WORKFORCE HOUSING IMPACT FEE MITIGATION REQUEST
Polk County, FL

1. Owner name: _____
2. Owner address & phone number: _____
3. Site location (physical address) _____
4. Range: _____ Township: _____ Section: _____

   Parcel # (s): _____

A COMPLETE LEGAL DESCRIPTION OF THE PROPERTY IS REQUIRED TO BE ATTACHED TO THIS APPLICATION

5. Proposed selling price of the residential construction: _____
6. Attach a notarized affidavit affirming that the residential construction qualifies as Workforce Housing and that it shall be occupied by Moderate Income Persons.
7. Attach evidence that the Residential Construction shall be occupied as the legal homestead of the Owner.
8. A copy of a fully executed and recordable lien upon the Residential Construction in the amount of the Impact Fees mitigated hereunder and that contains a due on sale clause requiring the payment of the mitigated Impact Fees in the event the residential construction is sold within seven (7) years from the date of the issuance of a Certificate of Occupancy and no longer qualifies as Workforce Housing. Such lien shall have priority over all other liens except for taxes and other governmental liens and assessments.
9. When granted a Workforce Housing Impact Fee Mitigation, the Applicant shall annually submit to the County by December 31 a report demonstrating its continued eligibility for the Workforce Housing Impact Fee Mitigation. In the event the Residential Construction fails to meet the restrictions of the Workforce Housing Impact Fee Mitigation as provided in the Ordinance (#07-040) within the 7-year period following the issuance of the Certificate of Occupancy such that the property no longer qualifies as Workforce Housing and is no longer occupied by Moderate-Income Persons, the mitigated Impact Fee amount, as set out in attachment "A", shall be immediately due and payable.

CERTIFICATION FROM PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE

I, _____, certify that the above information is correct and complete to the best of my knowledge. I, the undersigned, also certify that I have read and understand Section 2.09, Workforce Housing Impact Fee Mitigation, as contained in the Polk County, Florida, Ordinance #07-040.

Signed: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

NOTARY PUBLIC _____

Mitigation schedule in Attachment "A" APPROVED _____ DENIED _____
Library, Parks, Fire Rescue & Law Enforcement Fees when applicable

County Management signature: _____ Date: _____

Return completed form to:

Polk County Office of Planning & Development
Drawer GM01, P. O. Box 9005
Bartow, FL 33831-9005

POLK COUNTY OFFICE OF PLANNING & DEVELOPMENT

HOUSING IMPACT FEE MITIGATION

DOCUMENTATION CHECKLIST

NAME _____ **DATE** _____

- ☐ Completed , signed **Resident Income Certification** application
- ☐ Completed, signed, typed **Uniform Residential Loan Application** (Fannie Mae Form 1003)
- ☐ Paystubs - two (2) **MOST RECENT**
- ☐ Current **Verification of Employment (VOE)** for each Adult Household Member
- ☐ Income Verification for **ALL** Family Members receiving income such as; Social Security, SSI, AFDC, Child Support (must be reported Court Ordered or Not), Alimony, Pension or Retirement
- ☐ Self Employed - Prior Year Tax Return
- ☐ Copy of last six (6) months Bank Statements on all Checking and Savings Accounts
- ☐ Copy of **Driver's License** for all heads/co-heads of household (Borrowers and non-borrowers)
- ☐ Copy of **Social Security Cards** for all persons to reside in home
- ☐ **All Certifications must be Notarized** (Impact Fee Mitigation Request Application Coverpage, Legal Homestead, Qualified Construction)

NOTE: PLEASE submit completed documents to avoid delays. THANK YOU!!

EXAMPLE ONLY TO SHOW NECESSARY FORMAT

(DRAFT – notarized affidavit affirming construction qualifies as Workforce Housing and that it will be occupied by moderate income persons).

RE: BUYER: (Full name of purchaser(s)

ADDRESS: (complete address of property)

PARCEL: (entire parcel ID number)

TO WHOM IT MAY CONCERN:

I hereby certify that the residential construction on the above referenced property qualifies as Workforce Housing and will be occupied by moderate income person(s) as shown in the attached Resident Income Certification application.

I, (typed name of officer signing affidavit), certify that the above information is correct and complete to the best of my knowledge.

Signed: (Corporation or other – name in full)

By_____
(Officer's name and title)

Subscribed and sworn to before me this _____ Day of _____, 20__.

NOTARY PUBLIC_____ (Notary Seal)

Example Format

EXAMPLE ONLY TO SHOW NECESSARY FORMAT

(DRAFT – purchaser's certification property will be occupied as legal homestead)

PURCHASER: (full name(s) of purchasers)

ADDRESS: (complete address of residential construction)

PARCEL ID: (complete parcel ID number)

TO WHOM IT MAY CONCERN:

We (I) certify that the residential construction we (I) are (am) purchasing that is listed above, will be our (my) legal homestead.

Signed: By _____
(typed name of owner)

By _____
(typed name of co-owner)

Subscribed and sworn to before me this _____day of _____, 20__.

NOTARY PUBLIC _____ NOTARY SEAL

Example Format

POLK COUNTY IMPACT FEE WAIVER REQUEST FORM

RESIDENT INCOME CERTIFICATION - HOME BUYER - RENTAL HOUSING

WORKFORCE HOUSING

Effective Date: _____

Workforce Housing shall mean a Dwelling Unit which is offered for sale or rent to Moderate Income Persons and with respect to which monthly rent or monthly mortgage payments, including taxes and insurance, do not exceed 30 percent of that amount which represents the percentage of the median adjusted gross annual income for the households of **Moderate Income Persons.**

A. **Recipient Information (select one)**

a. Home Buyer: Monthly PITI: _____ Rent Monthly: _____

B. **Subsidy Use** New Construction
Workforce Housing Funds Committed by: _____

Name of Home Buyer/Renter:
Address of Property:

C. **Household Information**

Member	Name(s) - All Household Members	Relationship	Age
1			
2			
3			
4			
5			
6			
7			

D. **Assets: All household members including minors**

Member	Asset Description	Cash Value	Income from Assets
1		$	
2		$	
3			
4			
5			
Total Cash Value of Assets	D(a)	$	
Total Income from Assets		D(b)	$
If line D(a) is greater than $5,000, multiply that amount by the rate specified by HUD (applicable rate 2.0%) and enter results in D(c), otherwise leave blank.		D (c)	$

E. **Anticipated Annual Income:** Includes unearned income and support paid on behalf of minors.

Member	Wages/ Salaries (Include tips, commission, bonuses, etc.)	Benefits/Pensions	Public Assistance	Other Income	Asset Income (Enter the greater of box D(b) or box D(c) above In box E(e) below:
1	$	$	$	$	
2					
3					
4					
5					
6					
7					
	(a)	(b)	(c)	(d)	(e)
Totals	$	$	$	$	$

Enter total of items E(a) through E(e). This amount is the **ANNUAL ANTICIPATED HOUSEHOLD INCOME**	$

F. **Recipient Statement:** The information on this form is to be used to determine maximum income for eligibility. I/we have provided, for each person set forth in Item C, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and completed to the best of my/our knowledge and belief and are given under penalty of perjury. **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 S 775.082 or 775.83.

_____ Date _____
Signature of Head of Household

_____ Date _____
Signature of Spouse or Co-Head of Household

G. **Administrator Statement:** Based on the income information provided by the household and upon proofs and documentation submitted, the household is eligible for Polk County Impact Fee Waivers, the family or individual(s) constitute(s) a:

☐ **Moderate Income (MI) Persons** shall mean one or more natural persons, the total adjusted gross household income of which does not exceed **120% of the median adjusted gross income for households** within the Lakeland-Winter Haven, Florida, metropolitan statistical area as reported by the U.S. Department of Housing and Urban Development or its governmental successor in function. **Maximum income limit* $** _____

*Based upon the 2014 (year) income limits for Lakeland-Winter Haven Metropolitan Statistical Area (MSA) or Polk County, Florida.

Program Administrator or His/Her Designated Representative:

_____ Date _____
(Signature)

Name _____ Title _____
(Print or type name)

Prepared by and return to: (Insert Name and Address)

_____

_____

_____

_____

CLAIM OF LIEN—WORKFORCE HOUSING IMPACT FEE MITIGATION

(Polk County, Florida)

To _____, owner(s) of the premises hereinafter described (the "Owner"), and to all interested parties who may be concerned:

You are hereby notified that Polk County, Florida, (the "County") hereby claims a lien upon the following described property:
Parcel ID:_____

[INSERT LEGAL DESCRIPTION]

together with all improvements thereon (the "Property"), which received a certificate of occupancy on _____ (the "Lien Commencement Date"). At that time, $_____ (the "Assessed Impact Fees") was owed to the County for impact fees imposed pursuant to Ordinance No. 2007-018, as amended (the "Impact Fee Ordinance"), as further detailed in the impact fee schedule set forth in Exhibit "A" attached hereto and incorporated herein. Owner applied for Workforce Housing Impact Fee Mitigation pursuant to Section 2.09 of the Impact Fee Ordinance which request was approved by the County. Pursuant to the Impact Fee Ordinance, the Owner was deemed eligible for mitigation of fifty percent (50%) of the Assessed Impact Fees pursuant to Section 2.09 of the Ordinance in the amount of $_____ (the "Mitigated Impact Fee"). Owner paid the remaining Impact Fee due in the amount of $_____ on the Impact Fee payment date set forth in Section 2.01 of the Impact Fee Ordinance.

Wherefore, Polk County hereby claims a lien upon said Property in the amount of the Mitigated Impact Fee, $_____.

This lien is recorded pursuant to Section 2.09 of the Impact Fee Ordinance. In the event the Property is transferred to another owner who does not qualify as a Moderate Income Person, as defined in the Impact Fee Ordinance, within seven (7) years after the Lien Commencement Date, the amount of the Mitigated Impact Fee shall be immediately due and payable to the County. Such lien shall have priority over all other liens except for taxes and other governmental liens and assessments.

[SIGNATURES ON NEXT PAGE]

THIS LEGAL DOCUMENT REFLECTS A GOVERNMENTAL LIEN HAS BEEN PLACED ON THE SUBJECT REAL PROPERTY. THIS LIEN SHALL REMAIN VALID UNTIL A RELEASE OF LIEN HAS BEEN RECORDED.

POLK COUNTY, FLORIDA, as Lienor

_____
Name: _____
Title: _____

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____, as _____, on behalf of Polk County, Florida. Such person is personally known to me or who has produced _____ as identification.

Notary Public, State of Florida
Print Name:_____
Commission No.:_____
Commission Expires:_____

PROPERTY OWNERS:
Acknowledged and agreed to:

_____
Name: _____

_____
Name: _____

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____, who is/are personally known to me or who has produced _____ as identification.

_____
Notary Public, State of Florida
Print Name:_____
Commission No.:_____
Commission Expires:_____

THIS LEGAL DOCUMENT REFLECTS A GOVERNMENTAL LIEN HAS BEEN PLACED ON THE SUBJECT REAL PROPERTY. THIS LIEN SHALL REMAIN VALID UNTIL A RELEASE OF LIEN HAS BEEN RECORDED.

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