



## CDBG-CV MORTGAGE ASSISTANCE PROGRAM DOCUMENTS

To properly process your application please be sure to include the following (please do not submit original documents):

Completed application signed by all persons in household over the age of 18	
Self-Certification Forms for all persons over the age of 18 in the household	
Driver's licenses or State Issued Identification Cards for all occupants over the age of 18	
Social Security Cards for persons under the age of 18	
If not a US citizen, proof of Permanent Resident Alien Status	
W-9 completed by Mortgage Company/Servicer	
Most Recent Mortgage Statement from Mortgage Company/Servicer	
One utility bill showing applicant name and address at the location where the applicant is requesting assistance (cable, water, electric)	
Most recent three months bank statements for checking and savings accounts that belong to each household member	
If self-employed, 2019 and 2020 tax returns	
2019 and 2020 W-2's or 1099s	

*Note: Additional information may be needed to determine eligibility once the information provided above is reviewed.*

*Application as processed on a first come, first ready basis meaning that COMPLETE applications with ALL required documents will be processed prior to those which are missing documentation. Failure to complete a timely and COMPLETE application may result in you not receiving funding.*



## CDBG-CV MORTGAGE ASSISTANCE APPLICATION INSTRUCTIONS

### General Instructions

Read the instructions for this application.

This form is fillable. Please type, or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in. Applications that are incomplete or illegible will be returned.

All household members 18 years of age or older must sign and date the application.

Submit application with all the required documentation during the required application period to:

<p>Online:  <a href="http://www.capecoral.net">www.capecoral.net</a> or  <a href="mailto:housing@capecoral.net">housing@capecoral.net</a></p>	<p>By Mail:          PO Box 150027          Attn: Planning Division – Mortgage Assistance          Cape Coral, FL 33915-0027</p>	<p>In Person:          Cape Coral City Hall          Zoning Counter          1015 Cultural Park Blvd.          Cape Coral, FL 33990</p>
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DUE TO THE COVID-19 PANDEMIC WE ENCOURAGE APPLICATIONS BE SUBMITTED ONLINE OR VIA MAIL

Applications will not be processed until the application period begins.

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### Itemized Instructions/Information

1. Applicant Information: Complete all information for the primary applicant including what type of assistance is being requested.
2. Co-Applicant Information: Complete all information for the co- applicant including what type of assistance is being requested.
3. Declarations: Complete by indicating Yes or No to each question. Be sure to answer follow-up questions, if applicable.
4. Property Information: Indicate that you provided each of the items listed.
5. Household Information: Provide the requested information for ALL members of the household.
6. Applicant’s Employment: Indicate if self-employed. Provide required employment information for the applicant.
7. Co-Applicant’s Employment: Indicate if self-employed. Provide required employment information for the co-applicant.
8. Household Income: Provide income information for all household members.
9. Household Assets: Provide the requested information on assets for all household members. Examples of what constitutes an asset are as follows: cash in savings and checking accounts, stocks, bonds, CD’s, mutual funds, money market accounts, IRA’s, 401k’s, investment properties, retirement, and pension funds, etc.
10. Eligibility: The information collected here is important to determine eligibility as it relates to emergency assistance.

11. COVID-19 Information: Provide basic information concerning eligibility related to the public health emergency with respect to COVID-19. Provide information on whether you or a household member was directly affected by COVID-19.
12. Homeowner Information: This section provides information related to your mortgage. Please be sure to complete in entirety.
13. Self-Certification Form: The Self-Certification form should be signed by all household members over the age of 18. Additional forms can be found on the City of Cape Coral website.
14. Duplications of Benefit Form: Complete and sign the duplication of benefits form. This form should be signed by the applicant and co-applicant. In this form you must provide information for any other COVID-19 related assistance the household has received or anticipates. This includes LEE CARES, Cape Coral CRF Assistance, Lee County CRG Assistance, etc.
15. Acknowledgments: Read and sign the Acknowledgment Form. This form should be signed by the applicant and co-applicant
16. Social Security Number Notification: Read and sign the Social Security Number Notification Disclosure.
17. General Release Form: Read, complete, and sign the General Release Form. This should be signed by the applicant and co-applicant.
18. Conflict of Interest Statement: Read and sign the conflict of interest statement. You must disclose if the applicant, co-applicant, or any members of the household have relations to or business with an employee, agent, consultant, officer, or elected or appointed official of the City of Cape Coral. If yes, please indicate the employee and the relationship.
19. Public Records Disclosure: Read and sign this form informing that your information is subject to public records disclosure per Florida Statutes.
20. W-9 Form for Mortgage Company: This form will need to be completed by your mortgage company or mortgage servicer.



## CDBG-CV MORTGAGE ASSISTANCE PROGRAM APPLICATION

### 1. Applicant Information

<b>APPLICANT NAME:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>APPLICANT'S E-MAIL ADDRESS:</b>		
<b>ADDRESS:</b>		
<b>CITY:</b> Cape Coral	<b>State:</b> FL	<b>Zip Code:</b>
<b>I AM APPLYING FOR ASSISTANCE WITH THE FOLLOWING:</b>		Mortgage

### 2. Co-Applicant Information - Leave blank if N/A

<b>CO-APPLICANT NAME:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>APPLICANT'S E-MAIL ADDRESS:</b>		
<b>ADDRESS:</b>		
<b>CITY:</b> Cape Coral	<b>State:</b> FL	<b>Zip Code:</b>
<b>I AM APPLYING FOR ASSISTANCE WITH THE FOLLOWING:</b>		Mortgage

### 3. Declarations

	YES	NO
Are you a US citizen or Permanent Resident Alien?		
Have you or the Co-Applicant ever been awarded child support for any of your children, regardless of whether received?		

If yes, in what State or County was it awarded? _____		
Is applicant, co-applicant or any other household member over the age of 18 a full-time student?		
If so, who? _____		
Is anyone in your household expecting a child?		
Is anyone in your household handicapped or developmentally disabled?		

#### 4. Property Information

Note: Indicate that each of the following is being included with your application by checking each box.

Proof of Property Ownership (this may include the copy of one of the following items: warranty deed, quitclaim deed, homestead exemption, tax records, life estate).	
Proof that you are current in your property taxes to the city (this may include a copy of one of the following items: property tax payment receipt from the city, cancelled check to the city for property taxes, affidavit certifying payment of property taxes, mortgage statement from lenders indicating taxes were paid).	
Proof of hazard insurance (which may include a copy of your homeowner's insurance or fire insurance policy).	
Proof of flood insurance if property is located in a Special Flood Hazard Area	

#### 5. Household Information – include ALL household members

Relationship to Applicant	Name	Social Security Number	Date of Birth	Sex	Marital Status M, S, W, D	Race*	Hispanic Y/N
Applicant							
Choose from: White (W) Black or African American (B) Asian (A) American Indian or Alaskan Native (I) Native Hawaiian or Other Pacific Islander (H) American Indian/Alaska Native and White (I and W) Asian and White (A and W) Black/African American and White (B and W) American Indian/Alaskan Native and Black/African American (I and B) Other Multi-Racial (O)							
<b>Total Number of Persons in Household:</b>							
Elderly: _____	Handicapped: _____	Farm Worker: _____	Developmentally Disabled: _____	Other: _____			
Single Head of Household			Yes			No	

## 6. Applicant's Employment

ARE YOU SELF EMPLOYED?	Yes	No
<b>EMPLOYER:</b>	Phone:	Fax:
ADDRESS:	YEARS EMPLOYED:	
POSITION	SUPERVISOR:	
<b>PREVIOUS EMPLOYER:</b>	Phone:	Fax:
ADDRESS:	YEARS EMPLOYED:	
POSITION	SUPERVISOR:	

## 7. Co-Applicant's Employment- leave blank if N/A

ARE YOU SELF EMPLOYED?	Yes	No
<b>EMPLOYER:</b>	Phone:	Fax:
ADDRESS:	YEARS EMPLOYED:	
POSITION	SUPERVISOR:	
<b>PREVIOUS EMPLOYER:</b>	Phone:	Fax:
ADDRESS:	YEARS EMPLOYED:	
POSITION	SUPERVISOR:	

## 8. Annual Household Income

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS OVER 18	TOTAL
Gross Salary				
Overtime, Tips, Bonuses, etc.				
Alimony/Child Support				
Social Security/SSI				
Retirement/Pension				
AFDC, Welfare				

Interest/Dividends				
Unemployment, Workers Comp				
Rental Net Income				
Business Net Income				
Other				

## 9. Assets

TYPE	INSITUTION	OWNER	ACCOUNT #	CASH VALUE
Checking Account				\$
Savings Account				\$
Stocks, Bonds, CD's				\$
IRA's, 401(k)				\$
Equity in Properties				\$
Life Insurance				\$
Other				\$

## 10. Eligibility Information

	YES	NO
Were/Are you or a household member affected financially by COVID-19?		
How many household members were/are affected financially by COVID-19?		

## 11. COVID-19 Information – please provide the following for each affected member

First household member affected by COVID-19		
Name:		
Are they unemployed or underemployed due to COVID-19?	Yes	No
Date household member became unemployed or underemployed		

Name of Employer when impacted by COVID-19:			
Address of Employer when impacted by COVID-19:			
What was the annual gross income of this household member prior to being affected by COVID-19 or March 1, 2020 whichever is later?			
What was the projected annual gross income of this household member after being affected by COVID-19?			
Is the person receiving unemployment benefits?	Yes	No	
If yes, how much is being received weekly?			
Provide additional information about hardship:			

<a href="#">Additional household member affected by COVID-19</a>			
Name:			
Are they employed or underemployed due to COVID-19?	Yes	No	
Date household member became unemployed or underemployed			
Name of Employer when impacted by COVID-19:			
Address of Employer when impacted by COVID-19:			
What was the annual gross income of this household member prior to being affected by COVID-19 or March 1, 2020 whichever is later?			
What was the projected annual gross income of this household member after being affected by COVID-19?			
Is the person receiving unemployment benefits?	Yes	No	
If yes, how much is being received weekly?			
Provide additional information about hardship:			



## 12. Mortgage Information

Name of Lender/Mortgage Company:			
Name of Contact Person:			
Phone Number:		Email Address:	
Address:	City:	State:	Zip:
Loan Number:			
Monthly Mortgage Payment		Date of Last Full Payment:	
How Many Mortgage Payments are past due?		Amount Due:	

### 13. Mortgage Program Assistance Self-Certification Form

<b>NAME:</b>			
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>	
<b>APPLICANT'S E-MAIL ADDRESS:</b>			
<b>ADDRESS:</b>			
<b>CITY:</b> Cape Coral	<b>State:</b> FL	<b>Zip Code:</b>	
I hereby certify that I have been negatively impacted by the <b>COVID-19</b> pandemic.			
I am underemployed or unemployed.			
Explain your COVID Related Hardship:			
I will receive income from the following sources over the next 12 months:		<b>YES</b>	<b>NO</b>
Gross wages from employment (including commissions, tips, bonuses, fees, etc.) \$ _____			
Net income from operation of a business \$ _____			
Rental income from real or personal property \$ _____ Property Value \$ _____			
Cash value of all assets (checking, savings, CD, stocks, bonds) \$ _____			
Interest or dividends from all assets \$ _____			
Social Security payments, annuities, retirement funds, pensions, or death benefits \$ _____			

Unemployment Benefits \$ _____		
Disability Payments \$ _____		
Public Assistance Payments/TANF \$ _____		
Periodic allowances such as alimony, child support, or gifts received from persons not living in my household  \$ _____		
Any other source of income not listed above \$ _____		
I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.		
<b>I certify my anticipated gross annual income for the next 12 months to be (Total of all income in chart):</b>		
<p>I will inform local government staff if my income changes during the period when I am receiving assistance.</p> <p>Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.</p>		
_____		
Signature of Applicant	Printed Name of Applicant	Date
Witness _____		
Witness _____		

14. Duplication of Benefits – please provide information on any other type of COVID-19 related assistance the household has received

Did you or any other household members receive any other assistance due to COVID-19 pandemic?	Yes	No
If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal or state assistance (CRF, CDBG, LEECARES, CDBG-DR, HOME), etc.		
Amount Approved?	Amount Received to Date:	
List agencies providing services:		
<p>I/We _____ am aware that I can receive no other assistance for the same purpose. I certify that I have not already received any mortgage assistance for this period of time, and am aware that if I receive additional assistance in the future for the same purpose, I will be required to notify the City of Cape Coral immediately, and will be responsible to reimburse the City of Cape Coral CDBG-CV program for any funding deemed to be duplicate.</p> <p>I/We understand we will need to complete a duplication of benefits agreement prior to receiving assistance.</p> <p>Applicant Signature: _____ Date: _____</p> <p>Co-Applicant Signature _____ Date: _____</p>		

## 15. Acknowledgements

I \_\_\_\_\_, hereby certify that I am a permanent resident of Lee County, Florida.

I understand information provided by the myself in this application may be subject to Chapter 119, Florida Statutes, regarding Open Records.

I understand that 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. I further understand that any willful misstatement of information will be grounds for disqualification. I certify that the application information provided is true and complete to the best of my knowledge. I consent to the disclosure of information for the purpose of income verification related to making determination of my eligibility for Mortgage assistance. I agree to provide any documentation needed to assist in determining eligibility and am aware that all information and documents provided are a matter of public record and subject to public review in accordance with Florida's public record law, Chapter 119, Florida Statutes.

**I understand that the information provided in this application form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to a department of the United States Government, and may be fined not more than \$10,000 or imprisoned for not more than five years, or both. This information will be used to establish a level of benefit for HUD and other Federally funded program(s); To protect the government's financial interest; and to verify the accuracy of information furnished. It may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal or regulatory investigators, and prosecutors. Failure to provide any information may result in a delay or rejection of eligibility or approval.**

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true and that all additional information submitted by me in connection with my Mortgage Assistance program is true and correct.

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Signature of Applicant

Date

I \_\_\_\_\_, hereby certify that I am a permanent resident of Lee County, Florida, and my property is NOT the subject of a pending or threatened foreclosure, and no mortgage (or other encumbrance creating a lien against the property) is in default.

I understand information provided by the myself in this application may be subject to Chapter 119, Florida Statutes, regarding Open Records.

I understand that 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. I further understand that any willful misstatement of information will be grounds for disqualification. I certify that the application information provided is true and complete to the best of my knowledge. I consent to the disclosure of information for the purpose of income verification related to making determination of my eligibility for Mortgage assistance. I agree to provide any documentation needed to assist in determining eligibility and am aware that all information and documents provided are a matter of public record and subject to public review in accordance with Florida's public record law, Chapter 119, Florida Statutes.

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Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true and that all additional information submitted by me in connection with my Mortgage Assistance Program is true and correct.

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

## 16. NOTIFICATION REGARDING RETENTION OF SOCIAL SECURITY NUMBERS

The following disclosure is being made pursuant to Section 119.071 (5), Florida Statutes:

The City of Cape Coral government retains the social security numbers for all household members on record receiving housing assistance for one or more of the following purposes:

- To comply with federal laws, specifically 24 Code of Federal Regulations, Part 5.126, requiring the City of Cape Coral and its contractors to obtain social security numbers for all applicants for housing assistance;
- To verify citizenship or legal immigration status;
- To verify income through computer matching; and
- To ensure there is no duplication of assistance with other housing agencies.

The City of Cape Coral is dedicated to ensuring the proper handling of confidential information relating to its clients and to ensuring their privacy.

I/We, the undersigned, acknowledge that I/We received a copy of this disclosure statement for my/our personal records.

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Signature of Homeowner/Resident	Date
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Signature of Homeowner/Resident	Date
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Adult Member	Date
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Adult Member	Date
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## 17. GENERAL RELEASE FORM

I/we \_\_\_\_\_, hereby authorize the City of Cape Coral or its designated agents to obtain and receive all records and information pertaining to my (our) homeownership, employment, income (including IRS returns), credit residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the City of Cape Coral the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I/we agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the City of Cape Coral for purposes of the program. In addition, I authorize the City to pass on a copy of my credit report to the lending institution I use for pre-qualification. The term of this authorization shall commence on the date of signature and be in force for a period of one (1) year.

_____ Signature of Homeowner/Resident	_____ Date	_____ Witness
_____ Signature of Homeowner/Resident	_____ Date	_____ Witness
_____ Adult Member	_____ Date	_____ Witness
_____ Adult Member	_____ Date	_____ Witness



## 18. CONFLICT OF INTEREST STATEMENT FOR HUD ASSISTED PROGRAMS

The following conflict of interest statement applies to both HUD assisted and City of Cape Coral SHIP programs.

Per U.S. Department of Housing and Urban Development (HUD) regulations 24 CFR §92.356 and 24 CFR §570.611, no employee, agent, consultant, officer, or elected or appointed official of the recipient, or of any designated public agencies, or of subrecipients having any functions or responsibilities related to activities assisted with Community Development Block Grant (CDBG), HOME Investment Partnership Program (HOME) or Neighborhood Stabilization Program (NSP) funds may benefit from an assisted activity. For purposes of the City of Cape Coral, this requirement also extends to immediate family members of individuals defined above. Exceptions may be granted on a case by case basis by HUD upon written request of the recipient and after certain disclosures are made public. Any conflicts noted will be investigated and resolved in accordance with HUD regulations.

\_\_\_\_\_ I hereby certify that I **do not** have (nor does anyone in my immediate family have) any relations to or business with any employee, agent, consultant, officer, or elected or appointed official of the City of Cape Coral or the organization which is providing the assistance I am receiving.

\_\_\_\_\_ I hereby certify that I do (or someone in my immediate family does) have relations to or business with an employee, agent, consultant, officer, or elected or appointed official of the City of Cape Coral or the organization which is providing the assistance I am receiving. Please list the name(s) of the person(s) involved in the potential conflict of interest and please state the nature of your relationship and/or business interest with the person(s).

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Further information will be required, and a separate meeting will be set up to discuss the disclosure of any potential conflicts of interest.

Applicant's Name (please print or type): \_\_\_\_\_

Co-Applicant's Name (please print or type): \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## 19. PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify the City/County, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City/County does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City/County in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that the City/County does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City /County or any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

Applicant's Name (please print or type): \_\_\_\_\_

Co-Applicant's Name (please print or type): \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

20. W-9 – to be completed by Mortgage Company/Service