



# Home Renovation Program Grant Application

401 S. Park Avenue, Winter Park, FL 32789 (P) 407-599-3217

Date \_\_\_\_\_

Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Winter Park, FL 32789

Home Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Is your property located within the CRA district of Winter Park? (see map)  Yes  No

Please check one of the race categories that best describes your household (optional)

- American Indian / Alaska Native
- Asian
- Black / African American
- Hispanic / Latino
- White / Caucasian
- Other \_\_\_\_\_

Additional Household Information (optional, check all that apply)

- Single Parent
- Two-Parent
- Female Head of Household
- Single / Non-Elderly
- Elderly (62+ years)
- Person(s) with a Disability

Household Size - Complete the following information for **all** persons living in the home. Use separate sheet if necessary.

Name	M / F	Age	Relationship	Social Security #

**Household Income Information** - List income and source of income for all persons age 18 or older residing in your home, or proof of full time student status.

Name	Age	Gross Monthly Income	Income Source

**Size of Home:** My house has \_\_\_\_\_ bedrooms and \_\_\_\_\_ bathrooms

**Proposed Improvements** - Check the item boxes that need improvement. The CRA reserves final right to approve or disapprove qualifying repairs and replacements.

- |   |   |
|---|---|
| <input type="checkbox"/> Correct Exterior Cited Code Violations | <input type="checkbox"/> Exterior Doors               |
| <input type="checkbox"/> Handicap Accessibility Improvements    | <input type="checkbox"/> Exterior Paint/Stucco/Siding |
| <input type="checkbox"/> Roof Repair                            | <input type="checkbox"/> Exterior Windows             |
| <input type="checkbox"/> Exterior Wall/Foundation Repairs       | <input type="checkbox"/> Other: _____                 |

**Previous Participation** - Please note, homeowners who have previously participated in the program within the last ten (10) years are not eligible to apply unless an emergency exists that creates a health or safety problem (*see guidelines for details*).

**Have you ever participated in the CRA's Home Renovation Grant Program?**  Yes  No Date: \_\_\_\_\_

**Have you ever participated in Orange County's Housing Rehabilitation Program?**  Yes  No Date: \_\_\_\_\_

***NOTE:** Applicant(s) may not apply or participate in the Home Renovation Grant Program and the Driveway Grant Program or Paint Only Grant Program within the same fiscal year.*

**Photograph Release Statement-** The CRA has my permission to use photographs of me and/or my home in presentations and publications in conjunction with the City's Home Renovation Program. **Initials:** \_\_\_\_\_

**Applicant's Declaration:** I/We declare under penalty of perjury, that the above statements are true and correct. I/We consent to the physical inspection(s) of the premises to process this application. I/We understand that the enrollment and qualification process may impose additional conditions and limitations on my property. The CRA reserves the right to change programmatic priorities without notification. I/We agree to provide additional descriptive, financial, and/or other information upon request by the City. I/We understand that the grants are available in limited quantities and selection is based on the criteria listed on the Home Renovation Program guidelines. I/We have received, reviewed and understand the program rules, limitations, and the homeowner obligations listed in the program guidelines.

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

<b>FOR OFFICE USE ONLY:</b> Date Application Received _____		Application Reviewed By _____		Income Level: VL _____ L _____	
Number of persons in HH _____		HH Monthly Income \$ _____		HH Annual Income \$ _____	
Is income within HRP guidelines? Yes ___ No ___					
Eligible _____		Date Notified: _____		Volunteer hours completed? Yes ___ No ___	
Wait Listed _____ date: _____					
Ineligible _____ (reason: _____)					

# Home Renovation Program Application Checklist

Before submitting the application, please ensure that you have completed and provided the following:

- Completed loan application
- Copy of photo identification for both the applicant and co-applicant (*drivers' license, state ID, or passport*)
- Copy of the last two (2) year's tax returns for every working member of the household over the age of 18. (*last three (3) years' returns required if self-employed*)
- Provide the last three (3) paystubs for each working member of the household over the age of 18.
- Copy of verification of any other sources of earned and/or unearned income for all members of the household (*social security award letter, unemployment form, pensions, etc.*)
- Copy of the last three (3) complete bank statements for all members of the household (*checking, savings, 401K, CDs, money market accounts, etc.*)
- Copy of current mortgage statement
- Proof of home ownership (*warranty deed, quit-claim deed, etc.*)
- Proof of homeowner's insurance (*declaration page*)
- Signed employment verification form or unemployment affidavit (*if applicable*)
- Signed current income statement form
- Signed and notarized Home Renovation Affidavit

Please submit completed applications to:

**City of Winter Park  
Community Redevelopment  
401 S. Park Ave.  
Winter Park, Florida 32789**

**ONCE APPROVED, THE HOMEOWNER, OR REPRESENTATIVE, MUST COMPLETE TEN (10) HOURS COMMUNITY SERVICE PRIOR TO THE START OF THE HOME RENOVATION. THE CRA WILL NOT AWARD ANY RENOVATION FUNDS IF HOME OWNER HAS NOT FULFILLED THIS REQUIREMENT**

**SUBMISSION OF APPLICATION DOES NOT GUARANTEE APPROVAL/FUNDING**



## Home Renovation Program Employment Verification

**Homeowner:** \_\_\_\_\_

**Address:** \_\_\_\_\_ Winter Park, FL 32789

Dear Sir/Madam,

The above mentioned homeowner has applied for funds for the purpose of rehabilitating their property. In order to be eligible for the program, the Community Redevelopment Agency needs to confirm the applicant's income. Please complete the following information:

A. Company's name: \_\_\_\_\_

B. Position held: \_\_\_\_\_

C. Dates of employment: \_\_\_\_\_

D. Rate if pay: Annual \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_

E. Hours worked per week: \_\_\_\_\_

F. Additional compensation, overtime: \_\_\_\_\_

G. Probability of continued employment: \_\_\_\_\_

H. Other remarks: \_\_\_\_\_

\_\_\_\_\_

**Please complete and return to  
Community Redevelopment Division.  
401 S. Park Ave.  
Winter Park, Florida 32789**

\_\_\_\_\_  
**Signature of Employer**

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

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I, \_\_\_\_\_, hereby authorize release of the above requested information:

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

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

winter park



community  
redevelopment  
agency

# Home Renovation Program AFFIDAVIT

**Applicant & Co-Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ Winter Park, FL 32789

I/We do hereby request the Community Redevelopment Agency Home Renovation Program to process the application for Home Renovation improvements to above property.

I/We further authorize the Community Redevelopment Agency Home Renovation Program to make inquiries and verification of all assets, income, employment, mortgage, credit reports, title search and any other information necessary to determine the eligibility of the applicant.

I/We will hold harmless the Community Redevelopment Agency Home Renovation Program with respect to all claims and damages caused by inquiries necessary to determine the eligibility of the applicant(s).

It is further understood that the applicant(s) shall not incur or be obligated for any cost of this introductory application.

I/We certify that I am/we are the owner(s) of the above property and have disclosed all assets and income as a requisite to determine ability to finance repairs and improvements.

I/We further certify that I/we are unable to secure necessary funds from other sources upon comparable terms and conditions.

I/We understand that I/we must complete ten (10) hours of community service prior to the start of home rehabilitation.

I/We understand that I/we need to make all reasonable efforts to allow access to the property so work can be completed in a timely manner. In the event we cannot provide access, the Community Redevelopment Agency has the ability to cancel the application and revoke allocated funds.

I/We understand that it is my/our responsibility to move/rearrange furniture in order to provide complete access and it is my/our responsibility to clean up after the rehabilitation has been completed.

It is further understood that submittal of my application does not guarantee acceptance into the program and the CRA reserves the right to change programmatic priorities without notification.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**UNEMPLOYMENT AFFIDAVIT**

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:

- 1. I have made application for Home Renovation Program from the Community Redevelopment Agency of the City of Winter Park.
- 2. Check (a) or (b) as applicable:
  - \_\_\_\_\_ (a) I am not presently employed but anticipate becoming employed within the next twelve (12) months.
  - \_\_\_\_\_ (b) I am not presently employed and do not anticipate becoming employed within the next twelve (12) months.
- 3. Based on my past work experience, skills, and income history as reflected in my income tax return for the most recent tax year (copy attached) and with adjustments to reflect circumstances anticipated within the next twelve (12) months, I expect to earn \$\_\_\_\_\_ per year when I become employed.

\_\_\_\_\_  
Signature

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

STATE OF FLORIDA  
COUNTY OF ORANGE

Before me personally appeared \_\_\_\_\_ who acknowledged to me that he/she/they executed the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(NOTARIAL SEAL)

\_\_\_\_\_  
Notary Signature  
State of Florida at Large  
Print Name:

My Commission Expires:



## Home Renovation Program

# CURRENT HOUSEHOLD INCOME STATEMENT

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

**Address:** \_\_\_\_\_ Winter Park, FL 32789

**Social Security Number:** \_\_\_\_\_

Following is my statement of income for the current calendar year, 20\_\_\_\_:

	<b>Actual YTD</b>	<b>Additional</b>
Wages, salaries, tips, etc.	_____	_____
Interest Income	_____	_____
Dividends	_____	_____
Alimony Received	_____	_____
Business Income	_____	_____
Capital Gain	_____	_____
Pensions and Annuities	_____	_____
Rental real estate, royalties, partnerships, trusts, etc	_____	_____
Unemployment Compensation	_____	_____
Social Security benefits	_____	_____
Child Support	_____	_____
Other Income	_____	_____
<b>TOTAL ESTIMATED INCOME</b>	_____	

I declare that to the best of my knowledge and belief, the information is true, correct, and complete. Incomplete or misinformation may lead to exclusion from the renovation program and repayment to the CRA of any and all money expended. I agree to submit a copy of this year's completed tax return as a verification of the above information.

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

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

\_\_\_\_\_  
**Applicant Name Printed**

\*Each adult resident of the household must submit a separate income statement. An adult resident is defined as any individual 18 years or older living at the applicant's address.



## Home Renovation Program Mortgage Verification

Homeowner: \_\_\_\_\_

Address: \_\_\_\_\_ Winter Park, Fl. 32789

Dear Sir/Madam,

The above mentioned homeowner has applied for public funds for the purpose of rehabilitating their property. In order to be eligible for the program, the Community Redevelopment Agency needs to confirm the applicant's mortgage. Please complete the following information:

***It is important that this form be returned to us as soon as possible in order to provide services to this homeowner.***

A. Name of Mortgage Company: \_\_\_\_\_

C. Type of mortgage:     Conv.     FHA.  VA.

D. Dates of mortgage: \_\_\_\_\_ Present balance: \$ \_\_\_\_\_

E. Are payments current:     Yes     No

F. Satisfactory account:     Yes     No

G. Monthly payments:    \$ \_\_\_\_\_

Principal payments:    \$ \_\_\_\_\_

Real estate taxes:    \$ \_\_\_\_\_

Fire insurance:    \$ \_\_\_\_\_

**Please complete and return to our office at  
Community Redevelopment Division  
401 S. Park Ave.  
Winter Park, Florida 32789**

Thank you for completing and returning this letter. This information will be treated confidentially.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

I, \_\_\_\_\_, hereby authorize release of the above requested information.

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

\_\_\_\_\_  
Date





COMMUNITY REDEVELOPMENT AGENCY  
COMMUNITY SERVICE LIST

1. Winter Park Library
  - Taking children, youth and seniors to the Library
  - Community Relations Office - 407- 623-3486
2. Winter Park Community Center
  - Contact Parks & Recreation 407-599-3397
3. DePugh Nursing Home
  - Contact: (407) 644-6634
4. Center for Independent Living
  - Contact: (407) 623-1070
5. Welbourne Day Nursery
  - Will charge for background check
  - Contact: (407) 644-5885
6. Habitat For Humanity
  - Contact: (407) 645-4408
7. Hannibal Square Heritage Center
  - Contact: (407) 539-2680

The Home Renovation Program allows recipients to perform the required community service hours in any non-profit organization within the City of Winter Park. For further information about any of the above locations, please contact the CRA at 407-599-3217.

