  
**LANGUAGES:** English, Spanish  
 Mortgage Delinquency and Default Resolution Course, Resolving/Preventing Mortgage Delinquency Workshop, Financial Management/Budget Counseling, Financial, Budgeting and Credit Repair Workshops, Fair Housing Pre-Purchase Education Workshops, Home Improvement and Rehabilitation Counseling, Services for Homeless Counseling, Non-Delinquency Post Purchase Workshops, Predatory Lending Education Workshops, Pre-purchase Counseling, Pre-purchase Homebuyer Education Workshops, Rental Housing Counseling, Rental Housing Workshops.
- 
- 5. Tallahassee Lenders Consortium, Inc.** (<http://www.tallahasseeenders.org>) 76.1 miles  
 224 Office Plaza Dr  
 Tallahassee, FL 32301-2808  
**WEBSITE:** <http://www.tallahasseeenders.org> (<http://www.tallahasseeenders.org>)  
**PHONE:** 850-222-6609  
**LANGUAGES:** English  
 Mortgage Delinquency and Default Resolution Course, Financial Management/Budget Counseling, Financial, Budgeting and Credit Repair Workshops, Non-Delinquency Post Purchase Workshops, Predatory Lending Education Workshops, Pre-purchase Counseling, Pre-purchase Homebuyer Education Workshops, Reverse Mortgage Counseling.
- 
- 6. Community Enterprise Investments, Incorporated** (<http://www.ceii-cdc.org>) 122.2 miles  
 302 North Barcelona St  
 Pensacola, FL 32501-4806  
**WEBSITE:** <http://www.ceii-cdc.org> (<http://www.ceii-cdc.org>)  
**PHONE:** 850-595-6234-206  
**EMAIL ADDRESS:** [pdenagall@ceii-cdc.org](mailto:pdenagall@ceii-cdc.org)  
**LANGUAGES:** English  
 Mortgage Delinquency and Default Resolution Course, Resolving/Preventing Mortgage Delinquency Workshop, Financial Management/Budget Counseling, Fair Housing Pre-Purchase Education Workshops, Non-Delinquency Post Purchase Workshops, Pre-purchase Counseling, Pre-purchase Homebuyer Education Workshops, Rental Housing Counseling, Rental Housing Workshops.
-



<p><b>7. Pensacola Habitat for Humanity</b> (<a href="http://www.pensacolahabitat.org">http://www.pensacolahabitat.org</a>)  300 W Leonard St  Pensacola, FL 32501-1406</p> <p><b>WEBSITE:</b> <a href="http://www.pensacolahabitat.org">http://www.pensacolahabitat.org</a> (<a href="http://www.pensacolahabitat.org">http://www.pensacolahabitat.org</a>)  <b>PHONE:</b> 850-434-5456  <b>LANGUAGES:</b> English</p> <p>Mortgage Delinquency and Default Resolution Course, Financial Management/Budget Counseling, Home Improvement and Rehabilitation Counseling, Pre-purchase Counseling, Pre-purchase Homebuyer Education Workshops.</p>	123.1 miles
<p><b>8. Nid-Hca Albany (Fletcher)</b> (<a href="https://www.nidhousing.com">https://www.nidhousing.com</a>)  230 S Jackson St Ste 154  Albany, GA 31701-2886</p> <p><b>WEBSITE:</b> <a href="https://www.nidhousing.com">https://www.nidhousing.com</a> (<a href="https://www.nidhousing.com">https://www.nidhousing.com</a>)  <b>PHONE:</b> 229-317-4745  <b>EMAIL ADDRESS:</b> <a href="mailto:fedwardsp@nidhousing.com">fedwardsp@nidhousing.com</a>  <b>LANGUAGES:</b> English, Spanish</p> <p>Mortgage Delinquency and Default Resolution Course, Financial Management/Budget Counseling, Fair Housing Pre-Purchase Education Workshops, Services for Homeless Counseling, Non-Delinquency Post Purchase Workshops, Pre-purchase Counseling, Pre-purchase Homebuyer Education Workshops, Rental Housing Counseling.</p>	139.7 miles
<p><b>9. City of Albany, Georgia</b> (<a href="https://www.albanyga.gov">https://www.albanyga.gov</a>)  230 S Jackson St Ste 315  Albany, GA 31701-2872</p> <p><b>WEBSITE:</b> <a href="https://www.albanyga.gov">https://www.albanyga.gov</a> (<a href="https://www.albanyga.gov">https://www.albanyga.gov</a>)  <b>PHONE:</b> 229-483-7650  <b>EMAIL ADDRESS:</b> <a href="mailto:bjackson@albanyga.gov">bjackson@albanyga.gov</a>  <b>LANGUAGES:</b> English</p> <p>Mortgage Delinquency and Default Resolution Course, Financial Management/Budget Counseling, Services for Homeless Counseling, Non-Delinquency Post Purchase Workshops, Pre-purchase Counseling, Pre-purchase Homebuyer Education Workshops, Rental Housing Counseling.</p>	139.7 miles
<p><b>10. Family Visions Outreach, Inc.</b> (<a href="http://www.familyvisionsoutreach.org">http://www.familyvisionsoutreach.org</a>)  601 West Price St.  Sylvester, GA 31791-1536</p> <p><b>WEBSITE:</b> <a href="http://www.familyvisionsoutreach.org">http://www.familyvisionsoutreach.org</a> (<a href="http://www.familyvisionsoutreach.org">http://www.familyvisionsoutreach.org</a>)  <b>PHONE:</b> 229-777-7704  <b>EMAIL ADDRESS:</b> <a href="mailto:judyfvo1958@gmail.com">judyfvo1958@gmail.com</a>  <b>LANGUAGES:</b> English</p> <p>Mortgage Delinquency and Default Resolution Course, Financial Management/Budget Counseling, Services for Homeless Counseling, Non-Delinquency Post Purchase Workshops, Pre-purchase Counseling, Pre-purchase Homebuyer Education Workshops, Rental Housing Counseling.</p>	147.3 miles

## Nationally HUD-Approved Housing Counseling Agencies

Below is a list of nationally approved agencies who can assist you if you are unable to locate an agency near you. You can visit their websites for additional information and contact them for assistance with your housing goals or concerns.

Agency	Telephone	Website
<b>BALANCE</b>	888-456-2227	<a href="https://www.balancepro.org/">https://www.balancepro.org/</a>
<b>Consumer Credit Counseling Service of MD and DE</b>	800-642-2227	<a href="http://www.cccsmd.org">http://www.cccsmd.org</a>
<b>Garden State Consumer Credit Counseling, Inc. D/B/A Navicore Solutions</b>	800-992-4557	<a href="http://www.navicoresolutions.org">http://www.navicoresolutions.org</a>
<b>GreenPath, Inc.</b>	888-860-4167	<a href="http://www.greenpath.org">http://www.greenpath.org</a>
<b>HomeFree-USA</b>	855-493-4002	<a href="https://HomeFreeUSA.org">https://HomeFreeUSA.org</a>
<b>Housing Options Provided for the Elderly (HOPE)</b>	314-776-0155	<a href="https://hopeforseniorsstl.org/">https://hopeforseniorsstl.org/</a>
<b>Mon Valley Initiative</b>	412-464-4000	<a href="http://www.monvalleyinitiative.com">http://www.monvalleyinitiative.com</a>
<b>Money Management International, Inc.</b>	866-232-9080	<a href="http://www.moneymanagement.org">http://www.moneymanagement.org</a>
<b>National Association of Real Estate Brokers Investment Division, Inc.</b>	510-268-9792	<a href="https://www.nidhousing.com/">https://www.nidhousing.com/</a>
<b>National Foundation on Credit Counseling</b>	800-388-2227	<a href="http://www.nfcc.org">http://www.nfcc.org</a>
<b>Nueva Esperanza Inc</b>	215-324-0746	<a href="http://www.esperanza.us">http://www.esperanza.us</a>
<b>Rural Community Assistance Corporation</b>	916-447-2854	<a href="http://www.rcac.org">http://www.rcac.org</a>
<b>Telamon Corporation</b>	919-851-7611	<a href="http://www.telamon.org">http://www.telamon.org</a>