



# CITY OF CAPE CORAL QUICK GUIDE TO THE COVID MORTGAGE ASSISTANCE PROGRAM

## Purpose of Program

The City of Cape Coral allocated \$100,000 out of SHIP 19/20 funds for emergency SHIP mortgage assistance. This distribution of funds is related to outbreak of coronavirus and it is considered disaster-related aid. President's Emergency Order issued on March 13, 2020 activated SHIP Disaster Strategy. The Florida Housing Finance Corporation, the Grantor agency for SHIP funds, provided the disaster related funds with the encouragement that they be used to assist income eligible applicants directly affected by the ongoing crisis through direct rental assistance/eviction prevention, mortgage assistance/foreclosure prevention, housing/financial counseling.

## Homeowner Benefit

Homeowners will receive assistance in the form of a grant/loan to assist with past due mortgage payments.

## Eligible Applicants

- Must meet income guidelines. These limits are based on the income and assets of **all** residents in the household and adjusted on an annual basis. (See Income Guidelines Chart Below)

Lee County, Florida		
Income Guidelines Chart (2020)*		
Your annual income must fall within the categories below		
Household Size	Low Up to 50% MI	Moderate 50.01-80% MI
1	\$24,150	\$38,600
2	\$27,600	\$44,100
3	\$31,050	\$49,600
4	\$34,450	\$55,100
5	\$37,250	\$59,550
6	\$40,000	\$63,950

\*Will change annually

- Cape Coral households experiencing loss of income directly related to COVID-19. Clients must demonstrate that their hardship is directly related to COVID-19 and they are either 1) still employed but expenses have increased; 2) underemployed; 3) temporarily laid off; 4) unemployed as result of COVID -19.
- Households with incomes at or below 80% Area Median Income (AMI) (lower incomes prioritized if needed)
- Households in good standing (current with their mortgage) as of April 1, 2020
- Households with fixed interest mortgages
- Households that can demonstrate that once assistance was rendered, they can keep up with their mortgage payment and that these mortgage payments are affordable (as defined in the City of Cape Coral Local Housing Assistance Plan).

## Ineligible Applicants

- Delinquent for payments prior to April 1, 2020
- Delinquent for any other reason other than from the results of CV-19

- Homeowner is obligated to the City for property tax lien or and IRS lien or judgment is active
- Applicant has liquid assets exceeding \$20,000
- Homeowner is in a forbearance agreement with their lender
- Homeowner is in Lis Pendens pending foreclosure

## Eligible Properties

Freestanding single-family homes, condominium units, and duplexes that have a separate strap and fee simple ownership.

## Funding

Qualified buyers will receive assistance in the form of a grant/loan from the City of Cape Coral. Assistance under \$5,000 will be a grant and over \$5,000 will be a five year forgivable loan.

## Eligible Expenses

Mortgage payments (principal, interest, taxes, insurance, late fees).

## Homeowner Maximum Assistance

Up to \$7,200 per household.

## Maximum Home Value

\$294,601

## Application and Program Information

This program is being run by City of Cape Coral Housing Development Corporation, a non-profit corporation. The Agency is located at 609 SE 9<sup>th</sup> TER, Cape Coral. The Agency can be reach at (239) 471-0922. The application can be found online at [www.capecoralaffordablehousing.org](http://www.capecoralaffordablehousing.org) or requested by phone/email.

Applications are encouraged to be emailed to [capecoralhousing@comcast.net](mailto:capecoralhousing@comcast.net) but may be submitted to our offices at 609 SE 9<sup>th</sup> Ter, Cape Coral, FL 33990.

Once a completed application is submitted, Agency staff will set up an in-person intake interview to discuss the program, the process, and the requirements in detail.

Submission of an application does not ensure you will be awarded funding. Funding is limited and is awarded on a first come, first approved basis.

PLEASE BE ADVISED THAT THIS DOCUMENT DOES NOT INCLUDE ALL REQUIREMENTS FOR THIS PROGRAM AND IT IS SUBJECT TO CHANGE AT ANYTIME AT THE DIRECTION OF PROGRAM ADMINISTRATORS AND THE US DEPARTMENT OF HUD.

**CAPE CORAL HOUSING DEVELOPMENT**  
**SHIP MORTGAGE ASSISTANCE COVID 19 PROGRAM**  
**APPLICATION REQUIREMENTS**

In order to properly process your application, please be sure to include copies of the following:

Driver's License/FL State Identification Card of all occupants

If not a US citizen, you must provide proof of Permanent Resident Alien Status.

Proof of income other than employment (i.e. Social Security Benefit letter, Unemployment Payment, Child Support, Disability)

Proof of loss of employment (if applicable)

If self-employed: last three (3) years tax return (including Profit & Loss statement)

Birth Certificates for all children

Last three (3) months of pay stubs

Last three (3) months of bank statements

Mortgage statements for the most recent three (3) months with account number, Servicer address, and contact information

Proof of your homeowner's insurance

Proof of flood insurance if required by Law

**Application must include information for all members living in the household (related or unrelated).**

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

CAPE CORAL HOUSING DEVELOPMENT CORPORATION  
609 SE 9<sup>th</sup> TER, Cape Coral, FL 33990  
Phone: (239) 471-0922; Fax: (239) 471-0915  
cchdc@comcast.net

**APPLICATION FOR SHIP MORTGAGE ASSISTANCE COVID 19 PROGRAM**

**APPLICANT INFORMATION**

**FILE #** \_\_\_\_\_

APPLICANT NAME:		
CO-APPLICANT NAME:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
APPLICANT'S E-MAIL ADDRESS:		
ADDRESS:		
CITY:	STATE:	ZIP:
STRAP # OF PROPERTY:		
I am applying for assistance with the mortgage payments at above referenced property.		

**You need assistance with the mortgage payments due to the following hardships caused by COVID 19 (circle what applies):**

- Still employed but expenses have increased
- Underemployed
- Temporarily Laid Off
- Unemployed
- Other (explain):

**DECLARATIONS**

**Applicant**      **Co-Applicant**

Yes   No                      Yes   No

- Are you a US citizen or Permanent Resident Alien?
- Do you have any outstanding unpaid collections or judgments?
- Have you been declared bankrupt within the past 7 years?
- Have you ever been awarded child support for any of your children, regardless of whether or not it is 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?

**PROPERTY INFORMATION**

YES                      NO

1. Are you current in your property taxes to the City?
2. Do you have homeowner’s insurance?
3. Is the homeowner’s policy up to date?
4. Do you have flood insurance? (if applicable)
5. Are you current on your mortgage payments
6. Date of last mortgage payment \_\_\_\_\_
7. Have you contacted your mortgage Servicer (if late with payments)?
8. Are you in the mortgage forbearance period with your Lender?
9. Has your Lender started foreclosure proceedings on this property?
10. Have you applied for assistance from any local, state, federal program/agency?  
(such as LeeCARES, Goodwill, Red Cross, State of Florida DEO etc.)  
Is so please state name of program/agency. \_\_\_\_\_

**HOUSEHOLD INFORMATION** (Include all household members)

RELATIONSHIP TO APPLICANT	NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	MARITAL STATUS M, S, W, D	RACE*	HISPANIC (Y/N)
Applicant								

\* i.e. 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)

**Total Number of Persons in the Household:**  
 \_\_\_ Elderly      \_\_\_ Handicapped      \_\_\_ Farm Worker      \_\_\_ Developmentally Disabled      \_\_\_ Other

**Household Type (circle one):**      Single                      Two Parent                      Single Parent

**APPLICANT'S EMPLOYMENT** *(minimum last 2 years)*

<b>EMPLOYER:</b>	PHONE:	FAX:
ADDRESS:	YEARS EMPLOYED:	
POSITION	SUPERVISOR:	
<b>PREVIOUS EMPLOYER:</b>	PHONE:	FAX:
ADDRESS:	YEARS EMPLOYED:	
POSITION	SUPERVISOR:	

**CO-APPLICANT'S EMPLOYMENT** *(minimum last 2 years)*

<b>EMPLOYER:</b>	PHONE:	FAX:
ADDRESS:	YEARS EMPLOYED:	
POSITION	SUPERVISOR:	
<b>PREVIOUS EMPLOYER:</b>	PHONE:	FAX:
ADDRESS:	YEARS EMPLOYED:	
POSITION	SUPERVISOR:	

**ANNUAL HOUSEHOLD INCOME**

SOURCE	APPLICANT BEFORE COVID 19	APPLICANT CURRENT INCOME	CO- APPLICANT BEFORE COVID 19	CO- APPLICANT CURRENT INCOME	OTHER MEMBERS 18+ BEFORE COVID 19	OTHER MEMBERS 18+ CURRENT INCOME	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							

**ASSETS**

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

**LIABILITIES** *(This is not consideration for assistance) (Add separate page if necessary)*

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
Mortgage			
Credit card balances			
Outstanding loans			
Personal loans			
Medical bills			
Car loan			
Other			

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 SHIP MORTGAGE ASSISTANCE due to COVID 19. 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.

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 SHIP MORTGAGE ASSISTANCE due to COVID 19 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 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 SHIP MORTGAGE ASSISTANCE due to COVID 19. 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.

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 SHIP MORTGAGE ASSISTANCE due to COVID 19 is true and correct.

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Signature of Co-Applicant

Date

**CITY OF CAPE CORAL  
HOUSING ASSISTANCE PROGRAMS  
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.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name (Printed)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



**CAPE CORAL HOUSING DEVELOPMENT CORPORATION**  
**A PRIVATE, NON-PROFIT ORGANIZATION DEDICATED TO CREATING AFFORDABLE HOUSING**

**GENERAL RELEASE FORM**

I/we \_\_\_\_\_, hereby authorize the Cape Coral Housing Development Corporation 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 Cape Coral Housing Development Corporation 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 Cape Coral Housing Development Corporation for purposes of the program. In addition, I authorize CCHDC 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.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name (Printed)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Cape Coral Housing Development Corporation assistance is being funded in part by state and federal grant funds and is subject to all Florida Records Laws. All applicant files and income documentation are subject to public purview according to Florida's Public Record Laws, Chapter 119, Florida Statute.

**DO NOT COMPLETE-IF APPROVED FOR ASSISTANCE THIS AGREEMENT WILL BE REQUIRED**

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**SHIP DUPLICATION OF BENEFITS  
DISASTER ASSISTANCE AGREEMENT WITH RECIPIENT**

Whereas, (“Recipient”) \_\_\_\_\_ is receiving State Housing Initiative Partnership Funds (SHIP) Program financial assistance from the City of Cape Coral (“Jurisdiction”) in the amount of \$ \_\_\_\_\_ to provide funding to pay mortgage payments for a property located at \_\_\_\_\_.

Now, therefore, the Jurisdiction has an option to recoup assistance used on the above described property upon the terms, conditions and contingencies herein set forth:

**Federal Benefits and Charitable Donations**

Recipient agrees that if he/she receives further federal benefits or charitable donations to pay mortgage in connection with the COVID-19 response, the recipient will report receiving benefits by emailing [planning@capecoral.net](mailto:planning@capecoral.net) or calling 239-574-0596 within one (1) month of receipt of additional proceeds and/or benefits. If recipient fails to report additional federal benefits or charitable donations, then the Jurisdiction may require immediate repayment in full of the entire loan amount provided by the Jurisdiction.

**Duplication of Benefits**

Recipient agrees that if benefits received subsequent to the receipt of SHIP funds are a duplication of benefits (DOB) received from other sources such as federal benefits or charitable donations, that the following shall apply:

1. If the Award has been fully expended by the City, any Subsequent DOB Proceeds shall be repaid by Recipient to the City up to the amount of the Award.
2. If no portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be paid by Recipient to the City and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City shall be returned to the Recipient, and this Agreement shall terminate.
3. If some portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by Recipient to the City to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award and retained by the City; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the Recipient, and this Agreement shall terminate.
4. If the City makes the determination that the Recipient does not qualify to participate in the Program or the Recipient decides not to participate in the Program, the Subsequent DOB Proceeds and any funds

previously paid by the Recipient to the City that have not been used or obligated by the Program shall be returned to the Recipient, and this Agreement shall terminate.

- 5. Once the City has recovered an amount equal to the Award, the City will reassign to Recipient any rights assigned to the City pursuant to this Agreement.

**Income Eligibility**

Recipient certifies that he/she has provided complete, accurate, and current information regarding household income to demonstrate Recipient’s eligibility to receive SHIP funds.

**Enforcement**

The Recipient and the Jurisdiction acknowledge that the Jurisdiction has the right and responsibility to enforce this agreement.

Whereas, if the Recipient does not violate any of the terms listed in this agreement, then this agreement will be considered released on the day of \_\_\_\_\_, 20\_\_\_\_\_ .

IN WITNESS WHEREOF, the undersigned recipient(s) has/have affixed his/her signature(s) and seal(s) this day of \_\_\_\_\_.

Signed, sealed and delivered in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Borrower