

**MONROE COUNTY PLANNING DEPARTMENT  
AFFORDABLE HOUSING APPLICATION  
FOR TENANT(S), OWNER-OCCUPANT(S), DEVELOPER**

TIER: \_\_\_\_\_

Application Date: \_\_\_\_\_ Permit Application No. \_\_\_\_\_

Name(s): \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Key: \_\_\_\_\_ PB: \_\_\_\_\_ Real Estate Number(s): \_\_\_\_\_  
(If legal description is metes and bounds, attach a separate sheet)

Applicant(s): Owner-Occupant(s) \_\_\_\_\_ Tenant(s) \_\_\_\_\_ Developer \_\_\_\_\_

Occupants Household Adjusted Gross Income: \$ \_\_\_\_\_

Very Low \_\_\_\_\_ Low \_\_\_\_\_ Median \_\_\_\_\_ Moderate \_\_\_\_\_ Income

Contract/Purchase Price of Property: \$ \_\_\_\_\_ or Lease Amount: \$ \_\_\_\_\_ monthly

Number of Bedrooms: \_\_\_\_\_

	Household Occupant(s) Name(s)	Relationship ie: husband, wife, son, Daughter, room-mate, Domestic partner, etc.	Employer Name and phone number	Dependent (Yes or No)
A.				
B.				
C.				
D.				

**Submit the following information:**

- 1) Copy of the current IRS Form 1040 showing adjusted gross income for each household member. Copies must be requested directly from IRS (minimum 6 – 12 weeks). IRS forms must be sent direct from IRS to the Monroe County Planning Department unless prepared by a Certified Public Account (CPA) and signed by all parties. Attach copy of all W-2 forms. If an applicant is self employed then all schedules must accompany the IRS 1040.
- 2) Pay stub(s) from the previous three months from the date of this application.
- 3) Letters of Employment (address, phone number, supervisor name).
- 4) Copy of Executed LEASE (if tenant) or copy of executed contract for sale.
- 5) Copy of Property Record Card.
- 6) Letter from agency obtaining Financing. Financing: \_\_\_\_\_ Public or \_\_\_\_\_ Private
- 7) Copy of proposed floor plan showing the habitable square footage of the dwelling unit. The floor plan is to be drawn to scale and each room labeled (ie: bedroom, bathroom, kitchen, et cetera).
- 8) Completed Affordable Housing Affidavit.
- 9) Completed Affordable Housing Deed Restriction is required for vacant land proposed to have an Affordable Housing Deed Restriction. Otherwise, a copy of the **approved recorded** Affordable Housing Deed Restriction is required for the subject property (residence).

**I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)  
STATE OF FLORIDA  
COUNTY OF MONROE

\_\_\_\_\_  
(Date)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008, by \_\_\_\_\_, who is/are personally known to me or produced \_\_\_\_\_ as proof of identification and did take an oath.

\_\_\_\_\_  
Notary Public (Print Name)

\_\_\_\_\_  
Notary Public (Signature)

***Monroe County Planning Department Affordable Housing Application for  
Tenants(s), Owner-Occupant(s), Developer***

**Please note: the Monroe County Planning Department Affordable Housing Application for Tenants(s), Owner-Occupant(s), Developer accompanying these attachments cannot be modified or changed.**

***Sample Draft Attachments:***

- Sample Draft of Monroe County Planning Department Affordable Housing Affidavit of Qualification (3 pages) (Item # 8 on application)
- Sample Draft of Monroe County Planning Department Affordable Housing Deed Restriction (3 pages) (Item # 9 on application)
- Sample Draft of Developer Affidavit (1 page) This affidavit is only required to be completed if the applicant is developing unit(s) that are going to be rented or sold and the applicant does not intend to occupy the unit(s).

**MONROE COUNTY PLANNING DEPARTMENT  
AFFORDABLE HOUSING  
AFFIDAVIT OF QUALIFICATION**

**NAME(S):** \_\_\_\_\_

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

**PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_**

Hereinafter referred to as the applicant(s) or owner(s), who, having been sworn under oath, do(es) hereby attest, subject to the penalties for perjury, to the fact that the following statements(s) of qualification for the **Affordable Housing Program** of Monroe County, Florida, under the Monroe County Code Chapter 9.5 is/are true:

I. This affidavit is part of Building Permit Application Number 09-8-4444 and a request for a waiver the required payment of impact fees, for an owner-occupied or tenant-occupied dwelling located on of certain real property, lying and being in Monroe County, State of Florida, described as follows:

**Lot(s):** 55, **Block** 24, **Subdivision:** Twin Lakes

**Key:** Largo **Real Estate Number:** 00544440.000000

II. The use of the dwelling is restricted to owner or tenant occupied households. This restriction will apply until the Board of County Commissioners amends the Land Development Regulations to permit the dwelling unit to be occupied by other qualified households. The following is a complete list of all employed member of said household at this time and the name(s) and address(es) of their respective employer(s):

<b>Household Member Name(s):</b>	<b>Employer(s) Name &amp; Address:</b>
A. _____	A. _____
B. _____	B. _____
C. _____	C. _____
D. _____	D. _____

III. The use of the dwelling is restricted for a period of at least ninety-nine (99) years to households with an adjusted gross annual income no greater than one hundred twenty (120) percent of the median adjusted gross annual income for **tenant occupied** households within Monroe County.

IV. The use of the dwelling is restricted for a period of at least ninety-nine (99) years to households with an adjusted gross annual income no greater than one hundred sixty (160) percent of the median adjusted gross annual income for **owner occupied** households within Monroe County.

V. **The applicants understands that if the dwelling unit is rented then the dwelling unit will, also, have a monthly rent limit as set forth in the Monroe County Code.**

- VI. The occupancy of any affordable housing rental unit, not otherwise limited by state or federal statute or rule concerning household income, a household's annual income may increase to an amount not to exceed 140 percent of the median household income for the county. If the income of the lessee exceeds this amount the tenant's occupancy shall terminate at the end of the existing lease term. The maximum lease for any term shall be three (3) years or thirty-six (36) months.
- VII. The applicants maintains that the dwelling unit meets all applicable requirements of the United States Department of Housing and Urban Development minimum property standards as to room sizes, fixtures, landscaping and building materials when not in conflict with applicable laws of Monroe County.
- VIII. The applicant(s) has/have filed with Monroe County a copy of income tax and W-2 forms for all members of the household showing adjusted gross income for the previous years and has/have requested that the Internal Revenue Service provide the Monroe County Planning Department with an official copy of said form. Additionally, for applicants with less than one year living and working in Monroe County, an affidavit from the applicant and pay vouchers may be used to qualify for the first year; income tax and W-2 forms are required for the next year.
- IX. The applicant(s) will file the approved Affordable Housing Deed Restriction on the chain of title to said real property described above, with the Clerk of the Circuit Court for Monroe County that give notice that the dwelling unit shall be restricted by the affordable housing criteria for ninety-nine (99) years commencing from the issuance of the certificate of occupancy.
- X. The applicant(s) understands and agrees that each year from the date of issuance of the certificate of occupancy, the applicant(s) will need to re-qualify annually by May 1. A new Affidavit of Qualification for Affordable Housing, and the Internal Revenue Service, income tax forms attached with copies of the W-2 form(s) for the specified year must be submitted to the Monroe County Planning Department. Failure to comply or re-qualify shall constitute a violation of your Affordable Housing Deed Restriction, the Monroe County Code and the conditions of your certificate of occupancy.
- XI. The applicant(s) understands if the affordable housing is/was used to gain points in the dwelling unit allocation system and/or to gain maximum net density afforded under Monroe County Code, the residence will be restricted by the affordable housing covenants for a period of ninety-nine (99) years. Therefore, sale, transfer, inheritance, assignment or rental of the unit shall only be to persons who qualify under Monroe County's Affordable Housing Eligibility Requirements as established and amended from time to time. All of the restrictions herein shall be binding upon any transferees, lessees, heirs, assignees, or other successors in title.

I/we certify that I/we am/are familiar with the information herein contained and that it is true and correct to the best of my/our knowledge and belief; and I/we will abide by the above stated restrictions for Affordable Housing pursuant to Monroe County Code Chapter 9.5 as amended from time to time.

WITNESSES:

OWNER(S) or APPLICANT(S)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print/Type Name)

\_\_\_\_\_  
(Print/Type Name)

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
(Print/Type Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print/Type Name)

\_\_\_\_\_  
(Print/Type Name)

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
(Print/Type Name)

STATE OF FLORIDA  
COUNTY OF MONROE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008, by \_\_\_\_\_, who is/are personally known to me or produced \_\_\_\_\_ as proof of identification and did take an oath.

\_\_\_\_\_  
Notary Public (Print Name)

\_\_\_\_\_  
Notary Public (Signature)

My Commission Expires

This instrument was prepared by:  
John Doe  
1508 Silver St.  
Key West, FL 33040

**MONROE COUNTY PLANNING DEPARTMENT  
AFFORDABLE HOUSING DEED RESTRICTION**

**STATE OF FLORIDA  
COUNTY OF MONROE**

Notice is hereby given that:

- I. I/We, ~~John and Sally Doe, a married couple,~~ the undersigned is/are the sole owner(s) of certain real property situated, lying and being in Monroe County, State of Florida, described as follows:

Lot(s): 11 Block: 19

Subdivision: Twin Lakes Key: Largo PB: 3-160

(If legal description is metes and bounds, attach a separate sheet)

Real Estate Number: 00544440.000000

- II. The residential unit Building Permit Number is 09-5-4444.
- III. Under the owner-occupied / developer median income affordable housing provisions set for in Chapter 9.5 of Monroe County Land Development Regulations, the owner or owners of the above-described real property have been exempted from payment of "Fair Share Impact Fees" for a (check one): a single-family X, a multi-family unit,    , a mobile home     to be constructed on said real property.
- IV. The use of the dwelling is restricted for a period of at least ninety-nine (99) years to households with an adjusted gross annual income no greater than one hundred twenty (120) percent of the median adjusted gross annual income for tenant occupied households within Monroe County.
- V. The use of the dwelling is restricted for a period of at least ninety-nine (99) years to households with an adjusted gross annual income no greater than one hundred sixty (160) percent of the median adjusted gross annual income for owner occupied households within Monroe County.

- VI. The Maximum sales price, owner occupied affordable housing unit shall mean a price not exceeding four and one-quarter (4.25) times the annual median household income for Monroe County for a two (2) bedroom unit.
- VII. The covenants shall be effective for ninety-nine (99) years, but shall not commence running until a certificate of occupancy has been issued by the building official for the dwelling unit(s) to which the covenant or covenants apply. This deed restriction shall remain in effect for ninety-nine (99) years regardless of the owner(s) or occupant(s) ability to comply or re-qualify on an annual basis or as otherwise may be required.
- VIII. At the time of sale an owner-occupied affordable housing unit, the unit may only be sold to a household within the same class.
- IX. All of the restrictions herein shall be binding upon any transferees, lessees, heirs, assigns or successors in the chain of title.

**SAMPLE**

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK  
SIGNATURES FOR RESTRICTION ON THE FOLLOWING  
PAGE.

I/we certify that I/we am/are familiar with the information herein contained and that it is true and correct to the best of my knowledge and belief; and I/we will abide by the above stated restrictions pursuant to Monroe County Code Chapter 9.5 as may be amended from time to time.

WITNESSESS:

OWNER OR OWNERS

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature) John Doe

\_\_\_\_\_  
(Print/Type Name)

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print/Type Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature) Sally Doe

\_\_\_\_\_  
(Print/Type Name)

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print/Type Name)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ A.D. by \_\_\_\_\_ is/are personally known to me or has produced \_\_\_\_\_ as identification.

My Commission Expires

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Notary Public (Print Name)

## DEVELOPERS AFFIDAVIT

Before me the undersigned authority, personally appeared

**NAME(S):** \_\_\_\_\_

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

**PHONE: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

- I. I/We, the Developer(s), do not intend to move into the dwelling unit at this time, nor do we have a prospective tenant or tenant at this time who will move into the dwelling unit located on of certain real property, lying and being in Monroe County, State of Florida, described as follows:

**Lot(s):** \_\_\_\_\_ **Block:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_

**Key:** \_\_\_\_\_ **PB:** \_\_\_\_\_

(If legal description is metes and bounds, attach a separate sheet)

**Real Estate Number:** \_\_\_\_\_

- II. I/We, the Developer(s), understand the dwelling unit may only be used as a primary (principle) residence. The property has a ninety-nine year affordable / employee housing deed restriction which will commence to run from the issuance the certificate of occupancy.
- III. I/We, the Developer(s), have a licensed contractor to build the dwelling unit(s). The Building Permit \_\_\_\_\_ application has not been applied for as an owner builder.
- IV. I/We, the Developer(s), understand that no one may move into the residential until the requirements of Affordable/Employee Housing are met by either 1) a new affidavit specifying no prospective tenant(s) or 2) employee/tenant(s) qualify pursuant to the affordable/employee housing criteria.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

STATE OF FLORIDA  
COUNTY OF MONROE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008, by \_\_\_\_\_, who is/are personally known to me or produced \_\_\_\_\_ as proof of identification and did take an oath.

\_\_\_\_\_  
Notary Public (Print Name)

\_\_\_\_\_  
Notary Public (Signature)

My Commission Expires