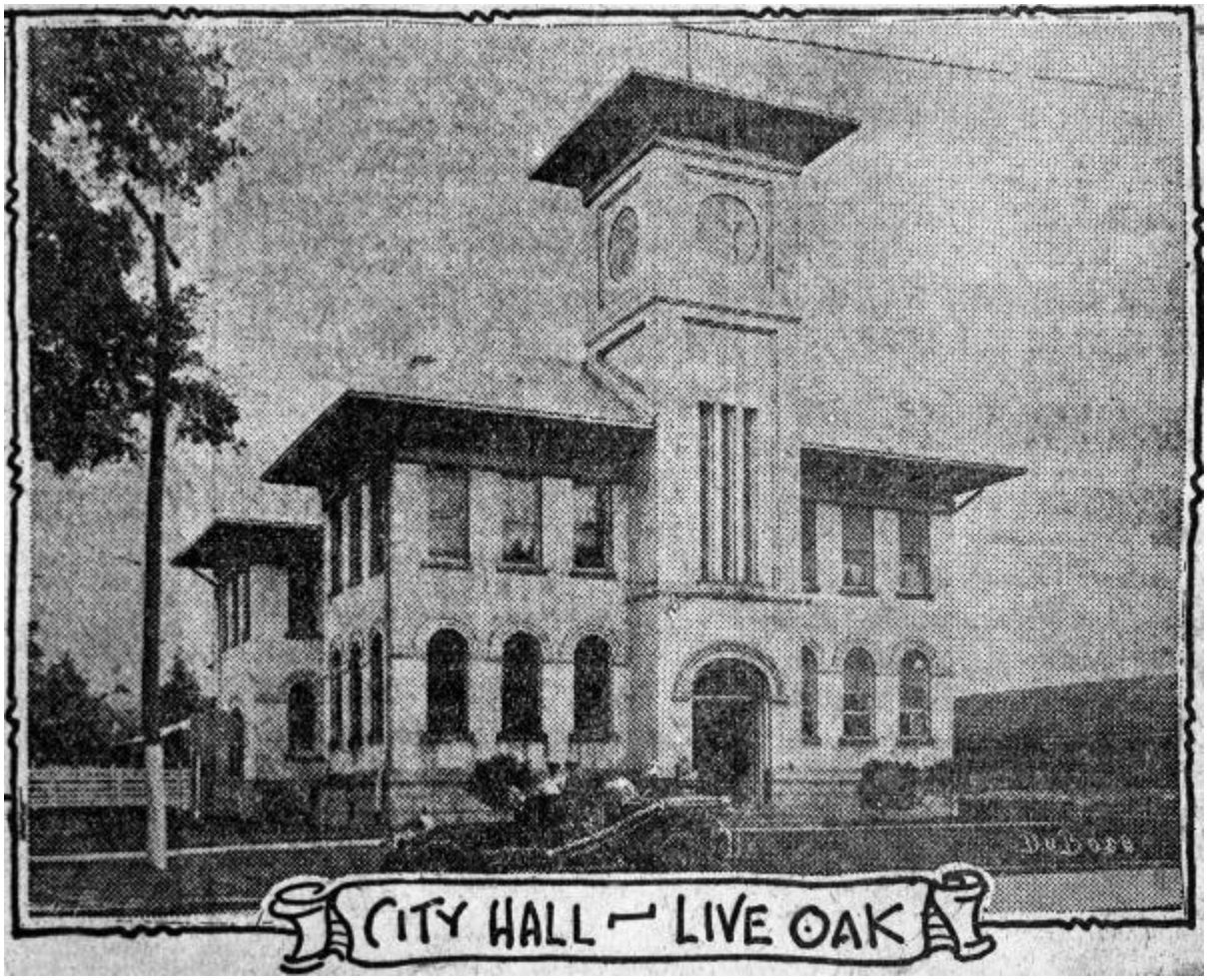

THE CITY OF LIVE OAK IS A FAIR HOUSING ADVOCATE

THE CITY OF LIVE OAK

FFY 2025 COMMUNITY DEVELOPMENT BLOCK GRANT

HOMEOWNER APPLICATION PACKET

The City of Live Oak
(CDBG) Housing Rehabilitation Program

Homeowner (CDBG) Application For Assistance

Please complete and return applications to:

Mr. Christian Dixon
City Hall Annex, 416 Howard St. E
Live Oak, FL 32064

APPLICATIONS MAY BE PICKED UP STARTING September 2nd, 2026
BETWEEN THE HOURS OF 9:00 AM TILL 4:00 PM
AND RETURNED BY
NO LATER THAN FRIDAY, October 9th, 2026, by 4:00 PM

Should you need assistance with filling out or understanding the application package, a workshop will be held in the City Council Chambers,
101 White Ave SE, Live Oak FL 32064 on September 15th, 2026, at 11:00 AM.

For questions concerning the application package contact Spencer Nabors at 386-855-2950 or Nicole Lee at 386-466-8012

The CDBG funds only apply to homes in the incorporated areas of Live Oak. County residents are not eligible to apply.

Applications received after October 9th, 2026, at 4:00 PM, will not be accepted.

CITY OF LIVE OAK
CDBG HOUSING REHABILITATION PROGRAM
NOTICE OF VOLUNTARY PARTICIPATION

I, _____ , do hereby acknowledge that I VOLUNTARILY request to be included in the housing rehabilitation program. I acknowledge that such inclusion will require me to provide personal data, such as income information, which is a private matter, but that by signing this form I acknowledge that the release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated confidentially as the Community Development Block Grant program permits.

I further acknowledge that I am responsible to follow the following program rules:

1. The purpose of the program is to place my residence in a condition equal to minimum housing standards. I consent to attainment of this standard and will not demand assistance greater than that which is approved by the local government and regulated by the CDBG program.

2. I understand that the contract for assistance is prepared between the contractor and myself as an administrative matter, but that the local government as the funding agency reserves the right of decision making. While I have the right to provide my view, I will not dispute the final decision made by the local government or their agent.

3. I understand that I am subject to immediate program disqualification, with existing financial responsibility for the costs incurred, if I:

    1. Provide any inaccurate or untruthful information,
    2. Fail to comply with existing guidelines,
    3. Perform any action to receive more assistance than I am entitled.

4. I hereby authorize the local government's agent to inspect my property.

I recognize that this assistance is provided as good will of the local government and that my participation binds me to the rules and regulations of the program and to the maintenance of the property after rehabilitation or replacement. I understand that my participation may affect my ability to qualify for housing assistance in the future.

I agree to all the terms in this document.

_____ _____

Applicant Signature: Date Witness Signature: Date

CITY OF LIVE OAK
COMMUNITY DEVELOPMENT BLOCK GRANT
HOMEOWNER APPLICATION PACKET

I. A COMPLETE APPLICATION PACKAGE SHALL CONTAIN THE FOLLOWING:

A. INCOME AND OCCUPANCY INFORMATION

1. All forms in the application packet that apply to the applicant shall be completed and signed.

2. An original of all applicable verification forms. Any verification form which is not attached to this application packet may be obtained from the Program Coordinator.

3. Provide a print out of the most current 3 months bank statements.

4. Provide proof of income. Allowable income documents include:

   a. Most current tax return
   b. Most current social security statement
   c. Most current retirement benefit statements
   d. Most current pay stubs "the last 6 pay stubs"
   e. Bank account statements showing direct deposit of income
   f. Child support print out "the last 6 payments"

5. A copy of the Social Security Card and a Picture Identification for all members of the household.

6. Proof of residence for each of the dependents claimed – Examples of proof of residence include A **copy** of one or more of the following:

   a. Birth Certificates on which the parent/applicant's name is listed
   b. School records, which give the parents names and address
   c. Court-ordered letters of guardianship
   d. Divorce decree
   e. Letters of adoption
   f. Social Security Cards

B. A **COPY** OF THE DEED FOR THE PROPERTY TO BE ADDRESSED

C. A COPY OF THE PROPERTY TAX BILL WHICH INCLUDES THE ASSESSED VALUE OF THE RESIDENCE

D. A LIST OF REHABILITATION WORK ITEMS ON YOUR RESIDENCE YOU NEED ADDRESSED

CITY OF LIVE OAK
COMMUNITY DEVELOPMENT BLOCK GRANT
HOMEOWNER APPLICATION PACKET

FOR OFFICE USE ONLY: RESIDENT INCOME CATEGORY VLI ___ LMI ___ OVER___

I. Resident Household Contact Information

Applicant: _____ Soc. Sec. #:_____

Co-Applicant: _____ Soc. Sec #:_____

Street Address: _____ Daytime Ph. #:_____

Mailing Address:_____ EveningPh. #:_____

My residence is located within the incorporated areas of Live Oak:
Yes_____ No_____

☐District 1 ☐District 2 ☐District 3 ☐District 4 ☐District 5 ☐Unsure

II. Household Composition

List all occupants of the household.

	Name	Age	Sex	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Handicap Status (Please list each household member who has a handicap)

1.	
2.	
3.	
4.	

III. Income and Asset Information

*List all occupants of the household and all income received to include, employment information for all jobs (full time or part time), child support, government assistance or other income received by or for occupants of the residence. As proof of income the applicant must sign all applicable verification forms attached to the back of this application. Each box checked **must have** the most current verification attached with this application.*

Income Source	Applicant	Co-Applicant	Other Member	Frequency of Income				
				Weekly	Bi-Week	Monthly	Quarter	Annually
Salary				☐	☐	☐	☐	☐
Overtime Pay				☐	☐	☐	☐	☐
Bonuses and Tips				☐	☐	☐	☐	☐
Interest and/or Dividends				☐	☐	☐	☐	☐
Net Income from Business				☐	☐	☐	☐	☐
Net Rental Income				☐	☐	☐	☐	☐
Social Security Retirement				☐	☐	☐	☐	☐
Supplemental Social Security				☐	☐	☐	☐	☐
Unemployment Benefits				☐	☐	☐	☐	☐
Workers Compensation, etc.				☐	☐	☐	☐	☐
Alimony, Child Support				☐	☐	☐	☐	☐
Welfare, AFDC payments				☐	☐	☐	☐	☐
Other (Regular Contributions)				☐	☐	☐	☐	☐
DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY								
Official Use Only				**SUBTOTAL B - Annually:**				

Applicant Asset Information

Assets	Bank/Financial Institution	Account #	Official Use Only
			SUBTOTAL
Checking			
Savings			
Certificate of Deposit, Treasury Bill			
Retirement Account (IRA, Keogh, 401K)			
Annuities			
Stocks & Bonds			
Other (real estate, lottery winnings, etc.)			
DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY			
Official Use Only			**SUBTOTAL C - Annually:**
Official Use Only			**SUBTOTAL B - Annually:**
Official Use Only			**TOTAL (B+C) - Annually:**

Co-Applicant Asset Information (If Applicable)

Assets	Bank/Financial Institution	Account #	Official Use Only
			SUBTOTAL
Checking			
Savings			
Certificate of Deposit, Treasury Bill			
Retirement Account (IRA, Keogh, 401K)			
Annuities			
Stocks & Bonds			
Other (real estate, lottery winnings, etc.)			
DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY			
Official Use Only		**SUBTOTAL C - Annually:**	
Official Use Only		**SUBTOTAL B - Annually:**	
Official Use Only		**TOTAL (B+C) - Annually:**	

Other Household Contributor Asset Information (If Applicable)

Assets	Bank/Financial Institution	Account #	Official Use Only
			SUBTOTAL
Checking			
Savings			
Certificate of Deposit, Treasury Bill			
Retirement Account (IRA, Keogh, 401K)			
Annuities			
Stocks & Bonds			
Other (real estate, lottery winnings, etc.)			
DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY			
Official Use Only		**SUBTOTAL C - Annually:**	
Official Use Only		**SUBTOTAL B - Annually:**	
Official Use Only		**TOTAL (B+C) - Annually:**	

Do you own more than one home? Yes_____ No_____

If Yes explain:

_____

REMINDER: *As proof of income the applicant must sign all applicable verification forms attached to the back of this application.*

Other Household
Assets Information

Type of Asset	Address or Name and Phone Number	Name on Account and Account Number	Cash/Market Value	Income from Assets
Equity in Real Estate Owned			$	$
Individual Retirement Account (IRA) and Keogh Accounts			$	$
Retirement and Pension Funds which may be withdrawn before retirement			$	$
Stocks, Bonds, Treasury Bills, Certificates of Deposit, Money Market Funds			$	$
Net Worth of Business(es) Owned			$	$
Lump Sum Receipts (inheritance, capital gains, lottery winnings, insurance settlements, others)			$	$
Personal property held as an investment (gems, jewelry, antique cars, paintings, etc.)			$	$
Other to include cash on Hand			$	$
Total for all assets			$	$

IV. RESIDENTIAL STATUS/ CONFLICT OF INTEREST

My house is: ☐ Brick Constructed ☐ Block Constructed ☐ Wood Frame Constructed
☐ Manuf. Mob. Home ☐ Other (Explain) _____

What year was the home constructed? _____

Are you current on your property taxes? ☐ Yes ☐ No
(**Attach a copy of your most recent tax receipt.**)

Do you have a mortgage on your property? ☐ Yes ☐ No
(**If "NO": Attach a copy of "Satisfaction of Mort."**)

If **"YES"**, are you current on your payments? ☐ Yes ☐ No
(**Please attach a copy of current mortgage statement.**)

Has the applicant received any housing assistance from the City within the last ten (10) years, through the CDBG or SHIP program? ☐ Yes ☐ No
If yes, attach a list detailing the repairs made and the cost of the project.

City of Live Oak

Conflict of Interest Notification

All household members that may have a business or familial relationship with a member of the Local Governing Body or City Employee must fully disclose the relationship at the time of the application or at the point in time in which the conflict occurs and before a construction contract is executed.

Please review the lists for potential conflicts and indicate any relationship to any person listed:

City Council Members	City Employees
Frank Davis "Mayor"	John Gill
Gladys Owens	Yolanda Tanksley
David Alford	Christian Dixon
Vanessa Brown	
Matt Campbell	
Adam Collins	

(Check the appropriate box):

☐ I certify I have reviewed this list and there is no relationship to anyone on the list nor am I related to any City employee.

☐ I am related to the following City Council Members or County Employee:

Name	Relationship
_____	_____
_____	_____

The above referenced information is true and correct to the best of my knowledge.

_____ _____

Print Name Signature

_____

Date

V. DECLARATIONS

Please complete the following section.

If you answer "yes" to any questions a through f, please provide an explanation on a separate sheet of paper. (Check appropriate box ☐)

	Applicant	Co-Applicant
a. Are there any outstanding judgments against you?	☐ Yes ☐ No	☐ Yes ☐ No
b. Have you declared bankruptcy within the past calendar year?	☐ Yes ☐ No	☐ Yes ☐ No
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last calendar year?	☐ Yes ☐ No	☐ Yes ☐ No
d. Are you a party to a lawsuit, as either plaintiff or defendant?	☐ Yes ☐ No	☐ Yes ☐ No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loan, home improvement loans, educational loans manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee? If "yes", provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action)	☐ Yes ☐ No	☐ Yes ☐ No
f. Are you presently delinquent or in default on any Federal/State/Local debt/tax or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "yes", give details as described in the preceding question.	☐ Yes ☐ No	☐ Yes ☐ No

VI. LENDER DATA

Identify all lenders, mortgage companies or similar private parties who currently hold, or will hold, a mortgage or similar financing agreement for the housing unit for which assistance is being requested (enter N/A if not applicable).

_____

Mortgage/Lien 1

_____

Mortgage/Lien 2

Add a separate sheet(s) if more than two mortgage/lien holders.

VII. ACKNOWLEDGMENT AND AGREEMENT

The undersigned specifically acknowledge(s) and agree(s) that: (1) the award requested by this application will be secured by a mortgage or deed of trust on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the assistance indicated herein; (4) occupation of the property will be as indicated above; (5) verification or recertification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Lender, even if the application is not approved; (6) the lender, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuation obligation to amend and/or supplement the information provided in this application is any of the material facts which transferred to successor or assign of the Lender without notice to me and/or the administration of notice to me; (7) the Lender, its agents, successors and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

NOTICE - BE AWARE THAT:
FLORIDA STATUTE SECTION 837.06 – FALSE OFFICIAL STATEMENTS LAW STATES THAT:
"WHOEVER KNOWLINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE"

<u>Certification:</u> I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Cod, Section 1001, et. seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any lost due to reliance upon any misrepresentation which I/we have made on this application. I verify that I understand that all information provided is public record. In addition verify I understand that by completing this application does not guarantee my home will be addressed under this or any other program and that all documentation provided is to determine my eligibility to qualify for the above referenced project.

X_____ ___/___/____
Applicant's Signature Date

X_____ ___/___/____
Co-Applicant's Signature (if any) Date

CITY OF LIVE OAK
COMMUNITY DEVELOPMENT BLOCK GRANT
CITY HALL ANNEX
416 HOWARD ST E, LIVE OAK FL 32064
APPLICANT/RESIDENT RELEASE AND CONSENT

I/We _____, the undersigned

hereby authorize all parties, to release

without liability, information regarding my/our employment, income, and/or assets to

The City of Live Oak, or its designee, for purposes of verifying information provided as part

of the property owners request for assistance under the City's CDBG program.

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, income and assets, medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for the 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	Veterans Administration
Previous Landlords (including Public)	State Unemployment Agencies	Retirement Systems
Housing Agencies	Social Security Admin.	Banks and other Financial
Support and Alimony Providers	Credit Agencies	Institutions

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 a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that I/We find to be incorrect or outdated.

_____

SIGNATURES

_____	_____	_____
Head of Household	(print name)	Date
_____	_____	_____
Spouse	(print name)	Date
_____	_____	_____
Adult Member	(print name)	Date

CITY OF LIVE OAK
COMMUNITY DEVELOPMENT BLOCK GRANT
CITY HALL ANNEX
416 HOWARD ST E, LIVE OAK FL 32064
APPLICANT/RESIDENT RELEASE AND CONSENT

VERIFICATION OF: Insurance Funds Received

(Applicant Information)	Insurance Funds Received
Name of Applicant or Resident: _____ **Address:** _____ **AUTHORIZATION: State and Federal Regulations require us to verify all funds received of all members of the household applying for assistance. This information will be used only to determine the eligibility status of the household. All information pertaining to Insurance Funds received if applicable must be attached to this application.**	_____ **Funds received in past 36 months** _____ **Funds received due to Any Hurricane Damage.** _____ **Funds received for structure.** _____ **Funds received for content and other items not related to structure.** **Please provide a printout of detailed insurance report(s) with item breakout for funds received if applicable.**
☐ Yes **I <u>have</u> received Insurance Funds due to a naturally declared disaster:** **Applicant Signature:**_____ ☐ No **I have NOT received Insurance Funds due to a naturally declared disaster:** **Applicant Signature:** _____	

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 S775.082 or 775.83

CITY OF LIVE OAK
COMMUNITY DEVELOPMENT BLOCK GRANT
CITY HALL ANNEX
416 HOWARD ST E, LIVE OAK FL 32064
APPLICANT/RESIDENT RELEASE AND CONSENT

VERIFICATION OF: Handicap Certification

(Applicant Information)

Name of Applicant or Resident:

_____

Address:

_____

AUTHORIZATION: State and Federal Regulations require us to verify all funds received of all members of the household applying for assistance. This information will be used only to determine the eligibility status of the household.

☐ Yes **I HAVE a handicap condition:**

Applicant Signature:_____

☐ No **I DO NOT have a handicap condition:**

Applicant Signature: _____

HANDICAP CONDITIONS:

☐ The applicant has a **permanent** handicap, which has the following mobility restrictions:

_____

_____

_____

_____

☐ The applicant has a **permanent** handicap, which does **not** have a mobility restriction.

☐ The application does **not** have a permanent handicap.

Signature of _____ or

Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

This form must be filled out by your health care provider or an attached letter from your health care provider stating handicap status is acceptable.

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 S775.082 or 775.83