

Community Development Department

1225 Main Street ♦ Sebastian, FL 32958 ♦ (772) 589-5330



COMMUNITY DEVELOPMENT
BLOCK GRANT

CITY OF SEBASTIAN COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

PROGRAM INFORMATION

The City of Sebastian utilizes Community Development Block Grant (CDBG) program funds to administer and provide Owner-Occupied Rehabilitation to qualified individuals and families to assist with repairs to qualified single-family, owner-occupied homes that meet certain requirements.

The CDBG program is a state-provided grant to assist residents of the City of Sebastian in obtaining affordable housing. Affordable housing is defined by statute as monthly mortgage payments, including taxes and insurance that does not exceed 30 percent of the median adjusted gross income for the City. CDBG funds are available only to households that qualify according to state-established guidelines for extremely low, very low-, low- and moderate-income levels.

ABOUT THE CONSULTANT

Anser Advisory Consulting, LLC (Anser Advisory) is a grant consulting firm hired by the City of Sebastian to administer the CDBG program. Anser Advisory will oversee and handle all your paperwork regarding the application and rehabilitation processes as well as assist you in understanding the grant process. It is important that you provide Anser Advisory with all the required information and cooperate in every way in order to make this a positive experience. Please note that the City of Sebastian will have final authority with all processes and procedures.

OWNER-OCCUPIED REHABILITATION

CDBG funds are available to assist residents with owner-occupied rehabilitation. These funds are designed to help very low and low-income individuals and families who are living in homes that need repair. Funds are available on a first-come, first qualified, first served basis. **Funding priority will be given to applicants who are handicapped/disabled, elderly, veteran, or very low income.**

APPLICANTS ARE LIMITED TO ASSISTANCE ONCE EVERY FIVE (5) YEARS. IF YOU HAVE PREVIOUSLY RECEIVED CDBG ASSISTANCE WITHIN THE LAST FIVE YEARS, YOU ARE INELIGIBLE TO APPLY.

This program is designed to provide cost effective and reasonable repairs and modifications to make the dwelling accessible to handicapped and elderly and correct health and/or safety violations that may be present. Rehabilitation includes bringing existing homes back into compliance with local housing code required by the current Florida Building Codes requirements for existing buildings and local maintenance codes and/or Section 8 HQS violation, whichever is most stringent for each code-related repair needs.

CDBG funds will be awarded to qualified individuals in the form of a second mortgage, zero monthly payment (\$0) and zero percent interest (0%) deferred payment loan (DPL). All DPLs will be forgiven if the home is not sold, has not changed ownership or transferred, refinanced, and is owner occupied continuously for the lien affordability period. The obligated amount will be prorated annually reducing the loan in equal amounts; these amounts are dependent on the total assistance received and the lien affordability period. A repayment agreement will be recorded with the Indian River County Clerk of Courts office that outlines procedures for recapture of deferred loans if the home is sold, refinanced, or ownership changes.

APPLICANT ELIGIBILITY GUIDELINES

Eligible applicants must meet the following eligibility guidelines to be qualified:

1. Live within City of Sebastian city limits.
2. Meet income guidelines that are based on the household’s anticipated gross annual income and the number of household members. Annual gross income **cannot exceed** the amount shown on the chart below (80% Area Median Income).

Number of people in household	1	2	3	4	5	6	7	8
Income Limit	\$47,750	\$54,550	\$61,350	\$68,150	\$73,650	\$79,100	\$84,550	\$90,000
<i>2024 CDBG AMI Limits – Effective May 1, 2024</i>								

3. Possess and provide clear title to the property, although it may be jointly owned, and the property may be mortgaged. Ownership through life estate, heir property or other legal satisfactorily documented ownership is considered satisfactory for program participation. If there are persons on the title who are deceased, a death certificate must accompany the deed.
4. Reside in the dwelling as a primary residence (homestead exempt) for at least one (1) year prior to the time of application.
5. Current on property tax, mortgage payments, and utility bills. Ownership must not be jeopardized by any other threat of foreclosure, default, or clouded title.
6. Possess and keep basic hazard/homeowner insurance on the now existing property. The insurance will be required for the life of the grant assistance. If you do not have coverage due to the current condition of your home, you will be required to carry coverage once rehabilitation is complete.

SUBMITTING APPLICATION

Please complete all sections of the application. If it does not apply, please indicate by using **N/A**. If necessary, please print additional copies of the forms needed for each household member. In addition to the application, please complete and provide all supporting documentation.

Application Forms

- Completed application for assistance with signatures and date.
- Completed social security disclosure statement with signatures and date.
- Completed authorization for the release of information with signatures and date (**ADULTS**).
- Completed authorization for the release of information with signatures and date (**MINORS**).

****Applicants may be required to complete additional verification forms depending on the information provided in the application.**

Supporting Documentation

DO NOT SEND ORIGINALS! They will not be returned. Please only send copies of originals.

- Government photo ID for applicant, co-applicant, and any household members 18 or older.
- Birth certificate for all household members under the age of 18.
- Proof of property ownership (i.e., warranty deed or quit claim deed).
- Receipt confirming your property taxes are current and all previous tax years are paid to date.
- Current mortgage statement.
- Homeowners insurance policy.
- Current tax return for applicant, co-applicant, and all other household members 18 or older.
- Three (3) months' paycheck stubs for each working adult household member.
- Current social security statement of benefits for each household member.
- Two (2) quarterly statements from Certified Public Accountant (**for self-employment ONLY**).
- Current 1099 forms from retirement, self-employed business, investments, etc.
- Current 401(k), pension, IRA, Roth IRA, etc. account statement(s).
- Current alimony or court ordered child support.
- Current public assistance benefits (food stamps, welfare, etc.).
- Three (3) most current bank statements for all open checking, savings, or other interest-bearing accounts at the time of application for all household members.

Once you have completed the application forms and obtained copies of all supporting documentation, you are ready to submit your application. **Please DO NOT include the instructions pages 1-3 with your application!**

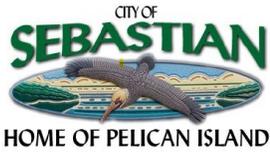
For questions about the application or supporting documentation, please contact:

Tara Reynolds
tara.reynolds@anseradvisory.com
(850) 681-3717

Anna Sitton
anna.sitton@anseradvisory.com

All applications must be **MAILED** to the following address:

**Anser Advisory
ATTN: Tara Reynolds
3800 Esplanade Way, #100
Tallahassee, FL 32311**



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Date Stamp

HOUSING ASSISTANCE APPLICATION

General Information	Applicant	Co-Applicant
Full Name:		
Social Security Number:		
Date of Birth:		
Age:		
Street Address:		
City, State, Zip Code:		
Primary Phone:		
Email Address:		

General Information	Household Members (18+) & Dependent Minors				
Name	Social Security Number	Date of Birth	Age	Gender	Relationship to Applicant

● Do you own a home?

Yes No

● Do you have a mortgage?

Yes No

● Type of Home:

Single-Family Mobile Home

● Are you current on your mortgage?

Yes No

● Year Home was Built: _____

Applicant

Co-Applicant

Household Member (18+)

1. What is your marital status?

- Married
- Separated
- Divorced
- Widow(er)
- Single

- Married
- Separated
- Divorced
- Widow(er)
- Single

- Married
- Separated
- Divorced
- Widow(er)
- Single

Spouse/former spouse name: _____

2. What is your income source?

- Employed
- Retired
- Unemployed
- Self N/A

- Employed
- Retired
- Unemployed
- Self N/A

- Employed
- Retired
- Unemployed
- Self N/A

3. Do you have a retirement account?

- Yes No

- Yes No

- Yes No

4. Do you receive alimony?

- Yes No

- Yes No

- Yes No

5. Do you receive child support?

- Yes No

- Yes No

- Yes No

6. Is the child support court ordered?

- Yes No

- Yes No

- Yes No

7. Do you receive regular cash contributions or gifts (cash)?

- Yes No

- Yes No

- Yes No

8. Do you own any real estate?

- Yes No

- Yes No

- Yes No

9. Do you have any investment accounts? (IRA, Roth IRA, etc.)

- Yes No

- Yes No

- Yes No

10. If employed, do you have more than one (1) employer?

- Yes No

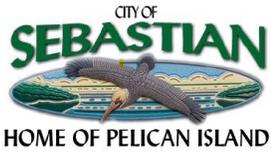
- Yes No

- Yes No

Employment Information	Applicant	Co-Applicant	Household Member (18+)
Employer Name:			
Employer Street Address:			
Employer City:			
Employer State, Zip Code:			
Employer Phone Number:			
Position:			
Supervisor:			
Pay Rate:			
Pay Frequency:			
Annual Gross Income: (include OT, tips, bonuses, etc.)			

Other Sources of Income	Applicant/ Co-Applicant/ Household Member Name	Type of Income	Gross Annual Amount
18+ ONLY <ul style="list-style-type: none"> • Social Security (SS) • Supplemental Security Income (SSI) • Retirement/Pension • Self-Employment • Unemployment • Child Support • Alimony • Rental Income (Net) • Workers Comp • Welfare Payments • Food Stamps 			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL			\$

Assets and Asset Income	Applicant	Co-Applicant	Household Member (18+)/ Dependent Minor
Bank Name:			
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:			
Current Value:	\$	\$	\$
Bank Name:			
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:			
Current Value:	\$	\$	\$
Bank Name:			
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:			
Current Value:	\$	\$	\$
Asset Type:	<input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> IRA <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Real Estate <input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> IRA <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Real Estate <input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> IRA <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Real Estate <input type="checkbox"/> Certificate of Deposit
Account Number:			
Current Value:	\$	\$	\$
Penalties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Available Cash Value: (current value minus penalty)	\$	\$	\$
TOTAL ASSET VALUE	\$	\$	\$



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SOCIAL SECURITY DISCLOSURE STATEMENT

Anser Advisory Consulting, LLC (Anser Advisory) collects your social security number for the sole purpose of determining your eligibility for housing assistance through the City of Sebastian Community Development Block Grant (CDBG) Program. The Florida Public Records Law, specifically Florida Statutes Section 119.071 (5)(a)(2), gives Anser Advisory the authority to collect your social security number for qualification of grant or loan processing. Social security numbers are confidential and do not become public records nor will they be released in any public records request.

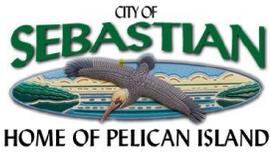
By signing below, I/we acknowledge receipt of this social security disclosure statement.

Applicant Signature	Print Name	Date
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Co-Applicant Signature	Print Name	Date
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Household Member 18+ Signature	Print Name	Date
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Household Member 18+ Signature	Print Name	Date
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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize, _____, to release without liability, information regarding my employment, income, and/or assets to Anser Advisory Consulting, LLC (Anser Advisory) for the purposes of verifying information as part of determining eligibility for assistance under the City of Sebastian Community Development Block Grant (CDBG) 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 my financials and benefits may be required. Verifications that may be requested include but are not limited to: employment history, hours worked, salary, payment frequency, commissions, raises, bonuses, and tips; cash held in checking and savings accounts, stocks, bonds, certificates of deposits, Individual Retirement Accounts (IRA), interest, dividends; payment 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.

Organizations/Institutions to provide verifications include but are not limited to:

- | | |
|---|---------------------------------|
| Past/Present Employers | Alimony/Child Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration |
| Unemployment Agency | Veteran’s Administration |
| Welfare Agency | Other: _____ |

AUTHORIZATION:

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	Print Name	Date
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NOTE: This consent may not be used to request a copy of a federal income tax return.

