

**INCOMPLETE FILES WILL NOT BE PROCESSED. NO EXCEPTIONS. ALL SEMINOLE COUNTY PURCHASE ASSISTANCE FILES MUST BE SUBMITTED IN THIS ORDER**

- Checklist
- Seminole County Purchase Assistance Summary Sheet
- Seminole County Purchase Assistance Application
- Property Record Card from [www.scpafl.org](http://www.scpafl.org)
- Memorandum of Understanding
- Certification Statement
- Lobbying Certification Form
- Conflict of Interest form (completed by everyone 18 and older in the household)
- Authorization for the Release of Information (completed by everyone 18 and older in the household)
- Authorization for Criminal Background Check (separate authorization for everyone 18 and older in the household)
- Notice for Advertisement Purposes
- 1003 Application (Initial and Final)
- Signed Mortgage Worksheet (MCAW or 1008)
- Loan Estimate
- Leaders Conditional Commitment
- Certificate of Homebuyer Education Counseling (all adult parties on the mortgage must provide a certificate. One must also be provided for a spouse, if applicant is married)
- Credit Report (one for each agency or tri-merged report for all adult parties on the mortgage. One must also be provided for a spouse, if applicant is married)
- Verification of Rental History (previous three years from date of application)
- Seminole County Contract Addendums (3 pages, make sure all dates and witness signatures are provided)
- Lead Based Paint - A Threat to Your Children
- Copy of Full Appraisal
- Request for Property Standards Inspection and a CO if new construction
- Homebuyer's Inspection Report and a clear WDO
- Fully Executed Purchase Contract
- Request for Environmental Review
- Identifications:
  - o Copy of valid photo ID for all household members age 18 and over
  - o Birth Certificates for all children living in the household under age 18
  - o Social Security Cards for all household members
  - o Resident alien or employment authorization card where applicable

**Income and Assets Verification:**

- o Fannie Mae VOB form for each adult household member that is employed
- o Most recent 3 month's pay stubs for each adult household member that is employed. If an adult household member is not working and does not receive income from any source, a notarized Verification of No Monthly income form must be submitted.
- o Most recent 6 months bank statements for all accounts that are open for each household member regardless of the current balances. A notarized Verification of No Financial Account form will need to be submitted for each adult household member that does not have an open bank account. Transaction histories cannot be used.
- o 401k/retirement/investment statement
- o Most recent statements for all alternative income(SS,SSI,Unemployment Child Support, Alimony, etc.)
- o Client tax returns(most recent)
- o Divorce decree, if applicable
- o Child custody order if child/children do not reside with both parents
- o Verification of Self Employment income: signed copies of the last three (3) year's tax returns and statement of net income from a bookkeeper or accountant (3 month profit/loss statement) or audited financial statement of business and statement or affidavit of anticipated income.

Please read and sign below:

I verify that all the documents listed above are included in my submission packet to Seminole County Purchase Assistance. I understand that if any documents are missing, the packet will not be processed and will be returned to me.

\_\_\_\_\_  
Lender signature

\_\_\_\_\_  
Date

**Seminole County Assistance Program  
Purchase Summary Sheet**

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

1. Applicant: \_\_\_\_\_
2. Applicant email: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Address of Subject Property: \_\_\_\_\_
4. Type of Unit: \_\_\_\_\_ Single Family \_\_\_\_\_ Condo \_\_\_\_\_ Townhouse \_\_\_\_\_ Other
5. \_\_\_\_\_ New \_\_\_\_\_ Existing
6. Number of Bedrooms: \_\_\_\_\_ Bath: \_\_\_\_\_ Number in Household \_\_\_\_\_
7. Name of Title Co / Closing Agent \_\_\_\_\_
8. Contact Person: \_\_\_\_\_
9. Email and/or phone number \_\_\_\_\_
10. Purchase Price: \_\_\_\_\_
11. Less First Mortgage Amount: (with MIP) \_\_\_\_\_
12. =Equals: \_\_\_\_\_
13. Plus: Buyer's Closing Cost: \_\_\_\_\_
14. Plus: Prepays & Reserves: \_\_\_\_\_
15. Total cash Requirement: \_\_\_\_\_
16. Less: Cash from Buyer: \_\_\_\_\_
17. Less: Seller Contribution: \_\_\_\_\_
18. Less: Other Assistance ( Please specify ) : \_\_\_\_\_
19. Seminole County Contribution: \_\_\_\_\_
20. Lender/Broker Company: \_\_\_\_\_
21. Address: \_\_\_\_\_
22. Type of Mortgage: \_\_\_\_\_ FHA \_\_\_\_\_ VA \_\_\_\_\_ Conv. \_\_\_\_\_ Other (specify)
23. Interest Rate: \_\_\_\_\_ Term: \_\_\_\_\_ Monthly PITI: \_\_\_\_\_
24. Credit Score: \_\_\_\_\_ Debit to Income Ratio: \_\_\_\_\_ Housing Expense Ratio: \_\_\_\_\_
25. Approved Lender /Broker Name: \_\_\_\_\_
26. Certificate # \_\_\_\_\_
27. Contact Person: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Email: \_\_\_\_\_



## SEMINOLE COUNTY COMMUNITY DEVELOPMENT PURCHASE ASSISTANCE APPLICATION

**Please print clearly**

	Applicant	Co-Applicant
<b>Full Name:</b>		
Applicant Street and Mailing Address		
Street Address:	State:	
City:	Zip Code:	
Mailing Address:	State:	
City:	Zip Code:	

**Primary Phone #:** \_\_\_\_\_ **Secondary Phone #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Marital Status of Applicant (circle one):**     **Single**     **Married**     **Divorced**     **Widowed**

### Household Information

(Include applicant and co-applicant information)

Name	Date of Birth	Age	Relationship to Applicant
			Head of Household

Is any member of the household, age 18 or older, a full-time student?      Yes    No

If yes, please list: \_\_\_\_\_

### Employment Information

Employment information for all jobs (full time/part time) must be provided for all persons aged 18 and older, who will occupy the home. If no Income, please indicate as such and complete a Verification of No Monthly Income form.

Name of Household Member 18 years and older	Employer's Name	Employer's Mailing Address	Employer's Phone Number	Date of Hire	Position/Title

### Income

In the table below, list household's gross income for all persons that will occupy the home. This includes Social Security benefits received on behalf of minor children. Food stamps are not considered income - do not include.

Source of Income (Employment, Social Security Child Support, and Other)	Name of Household Member earning the income	Gross Annual Income Amount: (\$)
<b>Total</b>		

### Assets

List all assets and asset income for all household members (Checking and Savings accounts, IRA, CDs, Stocks, Bonds, Equity In property, Whole Life Insurance, etc.) If a household member, age 18 or older, does not have a financial account please complete a Verification of No Financial Account form.

Name of Household Member	Name of Financial Institution	Type of Asset	Asset Value	Interest Rate	Annual Asset Income
					Total: \$

**IMPORTANT - APPLICANT READ BEFORE SIGNING**

The information on this form is to be used to determine maximum income for eligibility. I/We understand that any willful misstatement of material fact will be grounds for disqualification. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

WARNING: Florida Statute 817 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 under 5775.082 or 775.83

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's signature

\_\_\_\_\_  
Date

**Other household members 18 and over:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Statement of Household Size

This is to certify that \_\_\_\_\_ person(s) will be residing in the property that I/We intend to purchase.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's signature

\_\_\_\_\_  
Date

**For Reporting purposes only, please check all that apply for Head of Household**

Race: American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_  
White \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_

Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ (All persons not of Hispanic Origin)

Special Needs: Farm worker \_\_\_\_\_ Developmentally Disabled \_\_\_\_\_  
Elderly \_\_\_\_\_ Homeless \_\_\_\_\_ Other \_\_\_\_\_

Note: Information concerning the race or ethnicity of the occupants is being gathered for statistical use only. No occupant is required to give such information unless he or she desires to do so, and refusal to give such Information will not affect any right he or she has as an occupant.

**HOMEBUYER ASSISTANCE PROGRAM  
MEMORANDUM OF UNDERSTANDING**

Please read, initial each item and sign the last page

I/We, \_\_\_\_\_ (Applicant) and \_\_\_\_\_ (Co-applicant) understand the following:

\_\_\_\_\_ I/We am/are applying for downpayment and closing costs, pre-pays and reserves, and/or mortgage reduction (if needed) through Seminole County to purchase an affordable home. Assistance is determined on an "as needed" basis.

\_\_\_\_\_ My/Our household income must not exceed the income levels determined by the applicable funding program.

\_\_\_\_\_ I/We must occupy the property my/our principal residence throughout the required affordability period.

\_\_\_\_\_ The length of the affordability period is for up to 20 years, based upon the total amount of assistance.

6 years	Total amount of assistance	Up to \$15,000
12 years	Total amount of assistance	\$15,001 up to \$30,000
20 years	Total amount of assistance	\$30,000 up to \$50,000

\_\_\_\_\_ Seminole County's Purchase Assistance Program is in the form of a no interest, amortizing defined loan.

\_\_\_\_\_ In return for the deferred loan, I/We will be required to a promissory note seeded with a mortgage. The mortgage contains terms, conditions and covenants that will be recorded and run against the property.

\_\_\_\_\_ Assistance provided from \$1.00 up to \$15,000 will be forgiven by an amount equal to 1/6<sup>th</sup> of the total amount of assistance on an annual basis, with the complete amount of assistance being forgiven after six (6) years. Assistance provided from \$15,001 up to \$30,000 will be forgiven by an amount equal to 1/12<sup>th</sup> of the total amount of assistance on annual basis, with the complete amount of assistance being forgiven after twelve (12) years. Assistance provided from \$30,001 up to \$50,000 will be forgiven by an amount equal to 1/20<sup>th</sup> of the total amount of assistance on an annual basis, with the complete amount of assistance being forgiven after twenty (20) years. If I/We comply with all of the provisions of the loan, the note will be cancelled and the lien released at the end of the affordability period.

\_\_\_\_\_ I/We understand that the property must meet all applicable state and local housing quality standards and code requirements throughout the affordability period. The property taxes and the insurance must be kept up to date.

\_\_\_\_\_ I/We shall not sell the property in any form or any part thereof or interest therein, without the prior consent of Seminole County. The County may decline to give such consent in its sole discretion.

\_\_\_\_\_ I/We will be deemed to have violated the terms of the loan if any of the following events occur during the affordability period:

1. If the mortgagor no longer resides in the home as a principal residence, or
2. Homestead exemption is lost (this includes death of the homeowner), or
3. If any part of the property or any interest in it is sold or refinanced (procurement of new, additional financing without prior County approval), transferred, gifted or possession is otherwise conveyed to another person, without prior County approval and consistent with County policies, whether by voluntary act, involuntarily, by operation of law or otherwise, or
4. If the mortgagor is divested of title by judicial sale, levy or other proceedings, or
5. If the property is leased or rented.

\_\_\_\_\_ In the event of foreclosure if the proceeds are insufficient to repay the remaining mortgage amount, the County will recapture the net proceeds, if any. Net proceeds are the sales price minus superior loan repayments and any closing costs. If there are no net proceeds, the debt and the lien will be considered terminated.

### **HOMEBUYER(S)' ACKNOWLEDGMENT**

I/We acknowledge the I/we have received a copy of the foregoing fully executed Memorandum of Understanding by my lender and that the terms and requirements thereof were explained to me/us.

Homebuyer:

Homebuyer:

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**SEMINOLE COUNTY  
CERTIFICATION STATEMENT**

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 and 775.083. 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 a determination or my 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/We further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided, the County will demand and pursue through all legal remedies available, repayment of the funds provided for the assistance that was provided. The undersigned further understands that providing false representation herein constitutes an act of fraud. Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from the services from this office.

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

\_\_\_\_\_  
Date

State of Florida  
County of Seminole

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ by \_\_\_\_\_  
\_\_\_\_\_. He/She who has produced \_\_\_\_\_ as identification.

(Notary Seal)

\_\_\_\_\_  
Florida Notary

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date

State of Florida  
County of Seminole

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ by \_\_\_\_\_  
\_\_\_\_\_. He/She who has produced \_\_\_\_\_ as identification.

(Notary Seal)

\_\_\_\_\_  
Florida Notary

**SEMINOLE COUNTY**  
**LOBBYING CERTIFICATION FORM**

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an office or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the extension of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an office or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form- LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all the subreipients shall certify and disclose accordingly this certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed under Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for such failure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONFLICT OF INTEREST**  
Seminole County

No persons who is an employee, agent, consultant, officer, or elected official or appointed official of Seminole County who exercise or have exercised any functions or responsibilities with respect to activities assisted with state or federal funds or who are in a position to participate in a decision making process or gain inside information with regards to these activities, may obtain a financial interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

**NOTIFICATION ABOUT POTENTIAL CONFLICT OF INTEREST**

I, \_\_\_\_\_ (Applicant) certify that:

- I am employed with Seminole County or
- I have a family member employed with Seminole County
- I am not employed nor do I have a family member employed with Seminole County.

\_\_\_\_\_  
Signature of Applicant/Date

I, \_\_\_\_\_ (Co-Applicant) certify that:

- I am employed with Seminole County or
- I have a family member employed with Seminole County
- I am not employed nor do I have a family member employed with Seminole County.

\_\_\_\_\_  
Signature of Co-Applicant/Date



**AUTHORIZATION FOR RELEASE OF INFORMATION  
AND PRIVACY ACT NOTICE**

The undersigned authorize the Seminole County Community Services and/or its contracted agent to contact any agencies, offices, groups, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or SHIP Programs, including authorization to obtain a consumer credit report.

This includes but is not limited to the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Florida Department of Human Services programs. Seminole County may use this Authorization and the information obtained with it to administer and enforce program rules and policies.

The undersigned certify that the information given to Seminole County on household members, income, net family assets, allowances, and deductions is accurate.

**PRIVACY ACT NOTICE STATEMENT:** The Department of Housing and Human Development (HUD) and Florida Housing Finance Authority require the collection of this information to determine an applicant's eligibility and the amount of assistance necessary. This information will be used to establish level of benefit to protect the government's financial interest and to verify the accuracy of the information furnished. It may be released to appropriate federal, state and local agencies when relevant to civil, criminal or regulatory investigations, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. HUD is authorized to ask for this information by the National Affordable Act of 1990.

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS FORM AND COOPERATE IN THIS PROCESS.**

I acknowledge that (1) a photocopy of this form is as valid as the original (2) I have the right to review the file and the information received using this form (with a person of my own choosing to accompany me), (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 12 months from the date signed.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

_____ Signature of Head of Household	_____ Social Security Number	_____ Date
_____ Signature of Spouse/other Adult	_____ Social Security Number	_____ Date
_____ Other Adult Signature	_____ Social Security Number	_____ Date
_____ Other Adult Signature	_____ Social Security Number	_____ Date

## CRIMINAL HISTORY REQUEST

Seminole County Government  
Community Development Office  
534 West Lake Mary Blvd.  
Sanford, Florida 32771

Reason for Request: Client has applied for assistance with a Federally Funded Program

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Race: \_\_\_\_\_  
\_\_\_\_\_ Sex: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
Driver's License State: \_\_\_\_\_ Number: \_\_\_\_\_  
Vehicle License State: \_\_\_\_\_ Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DEPARTMENT USE ONLY

	CHECK APPLICABLE	RECORD FOUND
GPD-CRIMINAL		
TRAFFIC		
PARKING		
CRIMINAL JACKET		
ACCJIS		
ASO-RECORDS		
WARRANTS		
DHSMV-QD		
FDLE-QH		
FS		
NCIC-QH		
CH		

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

Request Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE TO USE PROPERTY FOR  
ADVERTISEMENT PURPOSES

Applicant's name: \_\_\_\_\_

Property address: \_\_\_\_\_

\_\_\_\_\_

If your application is accepted Seminole County will use photographs of your home for advertisement and on other public displays regarding the Purchase Assistance Program. Please sign to acknowledge the notice.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date

SEMINOLE COUNTY CONTRACT ADDENDUM NO. 1

This Contract Addendum (Addendum) is to amend the original real property sales contract (Contract) dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_ between the Buyer and Seller for the property located at \_\_\_\_\_.

Buyer: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Seller: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

The Seller and/or the Buyer have the right to terminate the Contract if the conditions of this Addendum are not approved or complied with.

**CONTRACT ADDENDUM CONDITIONS:**

The Buyer is seeking federal funds through the SHIP/HOME Program to acquire the above indicated property owned by the Seller. Please be informed of the following:

- 1) The Buyer does not have the right of eminent domain and, therefore, will not acquire the property that the Seller has offered for sale if negotiations fail to result in an amicable agreement; and
- 2) The property is being offered by the Seller for sale at \$\_\_\_\_\_ ; and
- 3) The sales price of the property to be acquired does not exceed 95 percent of the area median purchase price for that type of housing (as of 4/2020 the 95 percent of median limits for Seminole County is \$228,000 for existing housing and \$259,000 for new construction); and
- 4) Even though federal funds will be used in the acquisition of your property, the Seller **will not** be entitled to any relocation benefits; and
- 5) This offer is made on the condition that no tenant will be permitted to occupy the property before the sale is completed.
- 6) The property offered for sale must meet the property standards as established by Seminole County at the time of initial occupancy by the recipient of the deferral assistance. In order to determine if the property meets such standards, the Seller will allow an inspection of the property by the County.

**SEMINOLE COUNTY CONTRACT ADDENDUM ACCEPTANCE:**

The Buyer and Seller understand that if the conditions of this Addendum are not complied with, either party may terminate the Contract by notifying the other party by certified mail, return-receipt requested, that the Contract is terminated. The Buyer and Seller: 1) voluntarily accept these Addendum conditions; and 2) agree to amend the Contract to include the conditions of this Addendum.

\_\_\_\_\_  
Signature of Seller

\_\_\_\_\_  
Signature of Witness

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

\_\_\_\_\_  
Signature of Buyer

\_\_\_\_\_  
Signature of Witness

**NON-ACCEPTANCE AND TERMINATION:**

The Seller/Buyer understands the above comments in this Addendum and does not wish to amend the Contract for the property identified in this Addendum. The Seller/Buyer will notify the other party by certified mail, return-receipt requested that the Contract is terminated.

\_\_\_\_\_  
Signature of Seller

\_\_\_\_\_  
Signature of Witness

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

**SEMINOLE COUNTY CONTRACT ADDENDUM NO. 2**

This Contract Addendum (Addendum) is to amend the original real property sales contract (Contract) dated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ between the Buyer and Seller for the property located at \_\_\_\_\_.

Buyer: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Seller: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

As the seller I understand that properties that are presently being rented are not eligible for federal assistance under the Seminole County Purchase Assistance Program. I hereby state that the property that I have offered for sale is occupied by me ( ), by the prospective buyer ( ), or is vacant ( ). If the property is being rented by any tenant other than the prospective buyer, Seminole County will not assist in the financing of the acquisition. Also, this offer is made on the condition that no tenant will be permitted to occupy the property before the sale is completed.

I understand that I, the Seller, having reviewed this Addendum, have the right to accept or not accept this Addendum.

**ACCEPTANCE :**

I understand the above comments in this Addendum and wish to accept this addendum to the Contract. I do not wish to terminate the Contract.

\_\_\_\_\_  
Seller's signature of acceptance

\_\_\_\_\_  
Date of acceptance

**TERMINATION:**

I understand the above comments in this Addendum and do not wish to accept this Addendum to the Contract. I wish to terminate the Contract.

\_\_\_\_\_  
Seller's signature terminating the contract

\_\_\_\_\_  
Date of termination

## **LEAD-BASED PAINT A THREAT TO YOUR CHILDREN**

An important message for people living in housing built before 1978:

### **What is Lead Poisoning?**

Lead poisoning means having too much lead in the body.

### **Lead can:**

- Cause major health problems, mostly in children under 6 years old.
- Damage a child's brain, nervous system, kidneys, hearing, or coordination.
- Affect learning
- Cause behavior problems, blindness, and even death.
- Cause problems in pregnancy and affect a baby's normal growth.

### **Who Gets Lead Poisoning? Anyone can get it.**

- Children under 6 are the greatest risk. Their bodies are not fully grown and easily harmed.
- Lives in an older home (built before 1978).
- Does not eat regular meals. (An empty stomach accepts lead more easily)
- Does not eat enough foods with iron or calcium
- Has parents who work in lead related jobs
- Has played in the same places as brothers, sisters, and friends who have been lead poisoned. (Lead poisoned cannot be spread from person to person. It comes from contact with lead)
- Women of Childbearing age are also at risk. Lead poisoning can cause miscarriages and immature births. The poison can be passed on to unborn babies.

### **Where Does it Come From? Lead comes from:**

- Lead dust from moving parts of windows and doors that are painted with lead-based paint.
- Lead-based paint on wood trim, walls, cabinets in kitchens and bathrooms, porches, stairs, railing, fire escapes and lamp posts.
- Soil contaminated from lead-based paint and leaded gasoline
- Drinking water where old lead pipes or lead solder was used
- Work clothes, skin and hair of parents who work with lead products
- Colored printing and car batteries
- Highly glazed pottery and cookware from other countries
- Removing old paint when refinishing furniture

Lead dust and paint chips containing lead are produced when lead-based paint is scraped, rubbed, hit or exposed to the weather or when moisture causes the paint to peel. The dust and chips get on children's hands, toys and

pacifiers. When children put their fingers, toys or pacifiers in their mouth, lead gets in their bodies. Sometimes they will also chew on an easy to reach lead-based paint surface, like a windowsill.

In recent years some uses of lead have been cut back or ended. This is true for lead in gasoline, lead in solder remains in and around older homes and lead-based paint is the major source of lead poisoning.

**How Do I Know My Child Is Affected? Is your child:**

- Cranky?
- Vomiting?
- Tired?
- Unwilling to eat or play?
- Complaining about stomach aches or headaches?
- Unable to concentrate?
- Jumpy?
- Playing in the same area where other children who have these symptoms play?

These can be signs of lead poisoning, but your child might not show these signs and still be poisoned. Only your clinic or doctor can tell by testing to be sure.

**What Can I Do About It?**

Take your child to the doctor or a clinic for a blood-lead test. A blood-lead test should be done first when children are between six and twelve months old. The test may be available through a blood lead screening operated by the health department in your community. Be sure to get an official written statement of your child's blood-lead level. Based on the test, a doctor or clinic will tell you if your child has too much lead in the blood, whether any treatment is needed and how often you should have your child tested. A small amount of lead in the blood may not make your child seem very sick, but it can affect how well he or she can learn.

If your child has an unsafe amount of lead in the blood, you should immediately show the results of the blood test to your landlord or other responsible person. Depending on the blood-lead level, it may be necessary to have your home tested for lead-based paint hazards. If you rent your home, show the blood-lead test results to your management office, landlord or housing authority, whichever fits your case. If you own or are buying our home and are applying for rehabilitation, homebuyer, or other housing assistance, you should show the blood-lead test result to community development office, or other responsible agency.

Check your home for peeling paint. If your home has defective paint that is chipping & peeling, scaling & flaking or loose paint - and you have a child under six years old, you should report the condition to the same people: the landlord, the management office, the housing authority, or the community development office - whichever fits your case. Report it even if your child does not have a high amount of lead in the blood. If defective paint has lead in it, the paint is very hazardous to young children.

**What Do I Do If My Home Does Have Lead?**

Do not try to get rid of the lead-based paint yourself. You could make things worse for you and your family.

**COMMUNITY SERVICES DEPARTMENT**  
**COMMUNITY DEVELOPMENT DIVISION**



If you rent your home and you or your landlord are receiving rental assistance, and your child has a high amount of lead in the blood and your home contains lead-based paint, then your landlord, management office, housing authority, or community development office is required to get rid of the hazard safely in accordance with HUD requirements, or move you and your family to unit not contaminated with lead

There are things you can do now to protect your children. You should do them whether your child has an unsafe amount of lead in the blood or not. Keep your children away from paint chips and dust. Wet mop floors and wipe down surfaces often, especially where the floors and walls meet. Be sure to clean the space where the window sash rests on the sill. Lead-based paint chips or dust **SHOULD NOT** be broom swept or vacuumed with an ordinary vacuum cleaner or vacuum sweeper. Lead dust is so fine it will pass through a vacuum cleaner bag and spread into the air you breathe.

Make sure your children wash their hands often and always before eating, wash toys, teething rings and pacifiers often.

Help keep your home in good shape. Water leaks from pipes, roofs or outside cracks will let in dampness that causes paint to peel. The problems should be fixed right away.

**Where Can I Get More Information**

For more information, call your local health department or call the National Lead Information Center toll free at 1-800-532-3394,

After carefully reading this notice, please sign and date below that you understand the above information pertaining to lead-based poisoning.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant signature

\_\_\_\_\_  
Date

Source of Information: U.S. Department of Housing & Urban Development  
Office of Lead-Based Paint Abatement and Poisoning Prevention

REQUEST FOR LOCAL HOUSING PROPERTY STANDARDS INSPECTION  
Purchase Assistance

HOME BUYER'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_

NAME OF PERSON TO CONTACT TO SCHEDULE INSPECTION: \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

Name of LO/Broker requesting the inspection: \_\_\_\_\_

Phone# \_\_\_\_\_ Signature: \_\_\_\_\_

\*This form must be completed in its' entirety, including a signature, before the project coordinator will order an inspection.

Property must pass a Local Housing Property Standards inspection prior to the release of any funds.

The County will assume the cost of the initial inspection and one re-inspection. The third inspection and any subsequent inspections will be made at the cost of \$50 charged to the seller (applicant may not pay the fee). This fee will be made payable to Seminole County and will be collected at closing and forwarded, by the title company handling the closing, to the Seminole County Community Services Department.

The Community Services Department/Community Development Division will coordinate the inspection. Staff will need 48 hour advance notice to schedule all inspections. **All utilities must be on at the time of the inspection.** Units must be vacant.

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To be completed by Seminole County staff

Project Coordinator requesting inspection: \_\_\_\_\_ Date: \_\_\_\_\_

Construction Manager assigned: \_\_\_\_\_ Date: \_\_\_\_\_

REQUEST ENVIRONMENTAL REVIEW  
Purchase Assistance

HOME BUYER'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_

AMOUNT OF ASSISTANCE: \_\_\_\_\_

YEAR BUILT: \_\_\_\_\_

NAME OF FLO/ Broker requesting review: \_\_\_\_\_

Phone# \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*THIS FORM MUST BE COMPLETED IN ITS ENTIRETY, INCLUDING SIGNATURE, **BEFORE** THE PROJECT MANAGER WILL COMPLETE THE REVIEW.

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To be completed by Seminole County Staff

Project Coordinator submitting request: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Project Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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# VERIFICATION OF NO MONTHLY INCOME

*This form must be completed by all household members over age 18 that do not have any monthly income.*

The purpose of this form is to certify that I, \_\_\_\_\_ residing at

**NAME**

\_\_\_\_\_  
**ADDRESS**

verify I do not have any monthly income.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

State of Florida  
County of Seminole

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ by  
He/She who has produced \_\_\_\_\_ as identification.

(NOTARY SEAL)



\_\_\_\_\_  
FLORIDA NOTARY

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



## VERIFICATION OF NO FINANCIAL ACCOUNTS

*This form must be completed by all household members over age 18 that do not have a financial account.*

The purpose of this form is to certify that I, \_\_\_\_\_ residing at  
NAME

\_\_\_\_\_  
ADDRESS

do not have any checking accounts, savings accounts, money market accounts, certificate of deposit accounts, IRA accounts, Keogh accounts, retirement accounts and any other type of financial account.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

State of Florida  
County of Seminole

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ by  
He/She who has produced \_\_\_\_\_ as identification.

(NOTARY SEAL)

\_\_\_\_\_  
FLORIDA NOTARY

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.