

HOME OF PELICAN ISLAND

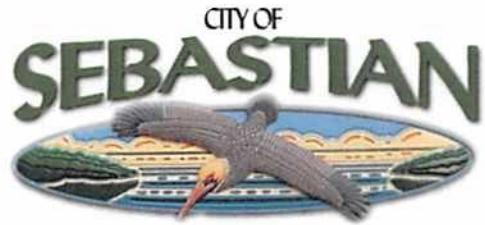
1225 MAIN STREET, SEBASTIAN, FLORIDA 32958
TELEPHONE (772) 228-7052 FAX (772) 228-7077

AGENDA
CITY OF SEBASTIAN
VETERANS ADVISORY BOARD MEETING
MONDAY, OCTOBER 5TH, 2020
3:00 PM

- 1) CALL TO ORDER
- 2) PLEDGE OF ALLEGIANCE
- 3) ROLL CALL
- 4) MEETING CHAIR MAKE ANNOUNCEMENTS
- 5) AGENDA MODIFICATIONS
Modifications and additions require unanimous vote of members. Deletions do not apply.
- 6) APPROVAL OF MINUTES:
March 2nd, 2020 Meeting Minutes
- 7) UNFINISHED BUSINESS:
- 8) PUBLIC INPUT
- 9) NEW BUSINESS:
Item A: CDBG Grant Housing Rehab Assistance Program
Item B: Veteran's Day Event Plan and Responsibility
Item C: Pearl Harbor Day Planning and Responsibility
Item D: Wreaths Across America Discussion
- 10) STAFF MATTERS
- 11) BOARD OR COMMITTEE MEMBER MATTERS
- 12) ITEMS FOR THE NEXT AGENDA AND DATE: **December 7th, 2020 @ 3:00pm**
- 13) ADJOURN

ANY PERSON WHO DECIDES TO APPEAL ANY DECISION MADE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING (OR HEARING) WILL NEED A RECORD OF THE PROCEEDINGS AND MAY NEED TO ENSURE THAT A VERBATIM RECORD OF THE PROCEEDINGS IS MADE, WHICH RECORD INCLUDES THE TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE HEARD. (286.0105 F.S.)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA), ANYONE WHO NEEDS A SPECIAL ACCOMMODATION FOR THIS MEETING SHOULD CONTACT THE CITY'S ADA COORDINATOR AT 589-5330 AT LEAST 48 HOURS IN ADVANCE OF THIS MEETING.



HOME OF PELICAN ISLAND

**VETERANS ADVISORY BOARD
AGENDA TRANSMITTAL FORM**

Board Meeting Date: October 5th, 2020

Agenda Item Title: Meeting Minutes from March 2nd, 2020

Recommendation: Approval of Meeting Minutes from the March 2nd meeting.

Background:

If Agenda Item Requires Expenditure of Funds:

Total Cost: n/a

Attachments:

Veterans Advisory Board Meeting Minutes from March 2nd, 2020

**VETERANS ADVISORY COMMITTEE
MINUTES
MONDAY, MARCH 2, 2020, 3:00 P.M.
CITY COUNCIL CHAMBERS
1225 MAIN ST., SEBASTIAN FL**

1. Acting Chairman John Kinlen called the Veterans Advisory Committee meeting to order at 3:00 p.m.

2. The Pledge of Allegiance was recited by all.

3. Present

David Spooner, President of the VFW Auxiliary, Post 10210

John Kinlen, Member of the American Legion, Post 189

Neil Baumgartner, Member of the VFW

Kim Paskiewicz, VFW Auxiliary Member

Randy Moyer, American Legion Member

Barney Giordan, Member of the American Legion

Not Present

John Haskins, Past Commander of the VFW, Post 10210 - Absent

Also Present

Brian Benton, Leisure Services Director

Janet Graham, Technical Writer

4. MEETING CHAIR MAKES ANNOUNCEMENTS -- Acting Chairman Kinlen announced that John Haskins is absent..

5. AGENDA MODIFICATIONS -- None

6.. APPROVAL OF MINUTES -- December 2, 2019 Minutes

Acting Chairman Kinlen asked if there were any corrections or changes to the Minutes of the December 2, 2019 meeting as presented. Hearing none, he called for a motion. Motion to accept the Minutes of the December 2, 2019 meeting as presented was made by Mr. Moyer, seconded by Mr. Baumgartner, and passed unanimously via voice vote.

7. Unfinished Business

A. Pearl Harbor Day Event Review

Mr. Benton asked if any of the committee members had any feedback from the Pearl Harbor Day event. He reviewed that a new sound system has been purchased for park events.

B. Four Chaplains Event Review

Mr. Benton stated there was a minor issue with the sound system at this event. When the wind is blowing from the north, it still provides a little bit of feedback. In past events, even with the new sound system, there would be some feedback if you were touching the podium or somebody was tapping it. The City did purchase a device that separated the microphone from the podium, so this should solve that problem.

8. Public Input

Steve Betancourt stated regarding the microphone issue, there was an issue when the past Veterans Day event was held.

Mr. Benton stated there have been a couple of events since Veterans Day. A new sound system has been purchased since that event, so that should not be a problem anymore.

9. New Business

A. Memorial Day Event Plan

Mr. Kinlen announced that he has a retired colonel from the US Army who will be the keynote speaker. Her name is Patty Ryan. He will have everything else in place by the next committee meeting.

He related that the cameraman had recorded the Veterans Day event, and he said for Memorial Day he may be able to record the event live.

Mr. Benton stated he will get with that department to see if they will be ready to go by the Memorial Day event. The plan for the recordings is to eventually get to where the City can run those events similar to how the City Council meetings are run on Channel 25.

Mr. Kinlen stated on Memorial Day both the American Legion Post and the VFW will be doing open houses, which were also done for Veterans Day. The service for Memorial Day will start at 11:00 a.m. with open houses to follow.

Mr. Moyer stated his group will be donating towards the cost of the food.

Mr. Kinlen brought up the subject of the grave markers at the Sebastian Cemetery. He was notified by someone from the cemetery stating that there were problems with leaving the markers up, and Mr. Kinlen is asking for information on whom he should contact regarding this. Mr. Benton stated he will follow up on that.

Mr. Giordan announced that Indian River County has just finished a Teacher of the Year program here in the County, and the VFW and some of the people who were in that program have gone forward to the national program. That program included not only a Teacher of the Year throughout the County, but also a Patriots program. Particularly in Sebastian Middle School there was a great response to that. There were three winners from Sebastian Middle School in that particular program.

A program for Police Officer of the Year has also been completed. There are awards to go to Sebastian, to the Sheriff's Office, and to the City of Vero Beach. He will have more information on that in the future.

Mr. Giordan also stated the Veterans Council is being approached to contribute 50 percent to the money that is given to veterans here in Sebastian. The Veterans Council is looking into this possibility.

10. Staff Matters

Mr. Benton gave an update on the CDBG process, that was mentioned back in October. A portion of that money is dedicated to veterans and seniors for housing rehabilitation. Presently they are not ready to accept applications. They have a consultant who is going through the process. Since it is a federally funded program, there are certain requirements that must be met. When those requirements are completed, applications will begin to be accepted for this program.

Mr. Kinlen asked for clarification on possible reimbursement for a new door at the Post,

since it is an organization that serves veterans. Mr. Benton stated it is his understanding that the answer is no; it has to be for an individual's housing rehabilitation.

11. Board or Committee Member Matters

Mr. Kinlen announced that by the next meeting he will have the handouts prepared that will be handed out on Memorial Day. That day is also the American Legion Auxiliary Poppy Drive weekend, and auxiliary members will be handing out poppies.

12. Items for the Next Agenda and Date: **May 4, 2020 @ 3:00 p.m.**

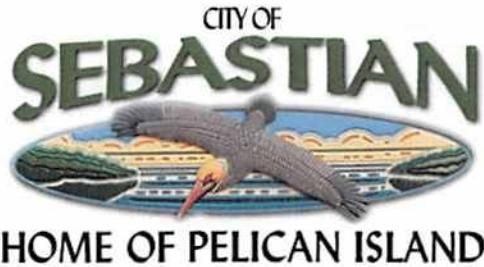
13. Adjourn

There being no further business, Acting Chairman Kinlen called for a motion to adjourn. Motion to adjourn the meeting was made by Mr. Moyer, seconded by Mr. Baumgartner, and passed unanimously via voice vote. The meeting was adjourned at 3:17 p.m.

By: _____

Date: _____

jg



**VETERANS ADVISORY BOARD
AGENDA TRANSMITTAL FORM**

Board Meeting Date: October 5th, 2020

Agenda Item Title: Item A: CDBG Grant Housing Rehab Assistance Program

Recommendation: Discussion on any possible ways that the Veterans Advisory Board can assist with the promotion of this program to residents that qualify and are in need of this assistance.

Background: City staff, along with a representative from Guardian CRM, Inc., the City's CDBG Consultant, will be at the meeting to discuss and answer any questions that the Board may have.

If Agenda Item Requires Expenditure of Funds:

Total Cost: n/a

Attachments:

- 1) Public Comment Period Notice
- 2) City of Sebastian's Homeowner Rehabilitation Assistance (CDBG) Application

CITY OF SEBASTIAN, FLORIDA

PUBLIC COMMENT PERIOD NOTICE 2020/2021 CDBG ACTION PLAN

The City of Sebastian is adopting the Annual Action Plan for entitlement Community Development Block Grant (CDBG) requirements. The City is seeking input from potential stakeholders and the public on the needs of low-income citizens. Approximately \$127,114 of regular CDBG and \$91,600 of CARES Act CDBG funding is available to the City for improvements that benefit low income citizens of the City and to respond to the COVID 19 outbreak. These funds must be used for one of the following purposes:

1. To benefit low income persons; or
2. To aid in the prevention or elimination of slums or blight; or
3. To meet other community development needs of a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community

A public hearing will be held on October 14th 6:00pm or as soon as may be heard thereafter, for community organizations and the public to provide input into the action plan after the comment period ends. A draft plan has been developed based upon those comments. Activities proposed include housing repairs for veterans, elderly and special needs, and sidewalks and pedestrian malls within the Community Redevelopment Area.

The public is invited to review the draft amended action plan posted on the web at www.cityofsebastian.org or to view hard copy by contacting Ms. Lisa Frazier, Community Development Director at phone: (772) 388-8228 or email: lfrazier@cityofsebastian.org. Written comments can be provided to Ms. Lisa Frazier by October 14th.

City of Sebastian
City Council

Fair Housing/Disability Access Jurisdiction and Equal Opportunity Employer



HOMEOWNER REHABILITATION ASSISTANCE (CDBG) APPLICATION

City of Sebastian

1225 Main Street, Sebastian, FL 32958 Phone: 772-589-5330

Date: _____ Application Reviewed By: _____ Reviewer Signature: _____

This program will assist eligible homeowner(s) who are interested in seeking to remedy code and Housing Quality Standard deficiencies in their owner-occupied residence in the City of Sebastian by providing Homeownership Rehab Assistance as a part of the 2019/2020 Community Development Block Grant (CDBG) Housing Rehabilitation Program.

The following requirements and activities apply under this CDBG funded housing rehab assistance program:

- A. Potential recipients must be a primary resident of the City of Sebastian, Florida.
- B. Funding can only be used to assist in rehab of an owner/occupied primary residence (homestead).
- C. All applicants must meet the minimum Section 8 HUD approved income limits and provide documentation to prove eligibility.
- D. A second mortgage, note and deferred payment lien will be required for the assistance (no interest, no payments if requirements are met).
- E. A minimum of 2 units per funding year will be rehabilitated through assistance to income eligible applicants (less than 80% of Area Median Income).
- F. Rehabilitation assistance of up to \$50,000.00 for single family homes and up to \$20,000 for mobile homes (mobile homes must have been built on or after January 1, 1997).
- G. Focus shall be on units that require repair.

All applications must be submitted to the City of Sebastian Housing Services/CDBG:

1225 Main Street, Sebastian, FL 32958

APPLICATIONS WILL NOT BE ACCEPTED BY FAX OR E-MAIL



Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

APPLICANT AUTHORIZATION FOR DATA COLLECTION AND VERIFICATION FOR HOUSING ASSISTANCE

The applicant understands that the intent of this application is for purposes of certification only. It does not guarantee acceptance or approval, and no commitment is hereby made on the part of any party.

City of Sebastian is authorized to verify any of the information provided below. I/We hereby waive any and all claims for defamation, violation of privacy, or other claims against any person, firm, or corporation by reason of any statement or information released to the City in its verification of the subject information.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS: U.S.C. Title 18, Sec. 1001, provides that whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes false, fictitious or fraudulent statements or entries shall be fined not more than \$10,000.00 or imprisoned not more than five years or both.

Any intentionally false or fraudulent statements or supporting documents can constitute cancellation of my/our application.

APPLICANT CERTIFICATION

Please Initial each:

_____ The application information, which I have provided, is true and complete to the best of my knowledge.

_____ I consent to the disclosure of any information for the purpose of verification of income and expenses related to making a determination of my eligibility for program assistance.

_____ I agree to provide any documentation needed to assist in determining my eligibility for program assistance.

_____ I understand that this application will only be valid through the Grant Application Fiscal year that runs through 9/30/2021. If this application for assistance is approved, such approval is conditioned upon my eligibility on the day that assistance is provided.

_____ I understand that my application and supporting documentation, including income documentation, are open to the public in accordance with Florida's Public Records Law, Chapter 119, Florida Statutes (however those items which are expressly exempt from the public record by statute, such as your social security number, will be separately maintained).

_____ I understand that if I am found to be qualified to participate in the City CDBG program and am eligible to receive assistance from either of the said programs that I and any member of my family or any person that will benefit from this assistance may be subject to a background check consisting of a criminal history check and a sex offender registry check to be used solely to ensure that the person or persons are eligible to receive assistance from programs that are HUD funded.

(Note: Only certain criminal convictions may result in a denial of your application depending upon the type of assistance applied for and the applicable federal regulations.)

_____ My/Our signature below indicates that I/We am/are obligated to advise the City of Sebastian CDBG Program Administrator of all changes in my/our income and household size. A change in household size and/or income may disqualify me/us from receiving housing rehab assistance.

Applicant's Signature

Co-Applicant's Signature

Date

City of Sebastian
HOUSEHOLD AUTHORIZATION FOR THE RELEASE OF INFORMATION

The undersigned hereby authorizes you to release without liability, information regarding employment, credit, income and/or assets to the City of Sebastian Community Development Block Grant (CDBG) Administrator for purposes of verifying collected data and information provided as part of the Housing Rehab Assistance under the CDBG Housing Rehab Program.

The undersigned also authorizes and understands that if he/she is found to be qualified to participate in the City Community Development Block Grant (CDBG) program and is eligible to receive assistance or benefit from this assistance from either of the said programs that they will be subject to a background check consisting of a criminal history check and a sex offender registry check to be used solely to ensure that the person or persons are eligible to receive assistance from programs that are HUD funded.

INFORMATION COVERED:

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to; personal identity, employment, credit, income and assets, criminal history, medical or child-care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for the City of Sebastian CDBG Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

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

Past and Present Employers	Welfare Agencies	Banks and Financial Institutions
Veterans Administration	Internal Revenue Service	Support & Alimony Provisions
Credit Reporting Agencies	Unemployment Agencies	Retirement Systems
Background Check Agencies	Public Housing Agencies	Social Security Administration

CONDITIONS:

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

Household Member 1 Signature

Date

Household Member 2 Signature

Date

Household Member 3 Signature

Date

Household Member 4 Signature

Date

FY 2020 HUD INCOME LIMITS SUMMARY SEBASTIAN, FLORIDA

HOUSEHOLD SIZE

FY 2020 Income Limit Area	<u>Median Income</u>	FY 2020 Income Limit Category	1	2	3	4	5	6	7	8
Sebastian -Vero Beach, FL MSA	\$69,600	<u>Low & Moderate (80%) Income Limits</u>	\$39,000	\$44,600	\$50,150	\$55,700	\$60,200	\$64,650	\$69,100	\$73,550

APPLICANT/CO-APPLICANT GENERAL INFORMATION:

Applicant Name _____ D.O.B. / /

Street Address _____

City, State and Zip Code: _____

Phone _____ Alternate Phone (Cell/Other) _____

Email: _____

Check One: Single: Married Divorced Widow

Co-Applicant Name _____ D.O.B. / /

Street Address _____

City, State and Zip Code: _____

Phone _____ Alternate Phone (Cell/Other) _____

Email: _____

Check One: Single: Married Divorced Widow

Other Household Members/Dependents living in the home (under 18 years of age or legally disabled/dependent with proof):

Proof of number of dependents claimed-Bring your Federal Tax return AND one of the following:

- Birth Certificate on which parents/applicants name is listed
- School records that provide the parents/applicants name and address
- Court ordered letter of guardianship
- Divorce decree that list dependents
- Letter of adoption
- Social Security Card
- Child Support Documentation

HOUSEHOLD COMPOSITION:

(LIST EVERY PERSON THAT IS CURRENTLY LIVING IN YOUR HOME)

	NAME	AGE	SEX (M/F)	RACE	FULL TIME STUDENT (Y/N)	DISABLED (Y/N)
1						
2						
3						
4						
5						
6						
7						
8						

Please answer the following:

Are any HH member active Duty Military or Active Military Reserve? Yes () or No ()

-If yes please list the names of all active Duty HH members:

Are any HH member retired or discharged from Military or the Military Reserves? Yes () or No ()

-If yes please list the names of all active Duty HH members:

INCOME AND EMPLOYMENT:

Applicants Employer: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

Co-Applicant Employer: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

(If Applicable) Additional HH Member Employer: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

(If Applicable) Additional HH Member Employer: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____

Pay Rate: _____ Pay Frequency: _____

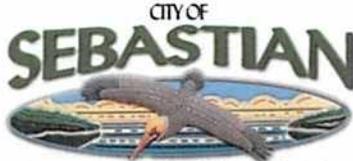
Annual Income (*Gross Pay including but not limited to Tips, Bonuses, etc.*) _____

MOST CURRENT INCOME FOR ALL MEMBERS OF THE HOUSEHOLD
(EXCLUDING DEPENDENT MINORS)

SOURCE OF INCOME (PER MONTH)	APPLICANT	CO-APPLICANT	OTHER Household Members Total Income	TOTAL
1. Employment				
2. Soc. Sec./S.S.I				
3. Unemployment Wages				
4. Retirement/Pension(s)				
5. Public Assistance				
6. Rental Income				
7. Interest/Dividends				
8. Support Payments/Alimony				
9. Disability Wages				
10. Other				
TOTAL MONTHLY INCOME				

LISTED TOTAL HOUSEHOLD COMBINED ANNUAL INCOME: \$ _____

NOTES:



HOME OF PELICAN ISLAND

CITY OF SEBASTIAN
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
UNEMPLOYMENT AFFIDAVIT

[1] I, _____, verify that I am presently unemployed and that I am receiving unemployment benefits at this time

[2] I, _____, verify that I am presently unemployed and have no other source of income at this time.

[3] I, _____, verify that I am presently unemployed and have other source(S) of income OTHER THAN UNEMPLOYMENT BENEFITS at this time.

If box 2 is signed please list other sources of income. And provide all official supporting documentation that verifies the sources of the stated income.

SOURCE(S) OF INCOME DERIVED FROM MEANS OTHER THAN UNEMPLOYMENT

- 1. _____
2. _____
3. _____

APPLICANT SIGNATURE

PRINT NAME

WARNING: Florida Statute 817 provides that willful false statements of misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment under Statutes 775.082 or 775.83.

Subscribed and sworn before me this _____ day of _____, 2020.

(SEAL)

Notary Public, State of Florida Print Name of Notary Public

Personally Known Produced Identification

Type of Identification

Commission Expires

ASSETS:

() Checking () Savings: Bank: _____ Balance: \$ _____

() Checking () Savings: Bank: _____ Balance: \$ _____

() Checking () Savings: Bank: _____ Balance: \$ _____

Other
Describe: _____ Balance: \$ _____

Other
Describe: _____ Balance: \$ _____

Other
Describe: _____ Balance: \$ _____

LIABILITIES / DEBTS (FOR ALL HOUSEHOLD MEMBERS 18 AND OVER):

List Credit Card Debt, Auto, Real Estate and Mortgage Loans, etc. (For ALL Household Members 18+)

Creditor's Name / Company	Type	Balanced Owed	Monthly Payment
1. _____	/ _____	/ _____	/ _____
2. _____	/ _____	/ _____	/ _____
3. _____	/ _____	/ _____	/ _____
4. _____	/ _____	/ _____	/ _____
5. _____	/ _____	/ _____	/ _____
6. _____	/ _____	/ _____	/ _____

List Additional Liabilities / Debts on back of this page, include in total.

Total: Liabilities \$ _____

HOME AND APPLICANT INFORMATION:

Handicap Status (Please lists any household member(s) who has a physical or mental disability and provide a brief description of each listed disability)

1.
2.
3.
4.

CONFLICTS OF INTEREST:

Are you related to any member of the City Council, Advisory Committee, City employees?
_____ Yes ___ No (If yes, please list the names of all that you are related:)

1. _____ 3. _____
2. _____ 4. _____

CONFIDENTIAL SHEET – ADDENDUM PAGE
COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

Notice of Privacy Act

"The Privacy Act regulates the use of Social Security Numbers by government agencies. When a Federal, State, or local government agency asks an individual to disclose his or her Social Security number, the Privacy Act requires the agency to inform the person of the following: the statutory or other authority for requesting the information; whether disclosure is mandatory or voluntary; what uses will be made of the information; and the consequences, if any, of failure to provide the information."

City of Sebastian Disclosure Statement

The City of SEBASTIAN COLLECTS YOUR SOCIAL SECURITY NUMBER, OR A PORTION THEREOF, FOR ONE OR MORE OF THE FOLLOWING PURPOSES: VERIFICATION OF FINANCIAL; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, AND TRACKING; PAYROLL AND BENEFIT INFORMATION; TAX, UTILITY ACCOUNT INFORMATION; BANK INFORMATION; FOR BACKGROUND CHECKS; AND VERIFICATION OF IDENTITY.

Applicant's Name: _____

Applicant's Social Security Number: _____ - _____ - _____

Co-Applicant's Name: _____

Co-Applicant's Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

Other household member: _____

Other household member Social Security Number: _____ - _____ - _____

(Please attach a second sheet if necessary)

THIS SHEET SHALL BE KEPT IN A NON-PUBLIC PORTION OF THE APPLICATION FILE

OFFICIAL USE ONLY

The undersigned has examined this application for assistance as described herein. The application meets the requirements for eligibility for the local housing program.

_____	_____
Initial Reviewer: Sebastian Housing Specialist Signature	Date

_____	_____
Guardian Reviewer Signature	Date

Copies of the following documents must be submitted for your application to be complete.

Checklist of Important Documents:

- € Completed application and disclosures with signatures and date.
- € Picture Identification for applicant and any co-applicants.
- € Social Security Card for applicant, any co-applicants, all household members
- € Birth Certificate for Minor Children
- € Proof of Ownership: Recorded Copy of Property Deed
- € Property Tax Receipt (if applicable for current home)
- € Most current year's Tax Returns or year's Tax Transcripts from IRS.
- € Paycheck Stubs (Last 3 pay stubs for each working member) or most current Social Security Verification (Statement of Benefits).
- € Child Support Documentation, divorce decree,
- € Most current documentation for other assets - 401(k), retirement/pension, IRA, CDs, annuities, etc.
- € If applicable, Self-employment income statement with schedule C, E, or F.
- € Three months current bank statements for all open checking, savings, or other interest-bearing accounts at the time of application and contract signing.
- € Third party contact information and release to obtain third party verification of employment signed by employer and notarized. This documentation must be received for every employed adult and minor in the household to obtain eligibility.