

## PUBLIC NOTICE

### HOUSING ASSISTANCE AVAILABLE FOR INDIVIDUALS

COLUMBIA COUNTY DOES HEREBY ANNOUNCE THAT FUNDS ARE AVAILABLE FOR HOUSING REHABILITATION/REPLACEMENT THROUGH THE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM.

THE COUNTY IS NOW SOLICITING APPLICATIONS FROM VERY LOW, LOW AND MODERATE INCOME (LMI) HOUSEHOLDS FOR THE REHABILITATION OF HOMES WITHIN THE COUNTY LIMITS.

#### Program Details

Columbia County is providing housing assistance to owner-occupied households through the CDBG program in order to complete a HUD national objective through the revitalization of conditions in low to moderate income areas. Assistance will be provided in the form of a no interest deferred-payment loan. Assistance for mobile or manufactured housing will be included in the program but will be restricted to replacement of said structure with a site-built home, unless prohibited by local or state regulations or infeasible due to applicant or site conditions. The County has been awarded \$687,500.00 (including temporary relocation as applicable) and is required to assist a minimum of 11 Households. The average allocation per house is up to but not exceeding \$80,000. Below is general information on the application process. **To be eligible for all CDBG programs, the property must be fully insured for basic hazard/homeownership insurance. Flood Insurance also applies in the one hundred (100) year flood plain and the County must be named as a policy holder if the home is in the one hundred (100) year flood plain. Flood insurance must remain in effect for the entire period of the Deferred Payment Loan Agreement.**

#### (CDBG) Application Process

Applications are currently available for pick up at Columbia County 135 NE Hernando Avenue, Lake City, FL 32055 or maybe downloaded from the website at <https://www.columbiacountyfla.com>. A copy of the application may be requested from the Columbia County CDBG consultant, Guardian CRM, Inc by calling 1-888-428-7393.

**The deadline for receipt of completed applications is September 15<sup>th</sup>, 2022.** Applications will be accepted at Columbia County 135 NE Hernando Avenue, Lake City, FL 32055 and time and date stamped to ensure compliance with the application acceptance period. Final application ranking shall be determined by the required guidelines set forth in the Columbia County CDBG Housing Assistance Plan (HAP).

All projects must benefit very low (VLI), low (LI), and low to moderate income (LMI) households. To qualify for the program, the property must be **within the legal County Limits (not within incorporated Lake City or Fort White)**; and must not exceed 80% of the Median Family Income (MFI) for the area, as determined by the 2022 Adjusted HOME Income Limits determined by the Department of Housing and Urban Development.

MFI=\$65,500	30% MFI	50% MFI	*80% MFI
	VLI	LI	LMI
1 person	\$13,800	\$22,950	\$36,700
2 persons	\$18,310	\$26,200	\$41,950
3 persons	\$23,030	\$29,500	\$47,200
4 persons	<b>\$27,750</b>	<b>\$32,750</b>	<b>\$52,400</b>
5 persons	\$32,470	\$35,400	\$56,600
6 persons	\$37,190	\$38,000	\$60,800
7 persons	\$40,650	\$40,650	\$65,000
8 persons	\$43,250	\$43,250	\$69,200

\*Annual Household Income must not exceed this amount (80% MFI) to be eligible for the program

For More Information, contact Antonio Jenkins with Guardian CRM: 1-888-482-7393  
Columbia County is a Fair Housing Community and an Equal Opportunity employer.





Columbia County Administration  
135 NE Hernando Ave., Lake City, FL • Phone (386) 758-1132

**HOMEOWNER REHABILITATION ASSISTANCE (CDBG) APPLICATION**

Date: \_\_\_\_\_ Application Reviewed By: \_\_\_\_\_ Reviewer Signature: \_\_\_\_\_

This program will assist eligible homeowner(s) who are interested in seeking to remedy code and Housing Quality Standard deficiencies in their owner-occupied residence in Columbia County by providing Homeownership Rehab Assistance as a part of the FFY 2019 Community Development Block Grant Housing Rehabilitation Program.

The following requirements and activities apply under this CDBG funded housing rehab assistance program:

- A. Potential recipients must be a primary resident of Columbia County, Florida.
- B. Funding can only be used to assist in rehab of an owner/occupied primary residence (homestead).
- C. All applicants must meet the minimum Section 8 HUD approved income limits and provide documentation to prove eligibility.
- D. A second mortgage, note and deferred payment lien will be required for the assistance (no interest, no payments).
- E. A minimum of 11 units will be rehabilitated through assistance to income eligible applicants (less than 80% of Area Median Income (AMI), or LMI).
- F. Rehabilitation assistance of up to \$80,000.00 for single family homes and up to \$50,000 for multi-family homes will be available for qualified applicants and their qualified homes.
- G. Focus shall be on units that require repair.

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**All applications must be submitted to the Columbia County Health and Human Services Department:**

**135 NE Hernando Ave., Lake City, FL**

**APPLICATIONS WILL NOT BE ACCEPTED BY FAX OR E-MAIL**



*Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.*

**APPLICANT AUTHORIZATION FOR DATA COLLECTION AND VERIFICATION FOR HOUSING ASSISTANCE**

The applicant understands that the intent of this application is for purposes of certification only. It does not guarantee acceptance or approval, and no commitment is hereby made on the part of any party.

Columbia County is authorized to verify any of the information provided below. I/We hereby waive any and all claims for defamation, violation of privacy, or other claims against any person, firm, or corporation by reason of any statement or information released to the County in its verification of the subject information.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENTS:** U.S.C. Title 18, Sec. 1001, provides that whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes false, fictitious or fraudulent statements or entries shall be fined not more than \$10,000.00 or imprisoned not more than five years or both.

Any intentionally false or fraudulent statements or supporting documents can constitute cancellation of my/our application.

**APPLICANT CERTIFICATION**

**Please Initial each:**

\_\_\_\_\_ The application information, which I have provided, is true and complete to the best of my knowledge.

\_\_\_\_\_ I consent to the disclosure of any information for the purpose of verification of income and expenses related to making a determination of my eligibility for program assistance.

\_\_\_\_\_ I agree to provide any documentation needed to assist in determining my eligibility for program assistance.

\_\_\_\_\_ I understand that this application will only be valid through the Grant Application Fiscal year that runs through 04/03/2024. If this application for assistance is approved, such approval is conditioned upon my eligibility on the day that assistance is provided.

\_\_\_\_\_ I understand that my application and supporting documentation, including income documentation, are open to the public in accordance with Florida's Public Records Law, Chapter 119, Florida Statutes (however those items which are expressly exempt from the public record by statute, such as your social security number, will be separately maintained).

\_\_\_\_\_ I understand that if I am found to be qualified to participate in the County CDBG program and am eligible to receive assistance via said program, that I and any member of my family or any person/permanent household member that will benefit from this assistance may be subject to a background check consisting of a criminal history check and a sex offender registry check to be used solely to ensure that the person or persons are eligible to receive assistance from programs that are HUD funded.

*(Note: Only certain criminal convictions may result in a denial of your application depending upon the type of assistance applied for and the applicable federal regulations.)*

\_\_\_\_\_ My/Our signature below indicates that I/We am/are obligated to advise the Columbia County CDBG Program Administrator of all changes in my/our income and household size. A change in household size and/or income may disqualify me/us from receiving CDBG assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**COLUMBIA COUNTY  
HOUSEHOLD 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 Columbia County Community Development Block Grant (CDBG) Administrator for purposes of verifying collected data and information provided as part of the Housing Rehab Assistance under the CDBG Housing Rehab Program.

The undersigned also authorizes and understands that if he/she is found to be qualified to participate in the County Community Development Block Grant (CDBG) program and is eligible to receive assistance or benefit from this assistance from either of the said programs that they will be subject to a background check consisting of a criminal history check and a sex offender registry check to be used solely to ensure that the person or persons are eligible to receive assistance from programs that are HUD funded.

**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 Columbia County CDBG 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:

<b>Past and Present Employers</b>	<b>Welfare Agencies</b>	<b>Banks and Financial Institutions</b>
<b>Veterans Administration</b>	<b>Internal Revenue Service</b>	<b>Support &amp; Alimony Provisions</b>
<b>Credit Reporting Agencies</b>	<b>Unemployment Agencies</b>	<b>Retirement Systems</b>
<b>Background Check Agencies</b>	<b>Public Housing Agencies</b>	<b>Social Security Administration</b>

**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 can provide is incorrect.

\_\_\_\_\_  
**Household Member 1 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Household Member 2 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Household Member 3 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Household Member 4 Signature**

\_\_\_\_\_  
**Date**

FY 2021 INCOME LIMITS SUMMARY COLUMBIA COUNTY, FLORIDA*										
HOUSEHOLD SIZE										
FY 2021 Income Limit Area	Median Income	FY 2021 Income Limit Category	1	2	3	4	5	6	7	8
Columbia County	\$70,100	Low & Moderate (80%) Income Limits	\$32,900	\$37,600	\$42,300	\$47,000	\$50,800	\$54,550	\$58,300	\$62,050

**APPLICANT/CO-APPLICANT GENERAL INFORMATION:**

Applicant Name \_\_\_\_\_ D.O.B. / /

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

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

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

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

Home Phone \_\_\_\_\_ Alternate Phone (select)  Cell  Work \_\_\_\_\_

Email: \_\_\_\_\_

Check One: Single:  Married  Divorced  Widow

Co-Applicant Name \_\_\_\_\_ D.O.B. / /

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

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

Home Phone \_\_\_\_\_ Alternate Phone (select)  Cell  Work \_\_\_\_\_

Email: \_\_\_\_\_

Check One: Single: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_

**\*Income limit amounts are subject to change and be updated according to the HUD annual income limit documentation system.**

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

**Proof of number of dependents claimed-Bring your Federal Tax return AND one of the following:**

- Birth Certificate on which parents/applicants' name is listed
- School records that provide the parents/applicants name and address
- Court ordered letter of guardianship
- Divorce decree that list dependents
- Letter of adoption
- Social Security Card
- Child Support Documentation

**HOUSEHOLD COMPOSITION:**

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

	NAME	AGE	SEX (M/F)	RACE	FULL TIME STUDENT (Y/N)	DISABLED (Y/N)
1						
2						
3						
4						
5						
6						
7						
8						

**Please answer the following:**

Are any HH member active Duty Military or Active Military Reserve? Yes  or No

-If yes please list the names of all active Duty HH members:

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Are any HH member retired or discharged from Military or the Military Reserves? Yes  or No

-If yes please list the names of all active Duty HH members:

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**INCOME AND EMPLOYMENT:**

Applicant Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Pay Rate: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_  
Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) \_\_\_\_\_

Co-Applicant Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Pay Rate: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_  
Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) \_\_\_\_\_

**(If Applicable)** Additional HH Member Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Pay Rate: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_  
Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) \_\_\_\_\_

**(If Applicable)** Additional HH Member Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Pay Rate: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_  
Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) \_\_\_\_\_

**MOST CURRENT INCOME FOR ALL MEMBERS OF THE HOUSEHOLD**  
**(EXCLUDING DEPENDENT MINORS)**

<b>SOURCE OF INCOME (PER MONTH)</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>	<b>OTHER Household Members Total Income</b>	<b>TOTAL</b>
1. Employment				
2. Soc. Sec./S.S.I				
3. Unemployment Wages				
4. Retirement/Pension(s)				
5. Public Assistance				
6. Rental Income				
7. Interest/Dividends				
8. Support Payments/Alimony				
9. Disability Wages				
10. Other				
<b>TOTAL MONTHLY INCOME</b>				

**LISTED TOTAL HOUSEHOLD COMBINED ANNUAL INCOME: \$ \_\_\_\_\_**

NOTES:

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**COLUMBIA COUNTY**

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**

**UNEMPLOYMENT AFFIDAVIT**

[1] I, \_\_\_\_\_, verify that I am presently unemployed and that I am receiving unemployment benefits at this time

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

[3] I, \_\_\_\_\_, verify that I am presently unemployed and have other source(S) of income OTHER THAN UNEMPLOYMENT BENEFITS at this time.

If box 3 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 UNEMPLOYMENT**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT 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 \_\_\_\_\_, 2022.

(SEAL)

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

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

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

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

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

Commission Expires \_\_\_\_\_

**ASSETS:**

<b>Bank Accounts</b>				
<u>Bank Name</u>	<u>Account Holder Name</u>	<u>Account Type</u>	<u>Account #</u>	<u>Balance</u>

Other (Describe) \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Other (Describe) \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Other (Describe) \_\_\_\_\_ Balance: \$ \_\_\_\_\_

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

1. Completed application and disclosures with signatures and date.
2. Picture Identification for applicant and any co-applicants.
3. Social Security Card for applicant, any co-applicants, all household members
4. Proof of Ownership Recorded Copy of Property Deed (if applicable for current home)
5. Property Tax Receipt (if applicable for current home)
6. Most current year's Tax Returns or year's Tax Transcripts from IRS.
7. Paycheck Stub (Last 3 pay stubs for each working member) or most current Social Security Verification (Statement of Benefits).
8. Most current other assets - 401(k), retirement/pension, IRA, CDs, annuities, etc and proof of income derived from any listed assets.
9. Most current Self-employment income statement with schedule C, E, or F.
10. Birth Certificate for Minor Children
11. Child Support Documentation
12. Three (3) months current bank statements (all pages) for all open checking, savings, or other interest bearing accounts at the time of application and contract signing.
13. Third party contact information for all assets and a signed release to obtain third party verification.

**LIABILITIES / DEBTS (FOR ALL HOUSEHOLD MEMBERS 18 AND OVER):**

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

Creditor's Name / Company	Type	Balanced Owed	Monthly Payment
1. _____	/ _____ /	_____	/ _____
2. _____	/ _____ /	_____	/ _____
3. _____	/ _____ /	_____	/ _____
4. _____	/ _____ /	_____	/ _____
5. _____	/ _____ /	_____	/ _____
6. _____	/ _____ /	_____	/ _____

List Additional Liabilities / Debts on back of this page, include in total.

Total: Liabilities \$ \_\_\_\_\_

**HOME AND APPLICANT INFORMATION:**

**Handicap Status** (Please list any household member(s) who has a physical or mental disability and provide a brief description of each listed disability)

1.
2.
3.
4.

**CONFLICTS OF INTEREST:**

Are you related to any member of the County Commission, Advisory Committee, County employees?  Yes  No (If yes, please list the names of all that you are related :)

1. _____	3. _____
2. _____	4. _____

**CONFIDENTIAL SHEET – ADDENDUM PAGE**  
**COLLECTION AND USE OF SOCIAL SECURITY NUMBERS**

Notice of Privacy Act

*"The Privacy Act regulates the use of Social Security Numbers by government agencies. When a Federal, State, or local government agency asks an individual to disclose his or her Social Security number, the Privacy Act requires the agency to inform the person of the following: the statutory or other authority for requesting the information; whether disclosure is mandatory or voluntary; what uses will be made of the information; and the consequences, if any, of failure to provide the information."*

**Columbia County Disclosure Statement**

COLUMBIA COUNTY COLLECTS YOUR SOCIAL SECURITY NUMBER, OR A PORTION THEREOF, FOR ONE OR MORE OF THE FOLLOWING PURPOSES: VERIFICATION OF FINANCIAL; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, AND TRACKING; PAYROLL AND BENEFIT INFORMATION; TAX, UTILITY ACCOUNT INFORMATION; BANK INFORMATION; FOR BACKGROUND CHECKS; AND VERIFICATION OF IDENTITY.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Co-Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other household member: \_\_\_\_\_

Other household member Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other household member: \_\_\_\_\_

Other household member Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other household member: \_\_\_\_\_

Other household member Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other household member: \_\_\_\_\_

Other household member Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Please attach a second sheet if necessary)

**THIS SHEET SHALL BE KEPT IN A NON-PUBLIC PORTION OF THE APPLICATION FILE**

**OFFICIAL USE ONLY**

The undersigned has examined this application for assistance as described herein. The application meets the requirements for eligibility for the local housing program.

_____	_____
Initial Reviewer: Columbia Housing Specialist Signature	Date

_____	_____
Guardian Reviewer Signature	Date



COLUMBIA COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT
HOUSING REHAB ASSISTANCE

STATEMENT AND AFFIDAVIT OF NON TAXES FILED

Columbia County a recipient of U. S. Department of Housing and Urban Development (HUD) funding under the State of Florida Community Development Block Grant (CDBG) Housing Rehab Assistance Program. As a recipient of these funds, Columbia County is required to verify the income and asset history of any persons (including spouse and/or dependents) that have applied for or will be receiving assistance under the program.

The undersigned hereby state that I/we have not filed federal Income taxes for the years of:

- 2019
2020
2021

I am subject to be disqualified from the CDBG program if it is found that I am being untruthful as it pertains to the filing of my Federal Income taxes for the years of 2019 to 2021. I to agree and understand that if I/we are found to be untruthful or to be acting in a fraudulent manner that I/we may be subject to return all CDBG funds provided to be under the Columbia County CDBG Housing Rehab Assistance Program.

THE APPLICANT attests that all information provided on this form, and all information furnished in support of the Columbia County CDBG application, is true, accurate and complete to the best of the applicant's knowledge and belief.

Applicant's Signature Co-Applicant's Signature Date

\*\*\*\*\*

\*\*SEAL\*\*

Sworn to and subscribed before me this Day of , 2022

Notary Public, State of Florida

Print Name

Personally Known or Produced I.D.

Type Of I.D. Provided:

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.