

# APPLICATION CHECKLIST



## **ALL APPLICATIONS MUST INCLUDE:**

- City of PSL SHIP application
- EZ-Pre-Qualification Application(Credit Authorization)
- Pay stubs for last 30 days or most recent Leave and Earning Statement
- 2 Years Tax Returns all pages and schedules IF SELF-EMPLOYED
- W-2s for the last two years for all borrowers
- Original or online bank statements for the last 2 months all pages
- A Certificate of Eligibility or completed VA 26-1880 (Determination of Eligibility) is required, but VA Loans.com uses the VA Automated Certificate of Eligibility system.
- Discharged or retired veterans need to supply a copy of DD214. Those still serving should furnish proof of current service with a current ID card and current reenlistment paperwork.
- Disabled veterans must complete a VA 26-8937 form and attach a copy of the most recent VA disability award letter for 2 years.
- If you pay or receive child support, supply divorce decree and proof of timely payments

**APPLICATION DEADLINE**  
**11/6/16 @ 12:00pm**

**ONLY COMPLETED  
APPLICATIONS WILL BE  
ACCEPTED & RETURNED TO:**

## **VETERAN SERVICES**

**Wayne Teegardin**  
**1664 SE Walton Rd, Ste 205**  
**Port St. Lucie, FL 34952**  
**(772)337.5670 wk (772)337.5678 fax**  
**[teegardinw@stlucieco.org](mailto:teegardinw@stlucieco.org)**

**For more information call**

**Denise Weathers**  
**Genesys Community**  
**Development Corporation**  
**321 247.5516 wk**  
**[genesyscdc@gmail.com](mailto:genesyscdc@gmail.com)**



SecurityNational Mortgage is committed to work with you to reach your goal of home ownership. Please complete this EZ Pre-Qualification Form and return it to the Loan Originator listed below for your free and confidential pre-qualification.

**Borrower's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**Co-borrower's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Previous Address \_\_\_\_\_  
 (If less than 2 years at current address)  
 City / State / Zip \_\_\_\_\_ City / State / Zip \_\_\_\_\_

\_\_\_ Own      How Long? \_\_\_\_\_      Currently Listed? \_\_\_\_\_      Value / Listed Price\$ \_\_\_\_\_  
 \_\_\_ Rent      How Long? \_\_\_\_\_      Monthly Rent Payment \_\_\_\_\_ #of Dependents \_\_\_\_\_ Ages \_\_\_\_\_  
 \_\_\_ Married      \_\_\_ Unmarried      \_\_\_ Single      Yrs. of school: Borrower \_\_\_\_\_ Co-borrower \_\_\_\_\_

**INCOME:** Please indicate your gross monthly salary below. Overtime and commission income may be considered if received regularly and for at least 2 years. Please list employment history for 2 years; continue on another page if needed.

**Borrower's Employer** \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_  
 Start Date \_\_\_\_\_ Title \_\_\_\_\_  
 Base Pay\$ \_\_\_\_\_ Per hr / mo / yr      Hrs worked per week \_\_\_\_\_      Other Income\$ \_\_\_\_\_ per hr / mo / yr  
 Previous Employment (If less than 2 yrs at current job) \_\_\_\_\_  
 Employed from \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

**Co-borrower's Employer** \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_  
 Start Date \_\_\_\_\_ Title \_\_\_\_\_  
 Base Pay\$ \_\_\_\_\_ Per hr / mo / yr      Hrs worked per week \_\_\_\_\_      Other Income\$ \_\_\_\_\_ per hr / mo / yr  
 Previous Employment (If less than 2 yrs at current job) \_\_\_\_\_  
 Employed from \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

**ASSETS:** Please list financial institutions and / or Retirement Funds and total amount in each.

Borrower's Checking / Savings \_\_\_\_\_ Co-Borrower's Checking / Savings \_\_\_\_\_  
 Borrower's 401K / Retirement \_\_\_\_\_ Co-Borrower's 401K / Retirement \_\_\_\_\_

**DEBTS:** (Other than utility bills, insurance premiums or charitable donations)

Auto Loans \_\_\_\_\_  
 Credit Cards \_\_\_\_\_  
 Student Loans, etc. \_\_\_\_\_  
**Total Monthly Payment\$** \_\_\_\_\_ **Total Unpaid Balance\$** \_\_\_\_\_

**Name**

Title and - NMLS #

**000.000.000**

FAX:

Email address@snmc.com

Website

Address

Address

Branch phone: 000.000.000

Branch NMLS #





CITY OF PORT ST. LUCIE  
NEIGHBORHOOD STABILIZATION PROGRAM (NSP)  
VETERAN'S PROGRAM

PLEASE READ AND ANSWER THE FOLLOWING STATEMENTS CONCERNING BOTH APPLICANT AND CO-APPLICANT:

1. I have had many late payments during the last twelve months:  
Yes No
2. I have outstanding collections, a repossession, lien or judgments on my credit:  
Yes No
3. I have declared bankruptcy:  
Yes No
4. My home was foreclosed upon within the last three years:  
Yes No



**IF YOU ANSWERED "YES" TO ANY OF THE STATEMENTS ABOVE, YOU MAY NOT BE ABLE TO QUALIFY FOR THIS PROGRAM AT THIS TIME. YOU WILL NEED TO WORK ON YOUR CREDIT AND APPLY FOR THE NSP PROGRAM WHEN YOUR CREDIT RECORD HAS BEEN ACCEPTABLE FOR ONE TO TWO YEARS.**

If you need professional help with solving your credit problems, you should contact a HUD approved counseling agency, such as CredAbility, to provide you with the proper guidance. CredAbility's phone number is 1-800-251-2227.

**CITY OF PORT ST. LUCIE  
NEIGHBORHOOD STABILIZATION PROGRAM (NSP)  
APPLICATION INFORMATION**

Applications must be returned **in person, by appointment only** - call **(772) 871-5220**, for the hearing impaired only, call **(772) 873-6309**. Please allow approximately one-half (1/2) hour for your application to be reviewed. **APPLICATIONS WITHOUT COMPLETE INFORMATION &/OR DOCUMENTATION WILL NOT BE ACCEPTED.**

**PROVIDE THE FOLLOWING DOCUMENTS, IF APPLICABLE.**

**PLEASE NOTE: PAY STUBS, IRS RETURNS (if you are not self-employed) and CHECKING and SAVINGS ACCOUNT STATEMENTS WILL BE RETURNED TO YOU.**

**SUBMIT COPIES OF ALL OTHER DOCUMENTS.**

**IF YOU SUBMIT ANY OTHER ORIGINAL DOCUMENTS, THEY WILL NOT BE RETURNED OR COPIED FOR YOU.**

1. Most recent pay stub for all employed members of the household 18 years of age or older.
2. Copies of most recent award letters or statements for pension, VA, social security &/or disability.
3. Most recent statement(s) for **all** checking & savings accounts, &/or CDs for all household members **including minors and/or dependents**.
4. **Copy** of most recent statement(s) for all IRAs, Money Market, Brokerage, 401K, Annuity or Retirement Accounts, &/or information on Stocks, Bonds, etc. for all household members **including minors and/or dependents**.
5. Copy of all **Whole Life** insurance policies for all household members, including minors if applicable.
6. Last year's **complete** IRS tax return for every household member 18 years of age or older, including all W-2's, 1099s and all schedules. If self-employed, you must provide **copies** of the last two (2) years tax returns with all pages & schedules. If self-employed for less than two (2) years, provide copies of any tax returns that include self-employed income. If your business is incorporated, provide two (2) years of Corporate returns. You will also be required to complete a **Certification of Anticipated Net Income**, available from the Community Services office.
7. **Copies** of Driver's License(s) & Social Security Card(s) for applicant **and** co-applicant. Copy of Social Security card(s) **or** birth certificate(s) for all household members/dependents.
8. If you receive alimony or child support, you will need to submit copies of divorce decrees, mediation agreements, paternity orders or judgments indicating how much you have been awarded. We are required to count as income any child support or alimony awarded by the courts. If you are not receiving the specified amount, you must submit the following information in order for us to accept a lesser figure: (1) signed statement indicating that payments are not being made according to the court order, & (2) proof that you have filed to collect delinquent child support or alimony with the courts responsible for enforcing these payments. This information will be verified with the appropriate agencies.

Note – Income of a spouse will be included unless documentation is provided to show that the spouse is not a member of the household. **IF YOU ARE SEPARATED BUT NOT DIVORCED, YOUR SPOUSE WILL BE REQUIRED TO SIGN THE MORTGAGE.**
9. **Copies** of deeds and tax assessment information for all real property you own or co-own, including vacant land. For local property a copy of the recorded Warranty Deed may be obtained from the Clerk of the Court – 201 So. Indian River Dr., Ft Pierce, or use the public search option on the Clerk of the Court's web page at [www.public.slcclerkofcourt.com](http://www.public.slcclerkofcourt.com). A copy of the Property Tax Statement for local property may be obtained from the St. Lucie County Tax Collector – 9340 S. Federal Hwy. (City Center), Port St. Lucie or on the property appraiser's website at [www.paslc.org](http://www.paslc.org).
10. Proof of current residence (such as a copy of utility or cable bill, etc.) for anyone who is listed on your financial account(s) who is not residing in your home or planning to reside in the new home (i.e., children, parents, etc. listed for convenience but living elsewhere).
11. Any change in the number of household members planned to live in the new residence in the next 12 months (relatives moving in, etc.) will require documentation. All household members must be listed on Page 3, Paragraph C. Income of any additional household members must be included on Page 4, Paragraph E. Current pregnancies may be added to the list of household members on Page 3, Paragraph C if the household wishes to disclose this information and provide adequate documentation.

OCTOBER APPLICATION DEADLINE



CITY OF PORT ST. LUCIE  
 121 SW PORT ST. LUCIE BLVD.  
 PORT ST. LUCIE, FL 34984-5099  
**(772) 871-5220**

For the hearing impaired only, call TDD (772) 873-6309

VETERAN'S PROGRAM  
 NEIGHBORHOOD STABILIZATION PROGRAM (NSP)

**APPLICATION AND INCOME CERTIFICATION**

ALL APPLICATIONS MUST BE RETURNED **IN PERSON** BY **APPOINTMENT ONLY**.  
 PLEASE CALL **(772) 871-5220**, for the hearing impaired only, call TDD (772) 873-6309  
 TO SCHEDULE AN APPOINTMENT.

DATE \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Marital Status:  Married  Unmarried  Separated SS # \_\_\_\_\_

CO-APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Marital Status: Married Unmarried Separated SS# \_\_\_\_\_ \*

**COMPLETE MAILING ADDRESS INCLUDING ZIP CODE:**



PHONE NUMBER(s): Home \_\_\_\_\_  
 Applicant Cell Phone \_\_\_\_\_ Co-Applicant Cell Phone \_\_\_\_\_  
 Applicant Work \_\_\_\_\_ Co-Applicant Work \_\_\_\_\_  
 Emergency # \_\_\_\_\_ Email Address: \_\_\_\_\_

**THE CITY OF PORT ST. LUCIE NSP VETERAN'S PROGRAM DOES NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN OR AGAINST ANY OTHER PROTECTED CLASSES. IN ADDITION, ANY REASONABLE ACCOMMODATIONS REQUIRED BY THE PUBLIC MAY BE ARRANGED THROUGH THE COMMUNITY SERVICES OFFICE BY CALLING (772) 871-5264, FOR THE HEARING IMPAIRED, CALL TDD (772) 873-6309.**

**PLEASE ANSWER THE FOLLOWING:**

1	Is the applicant or co-applicant a current homeowner?	Yes	No
2	Has the applicant or co-applicant ever owned or co-owned a home in the last three years? (If "yes", FHA lenders will require the borrower to provide 3.5% of the purchase price as a cash investment.)	Yes	No
3	A member of the household is age 62 or older	Yes	No
4	A member of the household is a farm worker	Yes	No

5	Applicant claims "single head-of-household" on IRS tax forms	Yes	No
6	There are five (5) or more members in the household	Yes	No
7	A member of the household is handicapped or disabled IF YES, LIST THE HOUSEHOLD MEMBER(S) _____	Yes	No
8	A member of the household is unemployed and over the age of 18. IF YES, LIST THE HOUSEHOLD MEMBER(S) _____ *List any income from unemployment compensation under "Benefits/Pensions."	Yes	No
9	A member of the household has been awarded alimony and/or child support. IF YES, LIST THE HOUSEHOLD MEMBER(S) AND CHILD'S NAME, IF APPLICABLE _____	Yes	No
10	If either the applicant or co-applicant is a student enrolled at least ½ times, can the student be claimed as a dependent by a parent/guardian for federal tax purposes?	Yes	No
11	Is there a claim or settlement being received, pending, or in litigation for insurance disability, worker's compensation, inheritance, lottery winnings, or any similar compensation for any member of the household? IF YES, LIST THE HOUSEHOLD MEMBER(S) _____	Yes	No
12	Applicant or co-applicant owns, co-owns real property - includes vacant land, or lot(s) <b>within or outside of the U.S.A.</b> IF YES, LIST DESCRIPTION NEXT TO "REAL PROPERTY" ON PAGE 3, ITEM D, AND INCLUDE THE CURRENT EQUITY UNDER CASH VALUE. (Note: You cannot own a home and receive assistance under the NSP Veteran's program.)	Yes	No
13	Have you given cash donations or gifts that total \$1,000 or more to any persons or groups during the <b>past two years</b> . For example: church donation \$200, plus cash gifts to two grandchildren at \$500 each equals \$1,200. Have you sold property for less than market value to any person or group during the past two years?	Yes	No
14	Have you previously applied for assistance from the City of Port St. Lucie? IF YES, WAS IT UNDER A DIFFERENT NAME? PRINT NAME: _____	Yes	No
15	Is any member of the household a City Employee, relative of a City Employee or an acquaintance of any employee in the Community Services office? IF YES, LIST HOUSEHOLD MEMBER AND RELATIONSHIP _____	Yes	No

**INCOME CERTIFICATION**  
Neighborhood Stabilization Program (NSP)

Effective Date: \_\_\_\_\_

**A. Recipient Information:**

a.  City-Owned Residential Dwelling

**B. Subsidy Use**


**C.**

**C. Household Information**

Member Name	Names of all household members <b>intending to live in the home in the next 12 months, including applicant and co-applicant</b>	Relationship	Age	Hispanic or Latino?		Race (See * below)
				Yes	No	
1						
2						
3						
4						
5						
6						
7						

**D.**

**\*RACE/ETHNICITY:** This information is being gathered for statistical use only. No applicant is required to give such information unless he or she desires to do so, and refusal to give such information will not affect any right he or she has as an applicant. **List one or more of the following under "race:" American Indian or Alaskan native, Asian, Black /African American, Native Hawaiian or Other Pacific Islander, White or Other Multi-Racial.** If applicant chooses not to provide the information, we are required to note the race or national origin on the basis of visual observation or surname.

**D. Assets:** All household members **including minors**

Member Name	Asset Description	Cash Value	Annual Income from Asset
	Checking Account #s		
	Savings Account #s		
	Other Financial Accts.		

	Real Property		
Total Cash Value of Assets	D (a)		
Total Annual Income from Assets		D (b)	\$
If line D (a) is greater than \$5,000, multiply that amount by the rate specified by HUD (applicable rate <u>.60 %</u> ) and enter results in D(c), otherwise leave blank.		D (c)	\$

E.

**E. Anticipated Gross Annual Income: Includes unearned income and support paid on behalf of minors.**

Member Name	Wages/Salaries (include tips, commission, bonuses and overtime)	Benefits/Pensions	Public Assistance	Other Income	Asset Income (Enter the greater of box D(b) or box D(c), above, in box E(e) below)
1					
2					
3					
4					
5					
6					
7					
Totals	(a)	(b)	(c)	(d)	(e)

Enter total of items E(a) through E(e). This amount is the <b><u>Gross Annual Anticipated Household Income</u></b>	\$
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**PLEASE NOTE:** THE CITY OF PORT ST. LUCIE COLLECTS YOUR SOCIAL SECURITY NUMBER(S) FOR THE FOLLOWING PURPOSES:

- IDENTIFICATION AND VERIFICATION
- CREDIT WORTHINESS (WHERE APPLICABLE)
- VERIFICATION OF ELIGIBILITY NSP PROGRAM

**F. Recipient Statement:** The information on this Application and Income Certification is to be used to determine maximum income for eligibility. I/we have provided, for each person set forth in Item C, acceptable information to allow for verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury. I further understand that this information will be maintained by the city and is **subject to public disclosure**.

**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 and is punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. **PLEASE NOTE: Non-cooperation by a client which materially affects the prosecution of project work may be considered grounds for termination of an award.**

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Head of Household

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Spouse or Co-Head of Household

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Household Member 18 or over

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Household Member 18 or over

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Household Member 18 or over

**EMPLOYMENT INFORMATION  
(INCLUDE PART TIME EMPLOYMENT)**

**\*\*\*\*PLEASE NOTE\*\*\*\***

**EMPLOYER INFORMATION IS REQUIRED FOR EACH HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER WHO IS CURRENTLY EMPLOYED.** THE COMMUNITY SERVICES DEPARTMENT WILL SEND EMPLOYMENT VERIFICATION FORMS TO EACH EMPLOYER.

**NOTE:** MANY EMPLOYERS WILL VERIFY EMPLOYMENT ONLY THROUGH THEIR MAIN HEADQUARTERS. PLEASE BE SURE TO LIST THE **COMPLETE, CORRECT ADDRESS (INCLUDING THE ZIP CODE)** OF EVERY EMPLOYER TO AVOID DELAYS IN PROCESSING YOUR APPLICATION.

APPLICANT INFORMATION		
EMPLOYER/COMPANY		
ADDRESS/TELEPHONE#		
<b>GROSS PAY RATE (BEFORE TAXES OR DEDUCTIONS)</b>	\$	per
<b>GROSS ANNUAL WAGES/SALARY (INCLUDES OVERTIME, TIPS, BONUSSES, ETC.)</b>	\$	
POSITION/LINE OF WORK		
EMPLOYED FROM	EMPLOYED TO	

EMPLOYER/COMPANY		
ADDRESS/TELEPHONE#		

<b>GROSS PAY RATE (BEFORE TAXES OR DEDUCTIONS)</b>		\$	per
<b>GROSS ANNUAL WAGES/SALARY (INCLUDES OVERTIME, TIPS, BONUSES, ETC.)</b>		\$	
POSITION/LINE OF WORK			
EMPLOYED FROM:		EMPLOYED TO:	

<b>CO-APPLICANT/HOUSEHOLD MEMBER INFORMATION</b>			
NAME			
EMPLOYER/COMPANY			
ADDRESS/TELEPHONE#			
<b>GROSS PAY RATE (BEFORE TAXES OR DEDUCTIONS)</b>		\$	per
<b>GROSS ANNUAL WAGES/SALARY (INCLUDES OVERTIME, TIPS, BONUSES, ETC.)</b>		\$	
POSITION/LINE OF WORK			
EMPLOYED FROM:		EMPLOYED TO:	

EMPLOYER/COMPANY			
ADDRESS/TELEPHONE#			
GROSS PAY RATE (BEFORE TAXES OR DEDUCTIONS)		\$	per
GROSS ANNUAL WAGES/SALARY (INCLUDES OVERTIME, TIPS, BONUSES, ETC.)		\$	
POSITION/LINE OF WORK			
EMPLOYED FROM		EMPLOYED TO	

HOUSEHOLD MEMBER INFORMATION	
NAME	
EMPLOYER/COMPANY	
ADDRESS/TELEPHONE#	
<b>GROSS PAY RATE (BEFORE TAXES OR DEDUCTIONS)</b>	\$ per
<b>GROSS ANNUAL WAGES/SALARY (INCLUDES OVERTIME, TIPS, BONUSES, ETC.)</b>	\$
POSITION/LINE OF WORK	
EMPLOYED FROM:	EMPLOYED TO:

EMPLOYER/COMPANY	
ADDRESS/TELEPHONE#	
<b>GROSS PAY RATE (BEFORE TAXES OR DEDUCTIONS)</b>	\$ per
<b>GROSS ANNUAL WAGES/SALARY (INCLUDES OVERTIME, TIPS, BONUSES, ETC.)</b>	\$
POSITION/LINE OF WORK	
EMPLOYED FROM:	EMPLOYED TO:

HOUSEHOLD MEMBER INFORMATION	
NAME	
EMPLOYER/COMPANY	
ADDRESS/TELEPHONE#	
<b>GROSS PAY RATE (BEFORE TAXES OR DEDUCTIONS)</b>	\$ per
<b>GROSS ANNUAL WAGES/SALARY (INCLUDES OVERTIME, TIPS, BONUSES, ETC.)</b>	\$
POSITION/LINE OF WORK	
EMPLOYED FROM:	EMPLOYED TO:

NAME	
EMPLOYER/COMPANY	
ADDRESS/TELEPHONE#	
<b>GROSS PAY RATE (BEFORE TAXES OR DEDUCTIONS):</b>	\$ per
<b>GROSS ANNUAL WAGES/SALARY (INCLUDES OVERTIME, TIPS, BONUSES, ETC.)</b>	\$
POSITION/LINE OF WORK	
EMPLOYED FROM:	EMPLOYED TO:

<b>HOUSEHOLD MEMBER INFORMATION</b>		
NAME		
EMPLOYER/COMPANY		
ADDRESS/TELEPHONE#		
<b>GROSS PAY RATE (BEFORE TAXES OR DEDUCTIONS)</b>	\$	per
<b>GROSS ANNUAL WAGES/SALARY (INCLUDES OVERTIME, TIPS, BONUSES, ETC.)</b>	\$	
POSITION/LINE OF WORK		
EMPLOYED FROM:		EMPLOYED TO:

EMPLOYER/COMPANY		
ADDRESS/TELEPHONE#		
<b>GROSS PAY RATE (BEFORE TAXES OR DEDUCTIONS)</b>	\$	per
<b>GROSS ANNUAL WAGES/SALARY (INCLUDES OVERTIME, TIPS, BONUSES, ETC.)</b>	\$	
POSITION/LINE OF WORK:		
EMPLOYED FROM:		EMPLOYED TO:

(Please attach a separate sheet if necessary)

## RELEASE AND CONSENT FORM

I/We, the undersigned, hereby authorize you to release, without liability, information regarding my/our employment, income and/or assets to the Community Services Department of the City of Port St. Lucie for the purpose of verifying information provided as part of the application for financial assistance.

I/we agree that a photocopy of this form may be used for the purposes stated above. The original of this authorization is on file with the Community Services Department.

I/we certify that the information provided in the Application and Income Certification is correct and may be verified as part of the review process. **I understand that material misrepresentation of facts may result in prosecution to the fullest extent of the law. I understand that this information will be maintained by the City of Port St. Lucie and is subject to public disclosure.**

Information may be requested from but is not limited to the following groups or individuals: past and present employers, welfare agencies, Veterans Administration, unemployment agencies, retirement systems, support and alimony providers, Social Security Administration, utility providers, insurance companies and financial institutions.

_____ Applicant Signature	_____ Print Name	_____ Date	_____ Social Security #
_____ Co-Applicant Signature	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member <b>18 years or older</b>	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member <b>18 years or older</b>	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member <b>18 years or older</b>	_____ Print Name	_____ Date	_____ Social Security #
_____ Signature/Household Member <b>18 years or older</b>	_____ Print Name	_____ Date	_____ Social Security #

**RELEASE AND ACKNOWLEDGEMENT**

**FOR USE BY  
PORT ST. LUCIE NSP VETERAN’S PROGRAM**

**RELEASE OF PICTURES/LETTERS**

Please place an “x” in one of the boxes below to indicate whether or not you consent to the use of any pictures of your home and/or letters of appreciation that may be received or collected by Community Services staff for informational or educational purposes or promotion of the NSP Veteran’s Program.

Yes, consent is given

No, consent is not given

**ACKNOWLEDGEMENT OF REFINANCING PROVISIONS**

Because the City will be placing a Mortgage on your property, we must approve of any refinancing that you may consider. In general, we will allow you to refinance (subordinate our Mortgage) if your household will benefit with an interest rate or monthly housing cost reduction that is sufficient to allow you to recover the new loan costs and fees within a reasonable number of years. **You cannot receive any funds (cash out) in the transaction, but the City may approve of funds paid directly to a contractor for home improvements.** In general, the City will require that its original Mortgage position be maintained and that tax and insurance payments be escrowed.

X \_\_\_\_\_  
**APPLICANT SIGNATURE**

**DATE** \_\_\_\_\_

X \_\_\_\_\_  
**CO-APPLICANT SIGNATURE**

**DATE** \_\_\_\_\_



*This is your opportunity to tell us about you, your family and your current situation. Read questions carefully and answer completely.*

Please provide a history of your military career, include tours, awards given or commendations received. Please note, upon further consideration, supporting documentation for all listed tours, awards and decorations, medical records documenting injury/disability, and certain waivers will be required. A copy of your DD214 (or equivalent) will be required. Do NOT send with your application, but have available so you may deliver promptly upon request. (False claims of valor will not be tolerated.)

1. Brief history of your military career including Branch of service/Rank/Grade/Title.

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2. List of your awards and decorations.

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3. Describe your combat related injuries, dates, how they occurred, and how they have impacted your life.

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4. Have you been issued a Disability Rating by the VA? YES\* NO

\*If "Yes", what Rating were you given? \_\_\_\_\_% Total and Permanent?

5. Why do you want this home?

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6. What family, or support structure, will you have available to you, if selected for this home?

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7. Please tell us what receiving this home would mean to you and your family. Explain how this home will impact your recovery and your transition back into civilian life.

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8. If selected, WHEN would you be able to move?

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9. Please provide name and phone number of 2 References that we may contact; 1 Military & 1 Personal.

- a. Military (Someone you served in combat with, preferably a Superior Officer or NCO):

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- b. Personal (Cannot be immediate family or person currently living with you, please indicate nature and length of relationship):

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*If prompted on Page 1 to provide additional information, please use the spaces below.*

1. Special Modifications needed in home *(Please be specific)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Lease *(Please give the date your lease is up and penalties for breaking the lease)*: \_\_\_\_\_
3. Criminal History *(Please be specific)*:  
\_\_\_\_\_  
\_\_\_\_\_
4. Outstanding Debt *(Please provide type, total unpaid balances and whether or not you are making payments)*:

**ONLY ACCEPTING COMPLETED APPLICATIONS**

**11/6/16 @ 12:00PM - APPLICATION DEADLINE**