

**Bonita Springs CDBG-DR Home Buy Out  
Preliminary Eligibility QC Checklist**

<b>Owner(s) Name(s):</b>	
<b>Buyout Property Address:</b>	

Preliminary Eligibility Determination			
#	Item Description	Yes, No, N/A	Additional Information/ Comments
1	<b>What is the Household Size?</b> _____		
2			
3			
4	<b>Any Household members under the age of 18?</b>		
5	<b>Any Household members over 62</b>		
6			
7			
8	<b>Reported Irma Damages?</b>		
9	<b>Can you provide proof of previous Flood Damages?</b>		
10			
11	<b>Do any renters live in your home?</b>		
12	<b>Verification of Disability (if applicable)</b> <input type="checkbox"/> Medical Verification of Disability <input type="checkbox"/> Mobility impaired ID card <input type="checkbox"/> Letter showing Social Security/VA Disability Information <input type="checkbox"/> Canceled check or direct deposit documents show SSDI or disability – related SSI benefits		
13	<b>Valid Photo I.D. for Applicant(s)</b> <input type="checkbox"/> Driver’s License (current) <input type="checkbox"/> State-issued Identification Card (current) <input type="checkbox"/> Passport/Passport Card <input type="checkbox"/> Military ID <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Other official State or Federal Photo ID		
14	<b>Proof of Ownership</b> <input type="checkbox"/> Deed/Title to Ownership <input type="checkbox"/> Warranty Deed <input type="checkbox"/> Fee simple title <input type="checkbox"/> 99-year leasehold interest as leasee <input type="checkbox"/> Life estate / Trusts / Usufruct <input type="checkbox"/> Court Order / Affidavit / Succession <input type="checkbox"/> Proof of Mortgage / Home Insurance <input type="checkbox"/> Act of donation <input type="checkbox"/> Last Will & Testament/Estate Documentation <input type="checkbox"/> Property Tax Records (must have proper proof of payment)		

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15	<p><b>Property Tax Status</b> Applicant must furnish evidence that property taxes are either current, have an approved payment plan, or qualify for an exemption under current laws. If entered into a payment plan, then the applicant must submit a signed copy of the payment plan from the applicable taxing entity along with documentation that they are current on their payment plan</p>		
16	<p><b>Proof of Income for All Adult Household Members (18+)</b> <input type="checkbox"/> Federal Tax Return</p>		
17	<p><b>If any household member with earned or unearned income does not have a copy of their latest tax return then they must provide the one of the following supporting income documents (not exhaustive):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copies of proof of income for the most recent 90-day period prior to date of application for individuals that live at the property and that are over the age of 18, including paycheck stubs (with earned income/wages)</li> <li><input type="checkbox"/> Statement of Gross Annual Income from an Employer (Earned Income/Wages) W2 or 1099 documents if paystubs are not available</li> <li><input type="checkbox"/> Award Statement/Letters (Retirement/Pension; Alimony and Child Support; Social Security Income; Annuity Income; Workman’s Compensation; Unemployment; Alimony; Public Assistance; Disability)</li> <li><input type="checkbox"/> Quarterly IRS Report or W-9 Tax Form (Self-Employment; Business Owner)</li> <li><input type="checkbox"/> Last 3 months of bank statements for checking, one month of savings, money market accounts and Certificates of Deposit (CD)</li> <li><input type="checkbox"/> Current copy of Armed Forces Pay, including VA (if applicable)</li> <li><input type="checkbox"/> Current copy of Temporary Assistance to Needy Families (TANF) award, formerly Aid to Families with Dependent Children (AFDC) (if applicable)</li> <li><input type="checkbox"/> Section 8 Voucher Program contract (Fully executed and complete contract)</li> <li><input type="checkbox"/> Current Verification of stocks or bonds (if applicable)</li> <li><input type="checkbox"/> Documentation supporting deductible expenses such as tuition, student loan interest, paid alimony, etc.</li> </ul>		

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18	<b>Proof of Primary Residency / Occupancy</b> <input type="checkbox"/> 2017 Property Tax Status Owner		
18a	<p><b>If a 2017 Property Tax Status Ownership report is not provided, the primary Applicant must provide one document showing Primary Residency AND one document showing Occupancy:</b></p> <p><b>Provide one of the following to prove Primary Residency:</b></p> <input type="checkbox"/> Voter registration card <input type="checkbox"/> Homeowners insurance policy showing as primary residence <input type="checkbox"/> Florida Driver’s license or State issued ID showing damaged property address <input type="checkbox"/> Other verifiable government issued documentation corresponding to damaged property address <p><b>Provide one of the following to prove Occupancy:</b></p> <input type="checkbox"/> Copy of electric, gas, water, trash, sewage, cable or landline phone bill. The bill must confirm that service was provided in the month preceding or the month of the applicable disaster event and must match name and address on the program application. Bills must reflect usage of services indicative of occupancy. <input type="checkbox"/> Letter from electric, gas, water, trash, sewage, cable or landline Phone Company. The letter must confirm that service was provided in the month preceding or month of the applicable disaster event and must match name and address on the program application. <input type="checkbox"/> Voter registration records submitted together with valid driver’s license (unexpired as of date of application) must match the name and address on the program application		
19	<b>Disaster Assistance Received</b> Did homeowner receive Irma-related assistance for damages from the storm from any source? <i>If yes, he/she should provide documentation and information confirming homeowner name, damaged residence address, the amount received, and the use of those funds.</i>		
20	<b>Proof of Irma Damage</b> <input type="checkbox"/> Proof of Disaster Recovery Funds Received (FEMA/Insurance) <input type="checkbox"/> Other		
21	<b>Previous Flooding</b> Damage Date(s): _____ Documentation Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		