Lee County
Southwest Florida

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LEE COUNTY HOME DOWN PAYMENT ASSISTANCE PROGRAM

Dear Future Lee County Homeowner / Interested Lender or Realtor:

Thank you for inquiring about the HOME Down Payment Assistance Program. Please note that the application process may take up to **4 to 6 weeks** depending on completeness of the application. Funds are available on a first come-first ready basis for homebuyers who meet the program requirements.

- **This program is for the purchase of existing homes located anywhere in Lee County.** A unit which has obtained a Certificate of Occupancy at least one year prior to making application is eligible (no new construction).

- The home being purchased must be a single family home, condo/PUD or double-wide mobile/manufactured home (if 1976 or newer and situated on owned land). Duplexes, homes with attached or detached mother-in-law units, and homes with pools are **not** eligible. Maximum purchase price for the property is **$156,000** **(effective 5/2/16).**

- Homebuyers must agree to occupy the property as their principal homesteaded residence and not own any other homes at the time of application.

- Homebuyers are required to attend a Homebuyer Education Workshop from a HUD approved housing counseling agency. The following agencies may offer such courses:
  - Lee County Housing Development Corporation .....Phone: 239-275-5105
  - Affordable Homeownership Foundation Inc. .....Phone: 239-689-4944
  - Home Ownership Resource Center .....Phone: 239-768-2013
  - Cape Coral Housing Development Corporation .....Phone: 239-471-0922
  - Housing Authority of the City of Fort Myers .....Phone: 239-344-3220
  - REALTOR® Association of Greater Fort Myers .....Phone: 239-936-3537

- Homebuyers must obtain a loan commitment for a new first mortgage from a licensed lending institution. Our program is open to all lenders; no approval process is required.

- For approved applicants, Lee County will determine the minimum amount of down payment/closing cost assistance based on need. We will look at the lender required minimum down payment and closing costs (less earnest money deposit paid up front). Maximum assistance in any case is 10% of the purchase price or $10,000, whichever is less. The home must appraise at or above the sales price in order to qualify for assistance.

- Funds are available on a first come-first ready basis. To confirm availability of funds, contact Lee County.

- An **ORIGINAL** completed application along with a copy of a fully executed purchase contract is required to be **submitted by the lender** directly to Lee County at the address below:

Lee County Department of Human Services
Attn: Debbie Curran
2440 Thompson Street
Fort Myers, FL 33901

CHECKLIST FOR SUBMISSION

Applicant's Name:_____

All items marked with an asterisk ("*") are required to be submitted at time of initial application.

	Documentation (please put application package in this order; top to bottom)	Received
	*Lender Referral Form (original)	
	*HOME Application (3 Pages) – Must be completed and signed by all ADULT household members (original)	
	*Terms of First Mortgage (original)	
	*Authorization For the Release of Information - Must be signed by all ADULT household members (original)	
	*Purchaser's Acknowledgement of Monitoring Performance (original)	
	*Conflict of Interest Disclosure-Must be signed by all ADULT household members (original)	
	*Purchaser's Acknowledgement of Terms (original)	
	*Copies of Photo ID's for all ADULT household members	
	*Copies of Social Security Cards for all household members	
	*Copies of Permanent Resident Alien Cards for all household members, if applicable	
	*Copies of Birth Certificates for all household members under 18	
	*Copy Signed First Mortgage Loan Application (1003)	
	*Copy Signed First Mortgage Loan Estimate	
	Copy Homebuyer Education Certificate	
	*Copy of Mortgage Loan Commitment/Approval	
	*Copies of Verifications of Income, including VOE's for all sources of income, including full-time and part-time employment, social security awards letters, pension, child support, alimony, unemployment, worker's comp., etc. **Verifications of Income must be included for ALL household members**	
	*Copies Current pay-stubs (**2 months**) for ALL household members	
	*Copy Current Year Federal Income Tax Returns, all pages and all schedules including W-2's, 1099's, etc.	
	*Copies 2 Years of Tax Returns for all self-employed borrowers including signed/dated Year-to-Date Profit and Loss, if applicable	
	*Copy Divorce Decree, if applicable	
	*Copy Child Support Court Order Documentation/Verification, if applicable	
	*Copies Verifications of Deposit (VOD's) for all asset accounts including interest rates on all accounts, including checking, savings, money market accounts, CD's, IRA's, 401(k), or other retirement accounts, etc. Must be provided for ALL household members	
	*Copies Current **two months** Bank Statements for all asset accounts including checking, savings, money market accounts, CD's, IRA's, 401(k), or other retirement accounts, etc. Must be provided for ALL household members	
	*Copy Fully Executed Purchase Contract with all applicable addendums, i.e. lead based paint addendum for homes built prior to 1978	
	Verification of Earnest Money Deposit paid	
	Copy Appraisal	
	For homes built prior to 1978, Certified Lead Based Paint Inspection performed by EPA/HUD approved lead based paint inspector or certified risk assessor (order after HOME approval)	
	Seller Signed Uniform Relocation Act Disclosure	

All HOME application forms are required to be the original forms with signatures in **blue ink**. All other documentation can be copies unless otherwise noted.

NOTE: Incomplete applications will be sent back to the submitting lender without processing.

LENDER REFERRAL FORM

The applicant identified below appears to meet the eligibility requirements of Lee County's HOME Down Payment Assistance Program based on preliminary information received during their mortgage application.

Applicant(s) Name:			
Subject Property Address:			
Date Request Submitted:		Anticipated Closing Date:	
DPA Amount Requested:	$	Other Assistance:	$
Household Size:		Debt-to-Income Ratios:	/
Lending Institution Information			
Lending Institution:			
Lender Address:			
Loan Officer:		Loan Processor:	
LO Phone:		LP Phone:	
LO Fax:		LP Fax:	
LO E-mail:		LP E-mail:	
Closing Agent Information			
Closing Agent Company:			
Closing Agent Address:			
Closing Agent Contact:		Closing Agent E-mail:	
Closing Agent Phone:		Closing Agent Fax:	
Inspection Contact Information – Listing/Selling Agent			
Listing Agent Company:			
Listing Agent Contact:		Listing Agent E-mail:	
Listing Agent Phone:		Listing Agent Fax:	
Selling Agent Company:			
Selling Agent Contact:		Selling Agent E-mail:	
Selling Agent Phone:		Selling Agent Fax:	

_____

Signature of Loan Agent Date

PROCESSING TIME CAN TAKE UP TO 30 WORKING (BUSINESS) DAYS!
PRELIMINARY APPLICATION CAN BE SUMIBTTED VIA EMAIL, U.S. MAIL, OR IN PERSON.
FAXED APPLICATIONS WILL NOT BE ACCEPTED.

Instructions: Submit all items from **Checklist for Submission** to:

Lee County Department of Human Services
2440 Thompson Street
Fort Myers, FL 33901
ATTN: Debbie Curran
Phone: (239) 533-7938 ♦ Fax: (239) 533-7955 ♦ E-mail: DCurran@leegov.com

HOME Down Payment Assistance Application

Applicant Information (all adult household members must complete/sign; use separate sheets as necessary):

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Legal Name:		
Social Security #:		
Date of Birth:		
Street Address:		
City, State Zip:		
Length at address:		
Home Phone:		
Cell: Phone:		
Work Phone:		
E-mail Address:		
Marital Status:		

Declarations (circle one for each question):

	Applicant		Co-App	
Are you a US Citizen?	Yes	No	Yes	No
Are you a Permanent resident alien?	Yes	No	Yes	No
Have you and/or your spouse or co-applicant owned a home in the past 3 years?	Yes	No	Yes	No
Do you have any outstanding unpaid collections or judgments?	Yes	No	Yes	No
Have you been declared bankrupt within the past 7 years?	Yes	No	Yes	No
Have you had a property foreclosed upon or given title or deed in lieu of foreclosure?	Yes	No	Yes	No
Are you a party to a lawsuit?	Yes	No	Yes	No
Have you applied for a house through any other non-profit agency?	Yes	No	Yes	No
Have you disposed of any major assets in the past two years?	Yes	No	Yes	No
If so, how much? $_____				
Have you ever been awarded child support for any of your children, regardless of whether or not it is received?	Yes	No	Yes	No
If yes, in what State and County was it awarded? _____				

ALL Household Members:

Name (s)	Social Security Number	Date of Birth	Sex	Relationship to Applicant	Marital Status M, S, W, D	Citizenship Status?
				Self		

Is applicant, co-applicant, or any other household member, age 18 or older, a full-time student? Yes ❑ No ❑
If yes, please list student name: _____

Does anyone plan to live with you in the future who is (are) not listed above? Yes ❑ No ❑

Does the applicant or co-applicant own a home? Yes ❑ No ❑; Monthly rent/mortgage: $_____

Number of persons in household who are:

White		Black		Native American/Indian	
Asian/Pacific Islander		Hispanic		Other	
Elderly (62 and over)		Disabled		Name(s) of disabled?	

Household type: Single ❑ Two-parent ❑ Single-parent ❑ Married ❑ Individuals ❑

Applicant / Co-Applicant Employment Information:

Employee Name:	Employer Name:
Position:	Supervisor:
Address / Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc): $	

Employee Name:	Employer Name:
Position:	Supervisor:
Address / Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc): $	

NOTE: Attach additional sheets as necessary for all household members 18 years and over.

Annual Household Income (for all household members 18 and over):

Source	Applicant	Co-Applicant	Other member(s) 18 or over	Total
Gross Salary				
Overtime, Tips, Bonuses				
Alimony/Child Support				
Social Security				
Retirement/Pension				
AFDC, Welfare				
Interest/Dividends				
Unemployment				
Workers Compensation				
Net Business Income				
Other				
			Total Annual Income	**$**

Assets (for all household members):

Type	Institution	Owner	Account #	Cash Value
Checking Account				
Savings Account				
Money Market				
Stocks, Bonds, CD's				
IRA's, 401(k)				
Equity in Properties				
Life Insurance				
Other				
			Total Assets	$

Liabilities (for all household members 18 and over including credit card debt, auto and installment debt):

Type	Creditor's Name	Monthly Payment	Balance
Rent/Lease Payment			N/A
Mortgage			
	Total Liabilities	$	$

How did you hear about the HOME program? _____

I/We understand that Florida Statue 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 Statues 775.082 or 775.83. I/We further understand that any willful misstatement of information will be grounds for disqualification. I/We certify that the application information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making determination of my/our eligibility for program assistance. I/We agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing, within ten (10) business days of such change.

_____ _____

Applicant's Signature Date Co-Applicant's Signature Date

_____ _____

Other Adult Household Member Signature Date Other Adult Household Member Signature Date

TERMS OF FIRST MORTGAGE

(to be completed by Mortgage Loan Officer)

Borrower's Name:_____

Property Address:_____

Lending Institution:_____

First Mortgage Terms

1. Loan Amount: $_____
2. Loan Type
   - ❑ Conventional Conforming
   - ❑ Conventional Non-Conforming
   - ❑ FHA
   - ❑ VA
   - ❑ USDA
3. Loan Term: _____ ❑ Years ❑ Months
4. Interest Rate: _____% Locked In? ❑ Yes ❑ No
5. Fixed Rate? _____ Lender Required Minimum Down Payment: _____%

The above borrower is applying for assistance through Lee County's HOME Down Payment Assistance Program.

The undersigned loan officer hereby declares that the above first mortgage loan information is true and correct. If any of the above terms change between now and closing, the undersigned loan officer will immediately contact Lee County Department of Human Services (LCDHS). Any approval given by LCDHS may be declared null and void if any of the above information changes and is not longer acceptable to LCDHS.

Acknowledged by:

_____ _____

Applicant's Signature Date Co-Applicant's Signature Date

_____ _____

Loan Officer Signature Date Loan Officer Printed Name

AUTHORIZATION FOR THE RELEASE OF INFORMATON

I/We, _____, the undersigned hereby authorize the release without liability, of information regarding my/our employment, income, and/or assets to **Lee County Department of Human Services,** for purposed of verifying information provided as part of determining eligibility for assistance under the **HOME Down Payment Assistance Program**. I/We understand that only information necessary for determining eligibility can be requested.

Type of Information to be verified:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: personal identity, employment history, hours worked, salary and payment frequency, commissions, raises, bonuses and tips; cash help in checking/savings accounts, stocks, bonds, certificate of deposits, Individual Retirement Accounts, interest dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation; welfare assistance, net income from the operation of a business, and alimony or child support payments., etc.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers
Banks, Financial or Retirement Institutions
State unemployment Agency
Welfare Agency
Alimony/Child Support Providers
Social Security Administration
Veteran's Administration
Other

Agreement to Conditions:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/we have the right to review this file and correct any information found to be incorrect.

_____ _____
Applicant's Signature Date Co-Applicant's Signature Date

_____ _____
Other Adult Household Member Signature Date Other Adult Household Member Signature Date

Note: This general consent form may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately.

CLIENT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION

For Client Services Network of Lee County (CSN)

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS OR DESIRE ANY FURTHER INFORMATION REGARDING THIS FORM, PLEASE CONTACT THE CSN SYSTEM ADMINISTRATOR AT (239) 533-7925.

In order to best serve your needs at Lee County Department of Human Services to develop meaningful treatment plans, to determine your continuing eligibility for services, and to monitor your progress in complying with the terms of your shelter, housing or other services, County Department of Human Services and the Continuum of Care need to exchange, share, and/or release data, information or records they may collect about you.

The information contained in your case records with any Agency is considered confidential and privileged and cannot be exchanged, shared and or/released without your express and informed written consent, except where otherwise authorized by law. Please understand that access to shelter, housing and services is available without your consent for the release of the information. However, your consent, although optional, is a critical component of our community's ability to provide the most effective services and housing possible.

I understand that:

- This Agency may not condition the provision of services to me on my signing this consent/authorization (this Agency may not refuse to serve me simply because I do not want my information shared with other agencies).
- This form specifically authorizes the use of information about me in research conducted using information maintained in CSN. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports. The type of research that will be conducted using this information includes reports on the number and characteristics of people using different types of services, the effectiveness of services, and changes in patterns over time.
- If I give permission, the CSN allows information about me, including my photograph, to be shared with other CSN Partner Agencies. This may include, but is not limited to, information regarding my education history and employment background, income, program eligibility and participation, and personal history. The purpose of sharing information this way is to help the agencies that I seek services from obtain information about me more quickly, assist with my case management, and to help connect me with the services I need.
- Agencies that join CSN after I sign this consent/authorization also will have access to the personal information that I authorize for data sharing. This Agency must make reasonable accommodations to allow me to view the updated list of CSN Partnering Agencies.
- I have the right to inspect, copy, and request all records maintained by Agency relating to the provision of services provided by Agency to me and to receive copy of this form unless specifically denied under federal or state law. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise authorized by law. I may revoke this authorization at any time verbally or by written request, but the cancellation will not be retroactive. I understand that this release is valid for one year.

I give my consent to the exchange of information on CSN: Yes ☐ No ☐
I have read this document or it was read and/or explained to me and I fully understand and agree with the terms of this document.

Signature of client or guardian:	**Date:**	**Signature of witness:**	**Date:**
Printed name of client or guardian:		**Printed name of witness:**	

Current Partnering Agencies in CSN

After the Rain 2580 First Street, Fort Myers	**(239) 334 6261**
American Red Cross 7051 Cypress Terrace Circle #110, Fort Myers	**(239) 278-3401**
Ann's Restoration House 599 Carolina Ave, Fort Myers	**(239) 694 0877**
Community Cooperative P.O. Box 2143 Fort Myers	**(239) 332 7687**
Eternal Homes We Care Outreach 4231 Desoto Ave. Fort Myers	**(239) 693 7311**
House of Hope 2314 Unity Ave, Fort Myers	**(239) 810 5917**
Lee County Department of Human Services 2440 Thompson Street, Fort Myers	**(239) 533 7930**
Renaissance Manor 2789 Ortiz Ave, Fort Myers	**(239) 334 2600**
SalusCare, Inc. 3763 Evans Avenue, Fort Myers	**(239) 332 6937**
The Salvation Army 2400 Edison Avenue, Fort Myers	**(239) 334 3745**
Triage Outreach Center 2789 Ortiz Avenue, Fort Myers	**(239) 791 1543**
United Way 211 7275 Concourse Drive, Fort Myers	**(239) 433 3900**
UW House Estero/San Carlos Park (Interfaith Charities of South Lee) 17592 Rockefeller Cir, Fort Myers	**(239) 267-3510**

PURCHASER'S ACKNOWLEDGEMENT OF MONITORING PERFORMANCE

Purchaser(s) acknowledge by signing this statement that they are fully aware of and intend to abide by the following terms and conditions:

1. Intend to occupy this property as my/our primary homesteaded residence. Lee County will perform an annual monitoring to endure that purchaser(s) is/are still occupying the subject property. Purchaser(s) agrees to promptly complete and return the survey letters that will be mailed each year during the term of the Lee County mortgage (ten years from closing).

2. Purchaser(s) certifies that I/we do not currently own any residential real estate property.

3. Purchaser(s) understands that this document in no way guarantees approval under Lee County's HOME Down Payment Assistance Program.

Does purchaser(s) presently live in subsidized housing? ❑ Yes ❑ No
Does property have a swimming pool? ❑ Yes ❑ No

Purchaser's Acknowledgement of HUD's Minimum Housing Quality Standards Inspection

The undersigned, _____, purchaser(s) of the property located at _____, hereby acknowledge that Lee County Department of Human Services (LCDHS) will perform an inspection to determine whether or not the above property meets HUD's required inspection requirements. The property must pass this inspection in order for me/us to be eligible for HOME Down Payment Assistance. However, a passing inspection does not guarantee HOME Down Payment Assistance funds.

I/we understand that **this inspection is not and should not be considered a "Home Inspection." Lee County DHS recommends that I/we obtain a Home Inspection including a defective drywall inspection (Chinese Drywall) performed by a licensed, insured independent Home Inspector/Drywall Inspector**. I/we further understand that Lee County DHS assumes no responsibility for the condition of the above property and does not warrant the house in any way.

I/we are entitled to receive a copy of the HUD required inspection performed by LCDHS and will contact the following person if I/we desire to receive a copy of the inspection report:

Lee County Department of Human Services
2440 Thompson Street
Fort Myers, FL 33901
ATTN: Debbie Curran
Phone: (239) 533-7938
Fax: (239) 533-7955
E-mail: DCurran@leegov.com

Applicant's Signature Date	Co-Applicant's Signature Date
Other Adult Household Member Signature Date	Other Adult Household Member Signature Date

CONFLICT OF INTEREST DISCLOSURE

I understand that I must disclose information regarding my relationship with Lee County or with other persons who may be associated within the County if there is real or perceived conflict of interest due to employment, financial interest, or familial or business relationship. I, therefore, attest to the following:

- ❑ I am a current Lee County Board of County Commissioners' official, employee, board member, commissioner, agent and/or other representative of the County.

  Position/Title: _____

- ❑ I am a former Lee County Board of County Commissioners' official, employee, board member, commissioner, agent and/or other representative of the County.

  Position/Title: _____
  Date Employment/Term Ended: _____

- ❑ I am related to or have a business relationship with a current Lee County Board of County Commissioners' official, employee, board member, commissioner, agent and/or other representative.

  His/her name is:_____

  The person is associated with the County in the capacity as: _____

  The relationship of the person is as follows:
  ❑ Parent; ❑ Spouse; ❑ Immediate family; ❑ Business associate; ❑ Other: _____

- ❑ To the best of my knowledge, I am not aware of any current Lee County Board of County Commissioners' official, employee, board member, commissioner, agent and/or other representative of the County who is related to me or with whom I am a business associate.

_____

Name (Print) Signature Date

_____

Name (Print) Signature Date

Warning: 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.

FOR STAFF USE ONLY

In accordance with Federal regulations, this employee: ☐**Does** **OR** ☐**Does Not** exercise or has exercised any functions or responsibilities with respect to HUD-funded activities,

and ☐**Is** **OR** ☐**Is Not** in a position to participate in the decision making process or gain inside information regarding such activities. Therefore,

- ❑ **No conflict exists, or**
- ❑ **Exception to a real or perceived conflict exists and an exception will be filed.**

Signed by: _____ Date: _____

PURCHASER'S ACKNOWLEDGEMENT OF TERMS

Lee County is offering a second mortgage program which will provide assistance to enable eligible families to become homebuyers. All assistance provided will be secured by a **ten (10) year self-amortizing second mortgage** on the property being purchased and can be used for down payment AND closing costs. For approved applicants, Lee County will determine the minimum amount of down payment/closing cost assistance based on need. We will look at the lender required minimum down payment and closing costs (less earnest money deposit paid up front). Maximum assistance in any case is 10% of the purchase price or $10,000, whichever is less. The home must appraise at or above the sales price to be eligible for assistance. If all approved funds are not utilized for down payment and/or closing costs at the closing, the title company will be required to issue a refund payable to Lee County BoCC, c/o Lee County Department of Human Services. The homebuyer **cannot** receive **any** cash back, including any money paid towards earnest money deposit, application fee, appraisal, etc. **If, during the ten year term, the property is sold, transferred, leased, or first mortgage is refinanced, or is not owner-occupied and homesteaded, then the prorated balance of the second mortgage will be due and payable in full.** Funds will be reserved on a first come, first ready basis to eligible applicants who receive firm mortgage commitments from a licensed lending institution.

In order to be eligible for assistance, an applicant cannot own any other homes; **agree to occupy the property as their principal homesteaded residence**; have executed a purchase contract for purchase of an **existing** single family home (condos and PUD's included) in Lee County; and have gross annual household income which does not exceed the limits set forth below (Effective June 1, 2015):

1 person - $32,300	2 persons - $36,150	3 persons - $41,500	4 persons - $46,100
5 persons - $49,800	6 persons - $53,500	7 persons - $57,200	8 persons - $60,900

I/we acknowledge that this referral does not guarantee that I am approved for assistance in conjunction with Lee County's HOME Down Payment Assistance Program and/or permanent mortgage financing through the lender making this referral. I authorize the lender or its designated agent to release any information necessary to determine my/our eligibility for the program to Lee County Department of Human Services and/or designated agents of such.

Please list all household members, including borrower(s) names (use additional sheet as necessary):

Name	D/O/B	Relation	Social Security #	Income
		SELF		

I/We understand the Florida Statute 817 provides that willful false statements or misrepresentations 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/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete.

Applicant's Signature Date

Co-Applicant's Signature Date

Other Adult Household Member Signature Date

Other Adult Household Member Signature Date

UNIFORM RELOCATION ACT (URA) SELLER FORM

Date: _____

Seller: _____
_____
_____

Homebuyer: _____

Subject Property Address: _____

To Whom It May Concern:

The Lee County Department of Human Services is pleased to participate in the sale of your property by assisting the buyer through our HOME Down Payment Assistance Program.

Under HUD's HOME Down Payment Assistance Program, the Lee County Department of Human Services is mandated to inform you that any owner-occupant who voluntarily sells a property to a first-time homebuyer is not eligible for relocation assistance under the Uniform Relocation Act (URA). The above referenced property must be currently occupied by yourself or the purchaser, or be vacant. We will not allow a tenant to be displaced. In addition, we are using the property appraisal as the fair market value of your property being purchased. We also want to inform you that the buyer does not have the Power of Eminent Domain and therefore will not acquire the property if negotiations fail to result in an amicable sales agreement.

Again, the Lee County Department of Human Services is happy to participate in the sale of your property thereby creating an affordable home for this homebuyer.

If you have any questions, please contact me Monday-Friday, 7:30am-4:30pm at Lee County Department of Human Services, 2440 Thompson Street, Fort Myers, FL 33901 (239.533.7938; Fax: 239.533.7955; email: DCurran@leegov.com).

Sincerely,

Debbie Curran, Housing Finance Counselor
Lee County Department of Human Services

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE LETTER AND ALSO CERTIFY THAT:

Please check the one that applies.

I am currently occupying the above referenced property.	❒
The above referenced property is and was vacant at the time the purchase contract was entered into with buyer.	❒
The above referenced property is occupied by a tenant.	❒
The above referenced property was occupied by tenant at the time the purchase contract entered into with buyer, but now vacant.	❒
The above referenced property is and was occupied by buyer at time the purchase contract was entered into with buyer.	❒

Other/Comments: _____

_____
Seller (owner) OR Seller's Designated Representative Printed Name

_____
Date

S:\HSNG\DPA Files\Active Loans\New HOME File\UNIFORM RELOCATION ACT.docx