



County of Volusia Community Assistance Housing Rehabilitation Program

The intent of the Volusia County Community Assistance Division Housing Rehabilitation Program is to provide decent, safe and sanitary living environment for eligible residents. The rehabilitation program is funded by Volusia County through federal and state grants. There are three types of rehabilitation assistance: 1) Emergency repair; 2) Standard; and 3) Substantial. The rehabilitation program provides loans that must be repaid over a term not to exceed 30 years. The amount of the loan and/or the term length is determined by various factors, including but not limited to the cost of the project and the age of the homeowner.

Eligibility Requirements

- The applicant must be income eligible. **see chart** ➡
- The applicant must be able to demonstrate legal ownership of the property.
- The applicant must have owned and maintained the home as their primary residence for a minimum of one year at the time of application.
- The applicant must have at least one code violation that poses a health or safety hazard.
- The applicant must live in Volusia County, excluding Daytona Beach, Deltona and Port Orange.
- If the residence is a mobile home, it must have a Department of Community Affairs (DCA) insignia or U.S. Department of Housing and Urban certification to be eligible.

| Very Low Income Range | |
|-----------------------|----------------|
| Family Size | Maximum Income |
| 1 | 19,600 |
| 2 | 22,400 |
| 3 | 25,200 |
| 4 | 28,000 |
| 5 | 30,250 |
| 6 | 32,500 |

| Low Income Range | |
|------------------|----------------|
| Family Size | Maximum Income |
| 1 | 31,400 |
| 2 | 35,850 |
| 3 | 40,350 |
| 4 | 44,800 |
| 5 | 48,400 |
| 6 | 48,400 |

| Moderate Income Range | |
|-----------------------|----------------|
| Family Size | Maximum Income |
| 1 | 47,040 |
| 2 | 53,760 |
| 3 | 60,480 |
| 4 | 67,200 |
| 5 | 72,600 |
| 6 | 78,000 |

Program Requirements

1.) Repayment of funds:

- If the head of household is under 62 years of age a rehabilitation mortgage deed and note must be signed. This means monthly, no interest payments must be made to the County of Volusia until the full price of the cost of rehabilitation has been received.
- If the head of household is over 62 years of age, a rehabilitation lien must be signed. This means that payment is not required unless a violation of the rehabilitation agreement and/or rehabilitation lien has occurred.
- The term of the lien and/or mortgage is mandated as follows:

| Award | Length of Lien/Mortgage |
|-----------------|-------------------------|
| \$5,000 or less | 5 years |
| \$5,001—15,000 | 15 years |
| \$15,001—35,000 | 20 years |
| \$35,001—65,000 | 25 years |
| \$65,001—and up | 30 years |

2.) Property maintenance, taxes and insurance:

- The homeowner(s) must attend a Volusia County endorsed home maintenance course prior to, during, or no more than three (3) months after the rehabilitation of the home has been completed.
- The homeowner(s) must properly maintain the home, keep the yard clear of debris, and comply with all local ordinances.
- The homeowner(s) must maintain homeowner's insurance and flood insurance, if the unit is located in a flood zone, and keep taxes, special assessment, and other special charges current.
- The homeowner(s) must maintain the home as their primary residence and maintain homestead exemption on the property.

3.) Transfers:

- The homeowner(s) may not sell, lease, rent, transfer, assign, quitclaim, vacate or gift any interest in the property during the length of the lien and/or mortgage. If this occurs, the remainder of the mortgage or total amount of the lien must be repaid.
- The homeowner(s) must not further encumber the property until the rehabilitation lien and/or mortgage deed and note has been satisfied. This includes refinancing, debt consolidation, home equity lines of credit, etc. Payment of the remainder of the mortgage or total amount of lien is due in full if a violation occurs.

For more information please call Lori Brown, Affordable Housing Coordinator, at (386) 736-5955 extension 2969.



Community Assistance Division

Written statement regarding the collection and use of social security numbers

This statement is being provided to you pursuant to Section 119.071(5), Florida Statutes.

The Community Assistance Division is required by 24 CFR 5.210 to collect the social security number(s) of applicant(s) and their household members, if any.

Social security numbers are unique numeric identifiers that are used by this office to identify, verify, track and search information in conjunction with an applicant's application for assistance. Community Assistance may disclose social security numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities.

County of Volusia - Community Assistance Division
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(386) 736-5955 • Fax (386) 740-5112

THE USE OF WHITE OUT IS PROHIBITED

PRE-APPLICATION FOR HOUSING REHABILITATION

Note: Submittal of this application will place you on our waiting list

| | | |
|------------------------|--|--|
| Name: _____ | Social Security number: _____ | |
| Address: _____ | Do you own this home? Yes _____ No _____ | |
| _____ | Is there a mortgage on the home/property? Yes _____ No _____ | |
| Mailing address: _____ | Have you owned longer than one year? Yes _____ No _____ | |
| _____ | Is this a mobile home? Yes _____ No _____ | |
| Phone number: _____ | Have you previously applied for assistance? Yes _____ No _____ | |

Family Composition: *(List all persons who will reside in your household.)*

| Legal Name | Relationship | Social Security Number | Date of Birth | Married/Single Widowed Separated Divorced | Race | Sex |
|------------|--------------|------------------------|---------------|--|------|-----|
| | Head | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Monthly Income: *(You must disclose all income.)*

| Employment | Head | Spouse | Other | Other |
|-----------------------------|----------|----------|----------|----------|
| Employment (Incl. OT, etc.) | \$ | \$ | \$ | \$ |
| Social Security | | | | |
| V.A. | | | | |
| Pension | | | | |
| SSI | | | | |
| AFDC – TANF - Welfare | | | | |
| Child Support | | | | |
| Income from Others | | | | |
| Other Source | | | | |
| Total | A | B | C | D |

Total Annual Income: [(A+B+C+D) x 12] \$ _____

Brief Description of work/repairs needed:

Applicant Signature _____ Date _____