



## Homebuyer Assistance Program Affordable Housing Partner Application Instructions

### **GENERAL INFORMATION**

- Applications must be submitted on behalf of an agency, not an individual.
  - Applications must be signed by the Agency Authorized Official, which is the owner, broker, or location manager/supervisor of the applying agency.
  - An application must be submitted for each agency location that plans to participate as an Affordable Housing Partner.
  - In order to provide a uniform review process, please organize material in the manner specified below.
  - Only completed applications will be considered.
  - **Hand written applications will not be accepted.**
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### **INSTRUCTIONS**

Please complete the attached documents in typewritten format and organize them and the supporting documentation in the following order:

#### **I. Cover Page**

Supply information on the form provided.

#### **II. Certification of Responsibilities**

Supply information on the form provided.

#### **III. Supporting Documentation**

- A. Copy of agency's State of Florida Business License or documentation of exemption.
- B. Copy of agency's Business Tax Receipt if agency is located within Volusia County.
- C. Copy of agency's Builder's License (*construction contractors only*).
- D. Copy of agency's General Liability, Workman's Compensation, & Employee Liability (*construction contractors only*).

Once completed, please submit the original typewritten application by mail or in person to the following address. Faxed copies will not be accepted.

Community Assistance  
c/o Carmen Hall  
110 West Rich Avenue  
DeLand, Florida 32720



## Affordable Housing Partner Application Cover Page

*Please note that this information will be available for interested applicants and the general public, therefore please do not provide personal phone numbers and addresses.*

Agency Name:

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Location Address:

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City, State, Zip:

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Location Phone Number:

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Location Fax Number:

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Agency Authorized Official:

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Agency Authorized Official  
Email Address:

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Alternate Contact Person:

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Alternate Contact Person  
Email Address:

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## Affordable Housing Partner Application Certification of Responsibilities

**The Agency Authorized Official certifies:**

1. The agency will serve as the main contact and liaison between the County of Volusia, the client and all other vested parties.
2. The agency has the capacity to screen applicants and process their applications for the Homebuyer Assistance program.
3. The agency will:
  - a. Complete a preliminary evaluation to determine if client(s) are eligible for the Homebuyer Assistance Program.
  - b. Schedules applicant(s) for an approved First Time Homebuyer education class.
  - c. Assists applicant(s) in locating financing and/or a home, if necessary.
  - d. Processes application(s) and all required documentation.
  - e. Submits complete file(s) to Volusia County Housing and Grants Administration Activity for review and approval.
  - f. Upon approval, will be responsible for making certain that the Title Company adheres to program requirements.
  - g. Processes the applications in a timely manner so as to not harm any client's ability to receive Homebuyer Assistance through the County of Volusia.
4. The agency is not on the U.S. list of debarred or suspended contractors.

**The Agency Authorized Official certifies the following:**

1. They are the owner, broker, or location manager/supervisor of the applying agency.
2. They will serve as the main contact between the County of Volusia and the agency. This includes distribution of all correspondence from the County to appropriate staff.
3. They will attend the Affordable Housing Partners annual meeting and/or training workshop.
4. They will train other employees, as needed, on the responsibilities of working with the Homebuyer Assistance Program.

**The Alternate Contact Person certifies the following:**

1. They will serve as an alternate contact between the County of Volusia and their agency. This includes any responsibilities of the Agency Authorized Official in the event the representative is unavailable.
2. They have the option, and are encouraged, to attend the Affordable Housing Partners annual meeting and/or training workshop.

*The undersigned certifies that the enclosed information and the above statements are a representation of fact upon which reliance is to be placed in order to proceed with this process.*

\_\_\_\_\_  
Agency Authorized Official (Signature)

\_\_\_\_\_  
Alternate Contact Person (Signature)

\_\_\_\_\_  
Name (Please Type)

\_\_\_\_\_  
Name (Please Type)

\_\_\_\_\_  
Title (Please Type)

\_\_\_\_\_  
Title (Please Type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date