



REV 12/2022

## FILE CHECKLIST FOR HOUSING REHABILITATION PROGRAM

<b>Application Package Forms</b>		
Program Application	Pages 1 – 5	
False Statements and Public Record Disclosure	Pages 6	
Authority to Verify Credit	Pages 7	
Authorization to Release Information	Pages 8	
Notice of Collecting Social Security Numbers	Pages 9	
Subordination / Second Mortgage Disclosure	Pages 10	
“Things Homeowners Should Know Before Participating in the Rehabilitation Program of the City of Boynton Beach” Disclosure	Pages 11	
<b>Personal Documents</b>		
Social Security Card (all household members)		
Valid Florida Driver's License or Florida Identification Card (all adult household members – 18-years and over)		
U.S. Birth Certificate (all US citizens), or valid U.S. Passport, or Naturalization Certificate, or valid Permanent Resident Card		
Court Order Child Support or Non-Child Support		
Student Transcript / Enrollment on School / College on Letterhead (full-time students 18-years and older)		
Legal Adoption		
Divorcee Degree and Settlement		
Two most recent years of Tax Returns including W2's and 1099's (all adult household members -18 years and over)		
Most recent 30 days of Paystubs (all adult household members -18-years and over)		
Most recent Social Security Annual Award Letter (all adult household members –18-years and over)		
Most recent Pension and/or Annuity Statement (all adult household members –18-years and over)		
Most recent Investment Account Statement (all adult household members –18-years and over)		
If Self Employed, Most recent quarterly Profit and Loss Statement		
Most recent Six (6) Months Bank Statement – All pages of each statement for all Accounts (all adult household members-18-years and over)		
Retirement Account Statements (401K, IRA 403B etc.) (all adult household members – 18-years and over)		
<b>Property Specific Documents</b>		
Warranty Deed/Quit Claim Deed or Summary Judgement		
Monthly Mortgage Statement (must be current)		
Homeowner Insurance (Declaration Pages only)		
<b>*Note Property Taxes Must Be Current</b>		



REV 12/202

### BOYNTON BEACH FAITH BASED CDC, INC. APPLICATION FOR SERVICES

INFORMATION CONTAINED HEREIN SHALL BE USED ONLY TO DETERMINE YOUR ELIGIBILITY FOR THE ASSISTANCE YOU ARE REQUESTING

Date: \_\_\_\_\_

In-take Counselor's Initials: \_\_\_\_\_

**How can we help you?** Please provide a brief description of your situation and the services you are requesting: \_\_\_\_\_

ADD ADDITIONAL LINES IF NEEDED

PLEASE PRINT ALL INFORMATION

Applicant's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City, State, Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: Married  Unmarried  Divorced  Widow/Widower  Separated

U.S. Citizen? Yes  No  If No, Valid Permanent Resident Cardholder: Yes  No

Do you own  Rent  Other  Explain: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Monthly Housing Payment: \$ \_\_\_\_\_

Landlord/Lender Name & Address: \_\_\_\_\_

Co-Applicant/Spouse Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City, State, Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: Married  Unmarried  Divorced  Widow/Widower  Separated

U.S. Citizen? Yes  No  If No, Valid Permanent Resident Cardholder: Yes  No

Do you own  Rent  Other  Explain: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Monthly Housing Payment: \$ \_\_\_\_\_

Landlord / Lender Name & Address: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Address: \_\_\_\_\_ 2



REV 12/202

Salary: \_\_\_\_\_ How Long? \_\_\_\_\_ Job Title: \_\_\_\_\_ Main Phone# \_\_\_\_\_

Other Employers: \_\_\_\_\_

Applicant/Spouse Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Salary: \_\_\_\_\_ How Long? \_\_\_\_\_ Job Title: \_\_\_\_\_ Main Phone# \_\_\_\_\_

Other Employers: \_\_\_\_\_

**LIST ALL PERSONS WHO WILL RESIDE IN THE PROPERTY WITH YOU AND CO-APPLICANT.**

FULL LEGAL NAME	RELATIONSHIP	AGE	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are All Household Members U.S. Citizen? Yes  No  If No, Permanent Resident Cardholder: Yes  No

Does any member of your household meet the following definition of special need? Yes  No

Definition of Persons with Special Needs per Florida Statutes S.420.0004:

An adult person requiring independent living services in order to maintain housing or develop independent living skills and has a disabling condition 420.0004 (7) Florida Statutes.

- A young adult formerly in foster care who is eligible for services under S.409.1451 (5).
- A survivor of domestic violence as defined in S.741.28; or
- A person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security or from Veterans' Disability Benefits.

**HOUSEHOLD INCOME (Must provide proof)**

<u>Source</u>	<u>Gross Amount</u>	<u>Additional Comments</u>
WAGES/SALARIES	_____ PER _____	_____
OVERTIME	_____ PER _____	_____
BONUS	_____ PER _____	_____
COMMISSION	_____ PER _____	_____
CHILD SUPPORT/ALIMONY	_____ PER _____	_____
UNEMPLOYMENT	_____ PER _____	_____
OTHER REGULAR CONTRIBUTIONS	_____ PER _____	_____
OTHER INCOME	_____ PER _____	_____
SOCIAL SECURITY	_____ PER _____	_____
DISABILITY	_____ PER _____	_____
VETERAN BENEFITS	_____ PER _____	_____
RETIREMENT/PENSION	_____ PER _____	_____



**ASSETS (MUST PROVIDE DOCUMENTATION)**

CHECKING ACCOUNT: YES  No  BANK/INSTITUTION: \_\_\_\_\_

SAVINGS ACCOUNT: YES  No  BANK/INSTITUTION: \_\_\_\_\_

INVESTMENTS: YES  NO  FIRM/INSTITUTION: \_\_\_\_\_

RETIREMENT: YES  No  FIRM/INSTITUTION: \_\_\_\_\_

REAL ESTATE: TYPE OR USE \_\_\_\_\_ VALUE \_\_\_\_\_

DO YOU RECEIVE INCOME FROM REAL ESTATE? YES  NO  IF YES, AMOUNT \_\_\_\_\_  MONTHLY  ANNUALLY

**LIABILITIES**

<u>SOURCE</u>	<u>MONTHLY PAYMENT</u>
ELECTRIC	\$, _____
TELEPHONE	\$, _____
WATER	\$, _____
GAS	\$, _____
CABLE	\$, _____
CHILD CARE	\$, _____
MEDICAL	\$, _____
INSURANCE(S)	\$, _____
LOAN(S) /CAR LOAN	\$, _____

DO YOU AND/OR THE CO-APPLICANT OWN PROPERTY IN ANY OTHER COUNTY WITHIN THE UNITED STATES? YES  NO

DO YOU OWN AND OCCUPY THE PROPERTY FOR WHICH YOU ARE REQUESTING REPAIRS? YES  NO

HAVE YOU AS A HOMEOWNER PREVIOUSLY RECEIVED ASSISTANCE FROM THE CITY OF BOYNTON BEACH FOR HOME REPAIRS? YES  NO

IF YES, PLEASE DESCRIBE ASSISTANCE: -----  
\_\_\_\_\_  
\_\_\_\_\_

**REPAIRS/FINANCIAL AID REQUESTED**

BRIEFLY LIST THE TYPE OF REPAIRS YOU WISH TO MAKE ON YOUR HOME OR REQUESTING. USE THE BACK OF THIS PAGE IF NEEDED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE ANY OF THE ABOVE REPAIRS THE RESULT OF HURRICANE DAMAGE? YES  NO

IF YES, DID YOU RECEIVE INSURANCE AND/OR FEMA FUNDS? YES  AMOUNT RECEIVED \$ \_\_\_\_\_ NO



The following information is requested, in order, to monitor compliance with Equal Credit Opportunity and Fair Housing Laws. You are not required to furnish this information. If you do not wish to furnish the information below, please check the appropriate box.

**APPLICANT**

Male  Female

**ETHNICITY**

HISPANIC OR LATINO  
 NOT HISPANIC OR LATINO

I DO NOT WISH TO FURNISH INFORMATION

**RACE**

ALASKA NATIVE  
 NATIVE AMERICAN  
 ASIAN  
 BLACK OR AFRICAN AMERICAN  
 NATIVE HAWAIIAN  
 OTHER PACIFIC ISLANDER  
 WHITE  
 OTHER \_\_\_\_\_

I DO NOT WISH TO FURNISH INFORMATION

**CO-APPLICANT/SPOUSE**

Male  Female

**ETHNICITY**

HISPANIC OR LATINO  
 NOT HISPANIC OR LATINO

I DO NOT WISH TO FURNISH INFORMATION

**RACE**

ALASKA NATIVE  
 NATIVE AMERICAN  
 ASIAN  
 BLACK OR AFRICAN AMERICAN  
 NATIVE HAWAIIAN  
 OTHER PACIFIC ISLANDER  
 WHITE  
 OTHER \_\_\_\_\_

I DO NOT WISH TO FURNISH INFORMATION

**AGREEMENT/UNDERSTANDING (IMPORTANT- ( READ BEFORE SIGNING)**

**It is your responsibility to complete the application and provide all the information requested. Failure to do so will result in the cancellation of your application.**

I/We understand that providing false information on this application regarding marital status, household size and income will result in automatic denial of the application for funding.

I/We understand the Florida Statute 814 provides that willful false statements or misrepresentation concerning income, asset, or liability information relating to financial conditions is a misdemeanor of the first degree, punishable by fines and imprisonment provided under FL Statutes 775.082 or 775.083.

I/We certify that the application information provided is true and complete to the best of my/our knowledge.

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/We consent to disclose all information for the purposes of income verification related to making a determination of my/our eligibility for program assistance.

I/We understand that funds provided through all programs are considered a conditional loan and may require my/our signature on a Mortgage and Promissory Note.

I/We understand that the FBCDC and City of Boynton Beach reserves the right to check any information provided as a part of this application.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Co-Applicant/Spouse Signature: \_\_\_\_\_ Dated: \_\_\_\_\_





## FALSE STATEMENTS AND PUBLIC RECORD DISCLOSURE

### FALSE STATEMENTS

Chapter 817 of the Florida Statutes provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided Linder §775.082 or 775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

### PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Funding for this program is provided by the City of Boynton Beach. The 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 Boynton Beach CDC, the City of Boynton Beach or 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 Boynton Beach CDC does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City of Boynton Beach 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 Boynton Beach CDC does not have any obligation or duty to provide me/us with notice that a public records law requests has been made.

I/We agree to hold harmless Boynton Beach CDC, the City of Boynton Beach 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.

**ELIGIBILITY RELEASE:** It is required that you sign this form, which allows Boynton Beach CDC to request information from Third Parties if it chooses to do so, concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Household Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Household Member Signature

\_\_\_\_\_  
Date



REV 12/2022

**AUTHORITY TO VERIFY CREDIT INFORMATION**  
**BOYNTON BEACH FAITH BASED CDC, INC. TIN: 65-0971509**  
**CITY OF BOYNTON BEACH TIN: 59-6000282**

THIS IS YOUR AUTHORITY TO VERIFY MY BANK ACCOUNTS, EMPLOYMENT, OUTSTANDING DEBTS, INCLUDING ANY PRESENT OR PREVIOUS MORTGAGES, TO ORDER A CONSUMER CREDIT REPORT, AND TO MAKE ANY OTHER INQUIRIES PERTAINING TO MY QUALIFICATION FOR THIS FINANCIAL ASSISTANCE APPLICATION FROM YOU. YOU MAY MAKE COPIES OF THIS LETTER FOR DISTRIBUTION TO ANY PARTY WITH WHICH I HAVE A FINANCIAL OR CREDIT RELATIONSHIP AND THAT PARTY MAY TREAT SUCH COPY AS AN ORIGINAL.

**Privacy Act Notice:** THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY FOR ASSISTANCE UNDER ITS PROGRAM. IT WILL NOT BE DISCLOSED OUTSIDE THE AGENCY EXCEPT AS REQUIRED AND PERMITTED BY LAW. YOU DO NOT HAVE TO PROVIDE THIS INFORMATION, BUT IF YOU DO NOT, YOUR APPLICATION FOR APPROVAL FOR ASSISTANCE OR BORROWER MAY BE DELAYED OR REJECTED.

**WARNING:** Section 1001 of title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_

ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____

CO-APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_

ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____

ADULT HOUSEHOLD MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

ADULT HOUSEHOLD MEMBER \_\_\_\_\_ DATE \_\_\_\_\_



**Owner-Occupied Limited Rehabilitation for Qualifying Households Program  
AUTHORIZATION TO RELEASE INFORMATION TO DETERMINE ELIGIBILITY**

I, \_\_\_\_\_ the undersigned, hereby, authorize to release without liability, information regarding my employment, income, and/or assets to the Boynton Beach Faith Based CDC, Inc., acting on behalf of the City of Boynton Beach Community Development Division, for the purposes of verifying information provided to determine eligibility to participate in the Owner-Occupied Limited Rehabilitation Program. I understand that only information necessary for determining eligibility can be requested.

**Types of information to be verified:**

I understand that previous or current information regarding me 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 held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), individual Retirement Accounts (IRA), interest, dividends, etc., payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits; unemployment, disability and/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 verification are, but not limited to:**

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

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

Signature of Applicant	Print Name	Date
Co-Signature of Applicant	Print Name	Date
Signature Adult Household Member	Print Name	Date
Signature Adult Household Member	Print Name	Date



REV 12/2022

### NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

24 CFR Part 5 (General HUD Program Requirements; Waivers) §5.216 specifically states the following:

**(b) Disclosure required of assistance applicants.** Each assistance applicant must submit the following information to the processing entity when the assistance applicant's eligibility under the program involved is being determined.

- (1) The complete and accurate SSN assigned to the assistance applicant and to each member of the assistance applicant's household; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

**(c) Disclosure required of individual owner applicants.** Each individual owner applicant must submit the following information to the processing entity when the individual owner applicant's eligibility under the program involved is being determined:

- (1) The complete and accurate SSN assigned to the individual owner applicant and to each member of the individual owner applicant's household who will be obligated to pay the debt evidenced by the mortgage or loan documents; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

The social security number is needed to determine eligibility under federal and state programs such as HOME, CDBG and SHIP that are determined eligible using 24 CFR part 5.

The applicant and household member hereby agree to allow the Boynton Beach Faith Based CDC, Inc and the City of Boynton Beach to use the SS number to verify the following information:

- Employment
- Unemployment
- Pension Benefits
- Social Security
- Assets
- Child support

**paragraph g) Required documentation –**

- (1) **SSN.** The documentation necessary to verify the SSN of an individual who is required to disclose his or her SSN under paragraphs (a) through (e) of this section is:
  - (i) A valid SSN card issued by the SSA;
  - (ii) An original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or
  - (iii) Such other evidence of the SSN as HUD may prescribe in administrative instructions

Signed by all adult household members

RECEIVED BY: \_\_\_\_\_  
Print Name

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature

RECEIVED BY: \_\_\_\_\_  
Print Name

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature



## SUBORDINATION/ SECOND MORTGAGE DISCLOSURE

A second mortgage will be placed on all homes assisted by the City of Boynton Beach in the amount equal to funding assistance. A homeowner assisted by the State Housing Initiatives Partnership (SHIP) or Community Development Block Grant (CDBG) programs may not refinance his/her first mortgage or take out another mortgage unless the City agrees to subordinate its second mortgage. The subordination policy utilized by the City of Boynton Beach is:

- The City of Boynton Beach does not support the owner using equity for any items other than the property only. If the purpose of the new loan is home repair or reasonable improvements, the need must be substantiated by an inspection of the property by the City of Boynton Beach Construction Coordinator, and the homeowner must furnish the contract for the proposed repairs.
- The City of Boynton Beach will NOT subordinate its mortgage for owners attempting to obtain a Line of Credit or consolidate debt, as this would enable them to increase their debt for purposes other than home improvement. The City of Boynton Beach maintains that:
  - ▶ Second mortgages are provided under the SHIP program to assist with homeownership
  - ▶ Deferred loans are provided under the CDBG or SHIP program for the exclusive purpose of rehabilitating, enhancing and/or preserving real estate.
- If the owner wants to refinance the first mortgage at a lower rate and/or for a shorter loan term, the City may subordinate if:
  - ▶ Additional money is not being borrowed (unless its purpose is for home repair or reasonable improvement).
  - ▶ The resulting housing cost (principal, interest, taxes, and insurance - PITI) does not exceed the Housing Cost (PITI) calculation of the original loan. .
  - ▶ The new loan is for a fixed rate.
- If the owner is securing a mortgage for necessary home repairs or reasonable improvements, the City of Boynton may subordinate if:
  - ▶ The combined payments of the all mortgages do not exceed 35% of the gross income.
  - ▶ The loan is for a fixed interest rate.

Subordination of loan will not be approved for purposes other than to refinance the first mortgage on the subject property to improve rate and/or term. The City of Boynton Beach will only allow One (1) subordination approval during the term of the program loan. The City may consent to a subordination of its loan to allow the homebuyer to receive cash out for emergency home repairs that become necessary to sustain homeownership and maintain the health and safety of the residents.

The City of Boynton Beach reserves the right to deny any subordination request it deems not in its' or the homeowner'(s) best interest i.e. exorbitant closing cost fees (closing cost may not exceed 6% of loan amount, interest rate may not exceed 1.5% of the current first mortgage).

The authority to approve subordinate requests or exceptions to the Subordination Policy will rest the City Manager or his/her designee.

**I have read and understand this Subordination/Second Mortgage Disclosure.**

\_\_\_\_\_  
Homeowner/Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner/Borrower

\_\_\_\_\_  
Date

The City of Boynton Beach recommend homeowners contact the City of Boynton Beach Community Improvement Division immediately if their mortgage payment becomes delinquent, to be referred to agencies that might be of assistance.

**YOU WILL BE REQUIRED TO SIGN THIS DOCUMENT AGAIN AT CLOSING.**



## Things Homeowners Should Know Before Participating in the Owner-Occupied Limited Emergency Rehabilitation Program

The following is a list of things homeowners should know before participating in the program:

- The purpose of the Owner-Occupied Limited Emergency Rehabilitation Program is to assist eligible homeowners with home repairs that threaten the homeowner's safety, energy efficiency, habitability, and accessibility.
- The program is for rehabilitation, not restoration of the home when newly constructed.
- Rehabilitation is defined as the repairs and/or improvements needed for safe and sanitary habitation, energy efficiency, and/or accessibility.
- Boynton Beach CDC strives to have all rehabilitation jobs performed in a workmanlike manner, but homeowners may not always be satisfied.
- Homeowners should not expect their home to be new or appear to be new when the renovation work is completed. Homeowners should not expect all floors, walls, ceilings, doors, windows, et cetera to be completely plum. Level, and square. This is especially true in older homes
- Property must be located within the City limits of Boynton Beach, Florida.
- Due to the limited funding (\$25,000 maximum award amount) per household, Boynton Beach CDC cannot assist with all of the repairs/improvements homeowners may want or need. The amount of the award will be based on the amount necessary to cure existing substandard conditions or accessibility.
- If the rehabilitation cost exceeds the maximum grant award, the homeowner will be referred to the City's Housing Rehabilitation Program which will require a deferred mortgage of 15 years.
- Homeowners should be aware that with construction rehabilitation there will inevitably be dust. For the work/rehabilitation to be completed on time, homeowners must agree to make reasonable accommodations and access to their homes. A working schedule should be agreed upon before the commencement of any work.
- In the event where failure to pay the superior mortgage lien holder leads to foreclosure and/or loss of property, the Boynton Beach CDC/City of Boynton Beach may take legal action to recover the secured mortgage funds.
- Applicant(s) will be selected on a first-come, first-qualified, first-served basis. Order of Ranking Priority is as follows:
  - Senior Households
    - Very low
    - Low
    - Moderate
  - Special Needs Households
    - Very Low
    - Low
    - Moderate



# PALM BEACH COUNTY INCOME GUIDELINES

Palm Beach County Median Income = \$90,300

## 2022 INCOME LIMITS

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low-Income 30% Median	\$19,350	\$22,100	\$24,850	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630
Very Low-Income 50% Median	\$32,200	\$36,800	\$41,400	\$46,000	\$49,700	\$53,400	\$57,050	\$60,750
Low-Income 80% Median	\$51,550	\$58,900	\$66,250	\$73,600	\$79,500	\$85,400	\$91,300	\$97,200
Moderate Income 120% Median	\$77,280	\$88,320	\$99,360	\$110,400	\$119,280	\$128,160	\$136,920	\$145,800

Source: HUD Income Limits (*subject to change annually*)

Fiscal Year 2022

Palm Beach County Median Income = \$90,300

HUD Released: 4/18/2022

FHFC Posted: 4/27/2021

Effective: 4/18/2021