Housing Assistance & Grant Administration Department

435 West Walnut Street ◆ Monticello, FL 32344 ◆ (850) 342-0287

SHIP

housing a stronger Florida

JEFFERSON COUNTY
STATE HOUSING INTIATIVES PARTNERSHIP (SHIP) PROGRAM

PROGRAM INFORMATION

Jefferson County utilizes State Housing Initiative Partnership (SHIP) program funds to administer and provide Homebuyer Purchase Assistance and Owner-Occupied Rehabilitation to qualified individuals and families to assist with the purchase of a home or repair qualified single–family, owner-occupied homes that meet certain requirements.

The SHIP program is a state-provided grant to assist residents of Jefferson County in obtaining affordable housing. Affordable housing is defined by statue as monthly mortgage payments, including taxes and insurance that does not exceed 30 percent of the median adjusted gross income for the County. SHIP 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

DSR Consulting and Management, LLC is a grant consulting firm hired by Jefferson County to administer the SHIP program. DSR Consulting and Management, LLC will review your application, determine eligibility, and oversee the loan closing (homebuyer purchase assistance) and construction process (owner-occupied rehabilitation). DSR Consulting and Management, LLC is committed to assisting interested residents in obtaining all required documentation as well as understanding the grant process. It is important that you provide DSR Consulting and Management, LLC with all the required information and cooperate in every way in order to make this a positive experience. Please note that Jefferson County will have final authority with all processes and procedures.

HOMEBUYER PURCHASE ASSISTANCE

SHIP funds are available for qualified first-time homebuyers for down payment and closing cost reduction of a new or existing home purchase. These funds are designed to help very low, low, and moderate-income individuals and families purchase a home. **Mobile homes are not eligible for homebuyer purchase assistance.**

APPLICANTS ARE LIMITED TO ONE-TIME ASSISTANCE SO IF YOU HAVE PREVIOUSLY RECEIVED SHIP ASSISTANCE, YOU ARE INELIGIBLE TO APPLY.

SHIP funds will be awarded to qualified individuals in the form of a second mortgage, zero monthly payment ($0) and zero percent (0%) interest deferred payment loan. All deferred payment loans will be forgiven if the home is not sold, has not changed ownership or transferred, refinanced, and is owner occupied continuously for **five (5) years.** The obligated amount will be prorated annually, reducing the loan in equal amounts 20% per annum. A repayment agreement will be recorded with the Jefferson County Clerk of Courts office that outlines procedures for recapture of deferred loans if the home is sold, refinanced, or ownership changes. Only the obligated portion must be repaid to the Jefferson County Housing Department.

Applicant Eligibility Guidelines

1. Meet income guidelines that are based on the household's anticipated gross annual income and the number of household members. The annual gross income cannot exceed the amount shown on the chart below (120% Area Median Income).

2. Qualify with any lender for first mortgage financing. The first mortgage loan type is determined by the homebuyer or lender.
3. Meet the first-time homebuyer by definition. A first-time homebuyer is an individual who meets any of the following criteria:
    - An individual who has had no ownership in a principal residence during the 3-year period ending on the date of purchase of the property. This includes a spouse (if the individual or spouse meets the above test, they are considered first-time homebuyers).
    - A single parent who has only owned with a former spouse while married.
    - An individual who is a displaced homemaker and has only owned with a spouse.
    - An individual who has only owned a principal residence not permanently affixed to a permanent foundation in accordance with applicable regulations.
    - An individual who has only owned a property that was not in compliance with state, local or model building codes and which cannot be brought into compliance for less than the cost of constructing a permanent structure.
4. Prior to closing, eligible applicants will be required to take a HUD approved First-Time Homebuyer course.
5. Applicants that have a recorded lien in favor of the County will have 30 days to submit proof that the lien has been cleared.

Income Limit by Number of Persons in Household							
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
$83,640	$95,520	$107,520	$119,400	$129,000	$138,600	$148,200	$157,800
2026 SHIP AMI Limits (120%) – Effective May 1, 2026							

Sales Price & Affordability

The maximum acceptable sales price for an **existing home is $481,176** and the maximum acceptable sales price for a **new home is $481,176**. A newly constructed home must have received a certificate of occupancy within the last twelve months. The monthly housing costs, including taxes and insurance shall not exceed thirty percent (30%) of the applicant's monthly gross income unless the first mortgage lender is satisfied that the household can afford mortgage payments in excess of the thirty percent (30%) benchmark.

Funding Information

The maximum award amount for down payment and closing costs are listed below. The award amount will be determined by proof of income and household size.

Very Low Income up to $15,000	**Low Income up to $15,000**	**Moderate Income up to $10,000**

OWNER-OCCUPIED REHABILITATION OR RECONSTRUCTION

SHIP funds are available to assist residents with owner-occupied rehabilitation or reconstruction. 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 meet the special needs definition, are very low income, or low income.**

APPLICANTS ARE LIMITED TO ONE-TIME ASSISTANCE SO IF YOU HAVE PREVIOUSLY RECEIVED SHIP ASSISTANCE, YOU ARE INELIGIBLE TO APPLY.

Owner-Occupied Rehabilitation Program

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. The maximum amount of funds that may be awarded per unit is $70,000. **Mobile homes are not eligible for rehabilitation assistance.**

SHIP funds will be awarded to qualified individuals in the form of a second mortgage, zero monthly payment ($0) and zero percent (0%) interest deferred payment loan. All deferred payment loans will be forgiven if the home is not sold, has not changed ownership or transferred, refinanced, and is owner occupied continuously for **ten (10) years**. The obligated amount will be prorated annually, reducing the loan in equal amounts; 10% per annum. A repayment agreement will be recorded with the Jefferson County Clerk of Courts office that outlines procedures for recapture of deferred loans if the home is sold, refinanced, or ownership changes.

Demolition/Reconstruction Program

This program is designed to provide replacement of existing homes or mobile homes that are more than 51% structurally unsound as determined a certified Housing Rehabilitation Specialist or Building Inspector. The maximum amount of funds that may be awarded per unit is $150,000.

SHIP funds will be awarded to qualified individuals in the form of a second mortgage, zero monthly payment ($0) and zero percent (0%) interest deferred payment loan. All deferred payment loans will be forgiven if the home is not sold, has not changed ownership or transferred, refinanced, and is owner occupied continuously for **twenty (20) years.** The obligated amount will be prorated annually, reducing the loan in equal amounts; 5% per annum. A repayment agreement will be recorded with the Jefferson 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

1. 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).

2. 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; please note that all people with interest in the property will be required to sign the deferred payment loan. If there are persons on the title who are deceased, a death certificate must accompany the deed.

3. Reside in the dwelling as a primary residence (homestead exempt) for at least one (1) year prior to the time of application.
4. Current on property tax and mortgage payments. Ownership must not be jeopardized by any other threat of foreclosure, default, or clouded title.
5. 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.
6. Applicants that have a recorded lien in favor of the County will have 30 days to submit proof that the lien has been cleared.

Income Limit by Number of Persons in Household							
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
$55,760	$63,680	$71,680	$79,600	$86,000	$92,350	$98,700	$105,050
2026 SHIP AMI Limits (80%) – Effective May 1, 2026							

APPLICATION SUBMISSION

Please complete all sections of the application (pages 1-5). If it does not apply to you, please indicate by using **N/A**. In addition to the application, please provide all supporting documentation that applies to you as outlined below. Providing all the correct information and documentation at time of submission will prevent delays in processing your application.

Once you have completed the application and obtained copies of all required supporting documentation, you are ready to submit for review.

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

Kelli Greene or Jamie Forrest
JeffersonSHIP@dsrconsultant.com
(850) 999-8648

Please submit your application and supporting documentation by choosing one of the options below:

APPLICATION BY EMAIL	APPLICATION BY MAIL	APPLICATION BY FAX
JeffersonSHIP@dsrconsultant.com	DSR Consulting and Management ATTN: Jefferson SHIP Program PO Box 6475 Tallahassee, FL 32314	(213) 423-6809

APPLICATION AND SUPPORTING DOCUMENTATION CHECKLIST

❑ Housing Assistance Application (pages 1-5) with all required signatures and dates.

❑ Driver's License or government photo ID for all household members 18 years or older.

❑ Birth certificates for all dependent minors under the age of 18.

❑ One (1) most recent bank statement for all open checking, savings, or other financial investment accounts at the time of application for all household members.

Down Payment Purchase Assistance ONLY

❑ Pre-approval or pre-qualification letter from a first mortgage lender.

Owner-Occupied Rehabilitation ONLY

❑ Proof of property ownership (i.e., warranty deed or quit claim deed). If there are persons on the title who are deceased, a death certificate must accompany the deed.

❑ Current mortgage statement, if applicable.

❑ Homeowners insurance policy, if applicable.

PLEASE NOTE:

Applicants, Co-Applicants, and Household Members 18+ may be required to complete additional verification forms and/or provide additional supporting documentation related to income/assets depending on the information provided in the application.

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State Housing Initiatives Partnership (SHIP) Program
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{STAFF ONLY}
DATE-TIME STAMP:

HOUSING ASSISTANCE APPLICATION

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

General Information	Household Members 18+ and Dependent Minors			
Name	Date of Birth	Age	Gender	Relationship to Applicant

General Information	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
a. Spouse or former spouse name:	_____		

Income Information	Applicant	Co-Applicant	Household Member 18+
2. What is your income source?	❑ Employed ❑ Retired ❑ Unemployed ❑ Self ❑ N/A	❑ Employed ❑ Retired ❑ Unemployed ❑ Self ❑ N/A	❑ Employed ❑ Retired ❑ Unemployed ❑ Self ❑ N/A
a. If employed, do you have more than one (1) employer?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
b. If unemployed, do you currently receive compensation?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
If you checked employed, please complete the "Employment Information" table below. For all other income, please complete the "Other Sources of Income" table on page 3.			
3. Do you receive alimony?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
4. Do you receive child support?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
a. If yes, is the child support court ordered?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
5. Do you receive regular cash contributions or gifts (cash)?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
6. Do you have a cash application platform? (i.e., Cash App, Venmo, Zelle, PayPal, Chime, etc.)	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
7. Do you receive public assistance benefits? (i.e., food stamps, welfare, etc.)	❑ 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 Title:			
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	Monthly Amount
TYPE OF INCOME EXAMPLES: Social Security, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Veterans Disability, Retirement/Pension Payments, Self-Employment, Unemployment, Child Support, Alimony, Rental Income (Net), Workers Compensation, Welfare Payments, Food Stamps, etc.			$
			$
			$
			$
			$
			$
			$
		TOTAL	**$**

Housing Needs & Property Type			
Home Type:	❑ Single-Family Home ❑ Condominium	❑ Dethatched Home ❑ Modular Home (mobile home)	❑ Townhome ❑ Duplex / Villa
Assistance Needed:	❑ Purchase assistance	❑ Rehabilitation	❑ Demolition / Reconstruction

Asset Information	Applicant	Co-Applicant	Household Member 18+
8 . Do you own {real property}:			
a. Vacant or raw land?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
b. Secondary home or rental property?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
9. Do you have life insurance?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
10. Do you have an annuity?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
11. Do you own {non-necessary personal property}:			
a. Recreational car or vehicle not needed for day-to-day transportation? (i.e., camper, motorhome, travel trailer, all-terrain vehicles (ATVs))	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
b. Bank accounts? (i.e., checking or savings accounts)	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

c. Financial investments? (i.e., stocks, bonds, or certificates of deposit)	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
d. Recreational boat or watercraft?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
e. Expensive jewelry without religious or cultural value, or which does not hold family significance?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
f. Collectibles? (i.e., coins or stamps)	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
g. Equipment/machinery that is not used to generate income for a business?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
h. Items such as gems/precious metals, antique cars, artwork, etc.?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

If you answered "yes" to any of the asset questions listed above, please list those assets in the "Assets and Asset Income" table below.

Assets and Asset Income	**Applicant, Co-Applicant, & Household Members 18+**			
Asset Owner Name(s)	Asset Name	Asset Type	Account Number	Current Value
				$
				$
				$
				$
				$
				$
				$
				$
			TOTAL	**$**

Handicap/ Disability

Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment."

In general, a physical or mental impairment includes hearing, mobility, and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS related complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

Are any household members living in the home handicapped or disabled according to the definition stated above? ❑ Yes ❑ No

If yes, list household member(s) name: _____

ETHNICITY				
❑ White	❑ Black/African American	❑ Hispanic	❑ Asian/Pacific Islander	❑ Native American

NON-SPECIAL NEEDS			
❑ Elderly	❑ Veteran	❑ Farm Worker	❑ Homeless

SPECIAL NEEDS		
❑ Developmental Disability	❑ Youth Aging out of Foster Care	❑ Survivor of Domestic Violence

I 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 or 775.83.

I further understand that any willful misstatement of information will be grounds for disqualification. I certify that the application information provided is true and complete to the best of my knowledge.

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

_____

Applicant Signature Print Name Date

_____

Co-Applicant Signature Print Name Date

_____

Household Member 18+ Signature Print Name Date