



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.
 - 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 insurance (*construction contractors only*).
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To submit an application, please contact Lori Brown, Affordable Housing Coordinator at 386-736-5955 extension 12969.



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:

Location address:

City, State, Zip:

Location phone number:

Location fax number:

Agency authorized official:

Agency authorized official e-
mail address:

Alternate contact person:

Alternate contact person e-mail
address:



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 first time homebuyer programs.
3. The agency will:
 - a. Complete a preliminary evaluation to determine if client(s) are eligible for a first time homebuyer program
 - b. Schedule applicant(s) for an approved first time homebuyer education class.
 - c. Assist applicant(s) in locating financing and/or a home, if necessary.
 - d. Process application(s) and all required documentation.
 - e. Submit complete file(s) to Volusia County Housing and Grants Administration for review and approval.
 - f. Upon approval, will be responsible for making certain that the title company adheres to program requirements.
 - g. Process the applications in a timely manner so as to not harm any client's ability to receive 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 any affordable housing partners 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 any affordable housing partners 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