

Forms

The AHP representative is required to use the application and forms on pages 16 through 25 and 26 through 32 to complete a file that is submitted to the Community Assistance Division on behalf of an applicant.

Sample

Affordable Housing Partner (AHP) Instructions for Completing Part 1 of the First Time Homebuyer Assistance Application

AHP Checklist – Part 1

- This form must be completed by the AHP and submitted with Part 1 along with the application and supporting document to the Community Assistance Division.
 - The AHP must check off each item of the checklist which pertains to the applicant's file

Application

- The applicant (Head of Household) must complete each section
 - Applicant's information
 - Household composition, characteristics, and familial status
 - Household income information
 - Household assets
 - Special Needs, if applicable, check one or both boxes
 - Essential service personnel, if applicable, check the appropriate box
 - Household demographics check the appropriate box
 - Signature page to be signed by all household members 18 years or older where indicated

Release of Information form

- All household members 18 years or older, including the applicant, must sign this form
 - Household members age 17 who will be 18 within 6 months from application submittal, should also sign this form
 - Form used to conduct third party verification for each household member in reference to income, assets, and mortgage(s)

Verification of Employment (VOE)

- The form must be completed by the AHP and Employer within 60 days prior to the file being submitted to the Community Assistance Division.
 - Part 1 of the form is completed by the AHP and submitted to the employer for third party verification and must be dated 60 days prior to submittal.
 - Part 1:
 - Section 1: To Employer: Employer contact information is inputted here
 - Section 2: From (Requestor): AHP's information is inputted here
 - Section 3: Signature of Requestor: AHP representative signs here
 - Section 4: Date: Date AHP completed form
 - Section 5: Phone: AHP's contact information

- Section 6. Applicant Name & Address: Applicant's information here
- Section 7: Applicant Signature: Applicant signs here
- Parts 2 and 3 of the form are completed by the employer and returned to the AHP

Verification of Deposit (VOD)

- The form must be completed by the AHP and Financial Institution within 60 days prior to the file being submitted to the Community Assistance Division.
 - Part 1 of the form is completed by the AHP and submitted to the account holder's financial institution for third party verification and must be dated 60 days prior to submittal.
 - Part 1:
 - Section 1: To (Depository): Financial institution contact information is inputted here
 - Section 2: From (Requestor): AHP's information is inputted here
 - Section 3: Signature of Requestor: AHP representative signs here
 - Section 4: Date: Date AHP completed form
 - Section 5: Phone: AHP's contact information
 - Section 6. Account holder Name & Address: Account holder's information here
 - Section 7: Account numbers: Account numbers are inputted here
 - Parts 2 and 3 of the form are completed by the financial institution and returned to the AHP

Disclosure Statement

- The form must be completed and signed by the applicant and, when applicable, the co-applicant(s)



County of Volusia
Community Assistance
121 W. Rich Avenue
DeLand, FL 32720
(386) 736-5955



Affordable Housing Partner (AHP) Checklist – Part 1
First Time Homebuyer Assistance Program

Applicant Name(s): _____

✓	Description of Documents
<input type="checkbox"/>	Completed Affordable Housing Partner Checklist: Part 1
<input type="checkbox"/>	Application (completed and signed by all household member 18 years or older)
<input type="checkbox"/>	Release of Information – signed by all household members 18 years or older
<input type="checkbox"/>	Picture I.D. for household members 18 years or older
<input type="checkbox"/>	Birth certificates for household members 17 or younger
<input type="checkbox"/>	Any pertinent recorded document for all household members (if applicable) (i.e., Divorce Decree, Court Order child support, modifications, verification of legal custody, etc...)
<input type="checkbox"/>	Verification of Employment Form(s) dated no more than 60 days prior to file submittal Note: Self-employed persons must submit the last 2 years tax returns with an audited or unaudited profit & loss statement for the last three months
<input type="checkbox"/>	<u>Two</u> months current, consecutive pay stubs for each employed household member 18 years or older
<input type="checkbox"/>	Verification of unearned income for all household members: Ex: Social Security, SSI, SSDI, Long Term Disability, Unemployment, TANF (Cash Assistance). NOTE: 1099 forms are not acceptable
<input type="checkbox"/>	Verification of Deposit Form(s) dated no more than 60 days prior to file submittal For all household members who have financial accounts (All pages are required)
<input type="checkbox"/>	<u>Two</u> months current, consecutive financial statements for each account(s) listed on a household member's Verification of Deposit(s)
<input type="checkbox"/>	Disclosure Statement (completed no more than 30 days prior to file submittal)
<input type="checkbox"/>	Certificate of Completion of Homebuyer Class (HUD approved 8-hour class and dated no more than 24 months prior to file submittal)

AHP Agency: _____

AHP Representative: _____

AHP Mailing Address: _____

AHP E-mail Address: _____

AHP Phone: _____



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Application – First Time Homebuyer Assistance Program

Applicant to complete (Head of Household)

Name:	
Current Address:	
City, State, Zip:	
Mailing Address:	
City, State, Zip:	
Contact Number:	
E-Mail Address:	

When completing the following tables please ensure the provided information is for the person assigned to that household member #:

Household composition, characteristics, and familial status: List the Head of Household and all members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, additional members in the next 12 months, etc.)

#	Household member name	Social Security Number	Relationship to Head of Household	Date of Birth	Marital Status	Employed Y/N	Does household member meet Special Needs definition on page 2? Y/N
1			Head of Household				
2							
3							
4							
5							
6							

Household Income information: List **ALL** household members and their incomes. Income includes wages, salaries, tips, bonuses, alimony, child support, military income, part-time income, temporary income, unemployment benefits, self-employment, TANF, Social Security, pensions, retirement, or other income. **Food Stamps (SNAP) are not considered income – do not list.**

#	Household member name	Full Time Student ? Yes, include Class Schedule or No	Source of Income *See examples of items to list above	Monthly Gross Income
1				
2				
3				
4				
5				
6				

Child Support: Does any family member have a court order to receive child support? ☐ Yes ☐ No

If yes, provided a payment print-out of the last 60 days for the following minor child(ren) or a notarized statement from the absent parent:

Minor's Name	Name of Absent Parent	Child Support Amount
		\$
		\$
		\$

Household asset information: List **ALL** household members below. Check yes or no for each family member and asset type.

#	Household member name	Checking		Savings		401(k), Pension		Stocks, Bonds, Investments		Other (describe)
1		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Special Needs: Special consideration may apply for eligible households with at least one member meeting one of the following definitions. If applicable, please check the appropriate box and include a copy of the documentation supporting this for your application to possibly receive special consideration.

<input type="checkbox"/>	Special Needs	<p>Per FS 420.0004, persons with special needs are defined as:</p> <ol style="list-style-type: none"> 1. An adult person requiring independent living services in order to maintain housing or develop independent living skills and who has disabling condition <i>or</i> 2. A young adult formerly in foster care who is eligible for services under FS 409.1451(5) <i>or</i> 3. A survivor of domestic violence as defined in FS 741.28 <i>or</i> 4. A person receiving benefits under <ol style="list-style-type: none"> a. Social Security Disability Insurance (SSDI) <i>or</i> b. Supplemental Security Income (SSI) <i>or</i> c. Veteran's Disability
<input type="checkbox"/>	Developmental Disability	<p>Per FS 393.063, persons with development disabilities are defined as:</p> <ol style="list-style-type: none"> 1. Persons with a disorder or syndrome that <ol style="list-style-type: none"> a. Is attributable to intellectual disability, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome <i>and</i> b. Manifest before the age of 18 <i>and</i> c. Constitutes a substantial handicap that can reasonably be expected to continue indefinitely

TO BE COMPLETED BY APPLICANT (Head of Household)

Essential Service Personal: If applicable, please check the appropriate box if you meet the definition of an Essential Service Personal. The defined as teachers and educators; other school district, community college and university employees; police and fire personnel; health care personnel; skilled building trades personnel; and hotel, motel, restaurant, and other tourism trade personnel.

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Teacher and Educator | <input type="checkbox"/> Other school district | <input type="checkbox"/> Community College/University Employee | <input type="checkbox"/> Police/Fire |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Skilled Building Trade | <input type="checkbox"/> Hotel/Motel, Restaurant, and other Tourism Trade | |

Household Demographics: It is the policy of the County of Volusia to provide fair housing opportunities to all person and to ensure that there is no discrimination in the provision of housing benefits against any person on the grounds of race, color, national origin, religion, gender, familial status, or disability. The following questions are for the purpose of tracking the housing benefits of this project and will be summarized for reporting purposes.

Race (check one):	<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	Hispanic Ethnicity:	<input type="checkbox"/> Yes
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial	<input type="checkbox"/> No			

IMPORTANT: READ BEFORE SIGNING

ASSISTANCE ELIGIBILITY: The application package is only part of the eligibility process as there are additional program requirements needed before a household is determined income and program eligible. Submittal of this application and/or supporting documents does not guarantee acceptance or approval for assistance; therefore, no commitment is made by either party.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: 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, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

FLORIDA'S PUBLIC RECORDS LAW: Information provided by applicant(s) may be subject to Chapter 119 Florida Statutes, regarding Open Records.

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 identities that are used by this office to identify, verify, track and search information in conjunction with an applicant's application for assistance. Community Assistance Division 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.

CERTIFICATION:

- I/We certify that the application information provided is true and complete to the best of my/our knowledge.
- I/We certify that previous homebuyer assistance and/or owner-occupied housing rehabilitation assistance has not been awarded.
- I/We understand that any incorrect, incomplete, or fraudulent information may result in denial of the associated request for assistance.

ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER MUST SIGN THIS APPLICATION

Signature – Applicant

Date

Signature – Co-applicant

Date

Signature

Date

Signature

Date



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Release of Information Form - First-Time Homebuyer Assistance Program

The undersigned hereby authorizes you to release without liability any information regarding employment, credit, income, and/or assets to the County of Volusia Community Assistance for the purposes of verifying information provided as part of the application.

Information covered

I understand that previous or current information may be needed. Verification and inquiries that may be requested include, but are not limited to personal identification; employment, credit, income, and assets; medical or child care allowances. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the Volusia County's First Time Homebuyer Assistance (HBA) and Neighborhood Stabilization Program Home Purchase (NSP) programs.

Groups or Individuals That May Be Asked

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Credit Reporting Agencies	Unemployment Agencies	Social Security Administration
IRS	Support and Alimony Providers	Retirement Systems
Previous Landlords (including Public Housing Agencies)	Banks and Financial Institutions	

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. A copy of this authorization is on file and will stay in effect for a year and one month from the date it is signed. I understand I have a right to review this file and correct any information that I can provide that may be incorrect.

ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER MUST SIGN THIS APPLICATION

Signature – Applicant

Date

Signature – Co-applicant

Date

Signature

Date

Signature

Date

Request for Verification of Employment

The information provided in this document will be used by the County of Volusia Community Assistance Division in conjunction with additional income information to determine this household's income eligible for a first-time homebuyer program

Please provide true and correct information to the best of your ability

Part 1 - Request

To (Employer):	2. From (Requestor):
<i>I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant:</i>	
3. Signature of Requestor:	4. Date:
5. Phone:	
<i>I am now employed by you and my signature below or on the attached Release of Information form authorizes verification of this information:</i>	
6. Applicant Name & Address:	7. Applicant Signature:

Part 2 – Verification of Employment

1. Employment Start Date:	2. Present Position:	3. Continued Employment Likely? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly <input type="checkbox"/> Other (specify):
5. If paid hourly, average number per week?	6. Date of next pay increase:	7. Projected amount of next pay increase:
8. Date of last pay increase:	9. Amount of last pay increase:	
10. Is Overtime pay guaranteed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	10.a. If yes, how often over the next 12 months might it occur and at what rate of pay?	
11. Is Bonus pay guaranteed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	11.a. If yes, how often over the next 12 months might it occur and at what rate of pay?	
12. Gross Earnings		13. For Military Personnel Only
Type	Year to Date	Past Year
Base Pay	\$	\$
Overtime	\$	\$
Bonus	\$	\$
Commissions/Tips	\$	\$
Total	\$	\$
		Base Pay: \$
		Flight/Hazard Pay: \$
		Overseas/Combat Pay: \$
		Quarters: \$
		Other: \$
		Other: \$

14. Remarks:

Part 3 – Authorized Signature

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. TITLE 18, SEC. 1001 provides: Whoever, in any matter within the jurisdiction of any agency of the United States knowingly and willingly falsifies... or makes any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000, imprisoned for not more than 5 years, or both.

1. Signature of Employer:	2. Title of Signer:	3. Date:
4. Printed Name of Employer:	5. Contact Phone Number:	

Request for Verification of Deposit

- The information provided in this document will be used by the County of Volusia Community Assistance Division in conjunction with additional income information to determine this household's income eligible for a first-time homebuyer program
- Please provide true and correct information to the best of your ability

Part 1 - Request

2. To (Depository):	2. From (Requestor):
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I certify that this verification has been sent directly to the depository and has not passed through the hands of the applicant:

3. Signature of Requestor:	4. Date:	5. Phone:
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My signature on the attached Release of Information form authorizes verification of this information.

6. Applicant Name & Address:	7. Account Number(s):
<i>Please include any other accounts this person may be listed on</i>	

Part 2 – Verification of Deposit

Your response to the inquiry is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

1. Account Summary

Type of Account	Account Number	Current Balance	Six Month Average Balance	Annual Interest Rate
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Part 3 – Authorized Signature

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. TITLE 18, SEC. 1001 provides: Whoever, in any matter within the jurisdiction of any agency of the United States knowingly and willingly falsifies... or makes any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000, imprisoned for not more than 5 years, or both.

1. Signature of Depository Representative:	2. Title of Representative:	3. Date:
4. Printed Name of Depository Representative:	5. Contact Phone Number:	



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Disclosure Statement - First-Time Homebuyer Assistance Program

Applicant name (print)

Co-applicant name (print)

Have you owned a home in the past three years?

☐ Yes ☐ No

Have you owned a mobile/manufactured home in the past three years?

☐ Yes ☐ No

Have the applicant(s) been a defendant within the last seven years in a foreclosure action that resulted in a foreclosure? If yes, applicant(s) do not qualify.

☐ Yes ☐ No

Have the applicant(s) been a defendant within the last five years in a foreclosure action that did not result in a foreclosure, but resulted in a settlement (i.e.: short sale or deed in lieu of foreclosure)? If yes, please provide supporting documentation to AHP representative.

☐ Yes ☐ No

Signature – Applicant

Date

Signature – Co-applicant name

Date

Affordable Housing Partner (AHP) Instructions for Completing Part 2 of the First Time Homebuyer Assistance Application

AHP Checklist – Part 2

- This form must be completed by the AHP and submitted with Part 2 along with the supporting documents to the Community Assistance Division.
 - The AHP must check off each item of the checklist which pertains to the applicant's file.
 - The AHP must input all relevant information as listed
 - Property information: Sales price and appraised value
 - Financial information: First mortgage loan information (should match the Lender Certification form)
 - Title company information: Agent contact information
 - County mortgage fees – Costs that will be charged to close the County's mortgage
 - AHP Information – Name and signature of AHP representative

Lender Certification

- This form must be provided by the AHP to the applicant's lender for completion and return to the AHP

Uniform Physical Condition Standards (UPCS) Inspection request or Certificate of Occupancy

- For the purchase of an existing home: the UPCS inspection request form is completed by the AHP, who ensures that the contact person is aware that their information is being provided to the County for access into home
 - All utilities must be on in order for the home to be inspected.
- For the purchase of a new construction home: the certificate of occupancy must be provided

Voluntary Acquisition/Non-Displacement Letter – Existing HBA Only

- This form must be completed and signed by the applicant and, when applicable, the co-applicant(s)

Seller's Certification – Existing HBA Only

- This form must be provided by the AHP to the seller(s) for completion and return to the AHP

Home Improvement/Repair Form – Existing HBA Only

- This form must be provided by the AHP to the seller(s)/seller's agent if there were any documented repairs or improvements completed by the seller within 12 months prior to closing



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AHP Checklist & Input Sheet – Part 2 – First Time Homebuyer Assistance Program

Applicant Name(s): _____
Purchase Address: _____
City, State, Zip Code: _____

This checklist & Input Sheet must be submitted with Part 2

✓	Description of Item
<input type="checkbox"/>	Completed Affordable Housing Partner Checklist: Part 2 and Input Sheet
<input type="checkbox"/>	Lender Certification
<input type="checkbox"/>	Loan Estimate
<input type="checkbox"/>	Purchase Contract *Must include the Disclosure of Lead-Based Paint if home built prior to 1978
<input type="checkbox"/>	<input type="checkbox"/> UPCS Request Form (completed) <input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/>	Appraisal report
<input type="checkbox"/>	Voluntary Acquisition/Non-Displacement Letter * Only needed for HBA purchases
<input type="checkbox"/>	Seller's Occupancy Certification *Only needed for HBA purchases
<input type="checkbox"/>	Home Improvement/Repair Form *Only needed for HBA purchases (For Sellers that completed any repairs/improvement within the past 12 months)

Property Information			
Sales Price:	\$	Appraised Value:	\$
Financial Information			
Base Loan Amount:	\$	Fixed Interest Rate:	\$
Mortgage Insurance Premium (MIP) Amount	\$	Gift Funds:	\$
Total Loan Amount	\$	Seller Contribution	\$
Title Company Information			
Agency Name:		Phone:	
Contact Name:		E-mail:	
County Mortgage Fees			
Notary:	\$	Endorsement:	\$
E-Recording:	\$	Courier:	\$
Title Commitment Policy:	\$	Settlement:	\$
AHP Information			
AHP Representative:			
AHP Representative Signature			



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Lender Certification - First-Time Homebuyer Assistance Program

In accordance with the Community Assistance Division program policies, we, the first mortgage lender, hereby acknowledge and certify the following:

The applicant(s), _____, applied for and received a commitment for the MAXIMUM affordable first mortgage for which they are eligible under our present underwriting guidelines for the mortgage product being provided.

Mortgage Lender: _____
Mortgage product: _____
The base loan amount is: \$ _____ Term of loan in years: _____
With M.I.P. or comparable fee of: \$ _____ ☐ 15 ☐ 20 ☐ 25 ☐ 30
Totaling a first mortgage of: \$ _____ Interest Rate: _____ %
Monthly payment (principal & interest): \$ _____
Escrow payment (taxes/insurance): \$ _____
Is the interest rate fixed? ☐ Yes ☐ No → **Stop here; applicant(s) do not qualify**
Is there a prepayment penalty? ☐ Yes → **Stop here; applicant(s) do not qualify** ☐ No
Is there a balloon payment? ☐ Yes → **Stop here; applicant(s) do not qualify** ☐ No
Is there a non-occupying co-borrower? ☐ Yes → **Stop here; applicant(s) do not qualify** ☐ No

First Lender ratios for this loan are:

Front-end (new mortgage payment – (PITI/income): _____ %
Back-end (All debt including new payment- (PITI/income): _____ %

The front-end ratio must be at least 22%.

The back-end ratio cannot exceed 50%.

A front-end ratio exceeding 30% and/or a back-end ratio exceeding 41% require the lender provide a written explanation regarding the higher percentages and how the loan remains affordable for the applicant

A front-end ratio in excess of 35% and/or a back-end ratio in excess of 50% will not be approved.

If the terms and/or conditions of the first mortgage change any time prior to the actual closing, Community Assistance must be notified immediately for written approval of the changes.

Authorized signature

Date

Name & Title



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Request for UPCS Inspection – Existing HBA Only - First-Time Homebuyer Assistance Program

Affordable Housing Partner: _____

AHP Representative Name: _____

Client Name: _____

Property Address: _____

City, State, Zip: _____

Parcel #: _____

Contact Person (must have access to premises): _____

Contract Numbers:

Office number: _____

Cell number: _____

E-mail address: _____

Important notes or reminders for the Inspection Agency

Note: The Community Assistance UPCS inspection does not replace the home inspection by insurance or mortgage companies.

Voluntary Acquisition/Non-Displacement Letter – Existing HBA Only

Date: _____

Property Owner

c/o Real Estate Agent (if applicable)

Address

City, St. Zip

Re: Property Address: _____
Required URA notice

Dear _____:
Seller's Name

I/we, the Buyer(s), plan to acquire property that you own at the address listed above through the County of Volusia's Homebuyer Assistance Program. We may receive funding assistance through the U.S. Department of Housing and Urban Development (HUD) under the HOME and /or CDBG program. This purchase is a voluntary acquisition and, in the event, we cannot reach an amicable agreement for the purchase of your property, we will not pursue the purchase of this property.

We are prepared to offer you \$_____ to purchase your property. We believe this amount represents the current market value of your property. In accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA), owner-occupants who move as a result of a voluntary acquisition are not eligible for relocation assistance.

Sincerely,

Buyer (applicant) Signature

Buyer (co-applicant) Signature

Seller's Certification – Existing HBA Only
To be completed and signed by the seller of the existing property

Date: _____

Seller's Occupancy Certification

I/we, _____ the Seller(s) of the property located at:

Address of Property, City, State, Zip

Certify that:

I/(We) hereby certify that I/(We) do not wish to exercise the option to withdraw from the sales contract, and I/(We) are voluntarily going forward with this sale at the previously agreed upon sales price per the sales contract signed on _____.
Date

At this time the home is either owner-occupied or has been vacant for a minimum of three months. Therefore, a tenant will not be displaced. In accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA), owner-occupants who move as a result of a voluntary acquisition are not eligible for relocation assistance.

By signing below, I/we certify that the statement above is true to the best of my/our knowledge, and that if any new tenants are allowed to occupy this property that I/we assume responsibility for providing displacement assistance if we fail to have executed the **Notice to Prospective Tenant**.

Signature of Prospective Seller's

Date: _____

Date: _____



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Home Improvement/Repair Form – Existing HBA Only- First-Time Homebuyer Assistance Program

Buyer's Name: _____

Property Address: _____

Property Owner(s): _____

During the last 12 months have any home improvements or repairs been made to the property? ☐ Yes ☐ No

If yes, please describe the improvement or repair and provide the approximate cost:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____