



## Mobile County Voluntary Home Buyout Program

### Official Application



THE MOBILE COUNTY COMMISSION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, AGE, RELIGION, DISABILITY, SEX, SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION, VETERAN STATUS, CHARACTERISTICS OF PERSONAL IDENTITY, OR ANY OTHER CHARACTERISTIC PROTECTED UNDER APPLICABLE FEDERAL OR STATE LAW AND IS AN EQUAL OPPORTUNITY EMPLOYER

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## Application Checklist

A complete application package must contain all the required information and documentation requested before the application will be considered. All applications will be time and date stamped and processed on a first come, first served basis.

- \_\_\_\_ Applicant Information
- \_\_\_\_ Copy of a valid driver's license
  - \_\_\_\_ If not a U.S. Citizen, then proof that applicant(s), adult non-applicant(s) and minors in the household qualify to receive federal public benefits under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("PRWORA")
- \_\_\_\_ General Eligibility Release Form
- \_\_\_\_ Information Release Form
- \_\_\_\_ Proof of Ownership
- \_\_\_\_ Proof of Occupancy
- \_\_\_\_ Income Certification
  - \_\_\_\_ Income Verification
  - \_\_\_\_ Last 3 months of consecutive paycheck stubs for all working members of the household
  - \_\_\_\_ If Applicable, letter or statement verifying:
    - \_\_\_\_ Veteran Administration benefits
    - \_\_\_\_ Social Security benefits
    - \_\_\_\_ Pensions and Annuities received
    - \_\_\_\_ Retirement Income
    - \_\_\_\_ Child Support Payments (child support court order, divorce decree)
    - \_\_\_\_ Section 8 (if Section 8 homeowner applicant)
  - \_\_\_\_ Last three months bank statements (assets)
- \_\_\_\_ FEMA Award/Denial Letter (if applicable)
- \_\_\_\_ Small Business Administration (SBA) Award/Denial Letter (if applicable)
- \_\_\_\_ Private Insurance Letter (If you did not have private insurance, a written, signed and dated statement indicating that you had no private insurance will be acceptable.)
- \_\_\_\_ Fee Simple Deed in applicant's name
- \_\_\_\_ Copy of receipts for the home repairs that have been made to the damaged property (write name and property address on receipts)
- \_\_\_\_ Duplication of Benefits Affidavit
- \_\_\_\_ Uniform Relocation Act (URA) (if applicable)
  - \_\_\_\_ Rental Agreements
  - \_\_\_\_ Tenant Income Certification
- \_\_\_\_ Disaster Damage
  - \_\_\_\_ Pictures
  - \_\_\_\_ Documents
- \_\_\_\_ Utility Verification
- \_\_\_\_ Voluntary Participation Statement

## Voluntary Home Buyout Application

Please review the Mobile County Voluntary Home Buyout Program Guidelines before filling out this application. All forms must be filled out completely, signed, notarized (where required), and submitted. Sections that are not applicable must be marked N/A.

- Please use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.
- The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date the application.

To submit application with all the required documents:

- Call to request a secure link for the application at 251-574-8096
- Mail to

Mobile County Commission  
Attention Grants Department  
South Tower, 8<sup>th</sup> Floor  
Government Plaza  
205 Government Street  
Mobile, AL 36644

### Applicant Information –

#### Applicant (Head of Household)

Applicant Full Name: \_\_\_\_\_

Homeowner: ☐ Yes ☐ No

Home Phone #: (    )       - \_\_\_\_\_

Cell Phone #: (    )       - \_\_\_\_\_

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

Current Address:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

**Co-Applicant (If Applicable)**

Co-Applicant Full Name: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

Home Phone #: (    )       - \_\_\_\_\_

Cell Phone #: (    )       - \_\_\_\_\_

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

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

Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

**Alternate Contacts Information**

You may list a contact who is helping you with the application or someone who is authorized to request information on the process.

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

**Household Information**

Household Member's Full Name	Relationship to Head of Household	Date of Birth	Sex M/F	Is household member listed disabled? Y/N	Additional members in the next 12 months? If yes, explain. (Example: Birth of child, adoption, legal custody)
	Head of Household				

Is the Ethnicity of this household Hispanic or Latino? ☐ Yes ☐ No

Is this a Female Headed Household? ☐ Yes ☐ No

**Race of Household:**

- |   |  |
|---|--|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Am. Indian/Alaskan Native and White |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Asian and White                     |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Black/African American and White    |
| <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> Am. Indian/Alaskan Native and Black |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial                  |

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

As provided in 18 U.S.C. 1001, whoever knowingly and willfully makes any materially false, fictitious or fraudulent statement or representation in an application for federal assistance is subject to a fine and imprisonment for not more than five (5) years.

### Income Certification

List All Income on an Annual Gross Income\* Basis for All Household Members. Please indicate if income is received monthly (m), bi-weekly (bw) or weekly (w).

Household Member	Gross Wages/ Salaries	Gross Over- time	Gross Commission / Bonus	Gross Unemployment	Alimony	Child Support	Social Security	Disability	VA Benefits	TANF	Other
Totals											
Total Annual Gross Income basis for all household members.										\$	

\*Gross income includes the combined income of all adults who will live in the home, including adult children (18 years and older) that are employed (other than dependent full-time students).

Household member(s) over the age of 18 who are unemployed must sign the Unemployment Affidavit.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Failure to report all household income constitutes fraud. As provided in 18 U.S.C. 1001, whoever knowingly and willfully makes any materially false, fictitious or fraudulent statement or representation in an application for federal assistance is subject to a fine and imprisonment for not more than five (5) years.

## Certification of Anticipated Annual Income By Family Size

Based on the results of the total gross annual income calculated, mark an X within the correct box below that most clearly corresponds to your anticipated total household income from all sources for the next 12 months based on the number of persons in your household. (Example: a three person household with a total income of \$34,200 would be group 3-B)

### \*2025 HOUSEHOLD INCOME BY FAMILY SIZE

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
<b>A</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>30%</b>	to	to	to	to	to	to	to	to
<b>AMI</b>	\$17,150	\$19,600	\$22,050	\$24,450	\$26,450	\$28,400	\$30,350	\$32,300
<b>B</b>	\$17,151	\$19,601	\$22,051	\$24,451	\$26,451	\$28,401	\$30,351	\$32,301
<b>50%</b>	To	To	to	to	to	to	to	to
<b>AMI</b>	\$28,550	\$32,600	\$36,700	\$40,750	\$44,050	\$47,300	\$50,550	\$53,800
<b>C</b>	\$28,551	\$32,601	\$36,701	\$40,751	\$44,051	\$47,301	\$50,551	\$53,801
<b>80%</b>	to	to	to	to	to	to	to	to
<b>AMI</b>	\$45,650	\$52,200	\$58,700	\$65,200	\$70,450	\$75,650	\$80,850	\$86,100
<b>D</b>	\$45,651	\$52,201	\$58,701	\$65,201	\$70,451	\$75,651	\$80,851	\$86,101
<b>120%</b>	to	to	to	to	to	to	to	and
<b>AMI</b>	\$68,450	\$78,250	\$88,000	\$97,800	\$105,600	\$113,450	\$121,250	\$129,100

\*HUD updates and publishes Income Limits annually. When published, this new data will supersede the existing data.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Failure to report all household income constitutes fraud. As provided in 18 U.S.C. 1001, whoever knowingly and willfully makes any materially false, fictitious or fraudulent statement or representation in an application for federal assistance is subject to a fine and imprisonment for not more than five (5) years.



## Unemployment Affidavit

*\*Household member(s) over the age of 18 who are unemployed must sign the following Unemployment Affidavit*

Before me, the undersigned Notary Public in and for the State of Alabama at Large,  
personally appeared \_\_\_\_\_ who, being duly

(Household Member Name - Printed)

sworn, deposes and says:

- I am NOT presently employed and am NOT currently receiving any income and will NOT file for unemployment benefits in the next 12 months.
- I acknowledge and understand that this Affidavit will be relied upon for purposes of determining my eligibility for the Voluntary Home Buyout (VHB) Program. I further acknowledge and understand that, as provided in 18 U.S.C. 1001, whoever knowingly and willfully makes any materially false, fictitious or fraudulent statement or representation in an application for federal assistance is subject to a fine and imprisonment for not more than (5) five years.

Signature: \_\_\_\_\_

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ ,  
20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

## General Eligibility Release Form

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) requires the collection of the information to determine an applicant's eligibility for participation in the CDBG-DR Program and the amount of assistance necessary using CDBG-DR funds. This information will be used to establish a level of benefit for the CDBG-DR Program; It may be released to appropriate Federal, State and local agencies when relevant to civil, criminal or regulatory investigations and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Your signature and the signature of each member of your household who is 18 years of age or older, authorizes Mobile County to obtain information from a third party to determine your eligibility for participation in the CDBG-DR Program. Inquiries may be made about items initialed by applicant/household member

	Verification Required	Initials
Income (all sources)*		
Assets (all sources)		

\* A benefit verification letter is required for sources such as Social Security, Veterans, and other various benefits that would be included as income.

I authorize the Mobile County Commission and HUD to obtain information about me and my household that is pertinent to determining eligibility for participation in the CDBG-DR Program.

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
4. All adult household members (18 years and older) will sign this form and cooperate with the owner in this process.

X \_\_\_\_\_  
Signature, Applicant                      Printed Name                      Date

X \_\_\_\_\_  
Signature, Co-Applicant                      Printed Name                      Date

X \_\_\_\_\_  
Signature                      Printed Name                      Date  
Other Adult Member of the Household

X \_\_\_\_\_  
Signature                      Printed Name                      Date  
Other Adult Member of the Household

## **DUPLICATION OF BENEFITS SELF-CERTIFICATION FACT SHEET**

### **1. *What is Duplication of Benefits (DOB)? How does it affect the amount of assistance I may receive?***

- By law, the Voluntary Home Buyout (VHB) Program is prohibited from duplicating benefits provided by other sources for the same loss. If individuals and/or households have already received assistance as a result of Hurricanes Sally and Zeta in 2020 to assist in disaster recovery, the VHB Program must ensure that assistance is not duplicated. For example, if a homeowner has \$75,000 in damage, they cannot receive \$25,000 from Federal Emergency Management Agency (FEMA) plus \$25,000 from Small Business Administration plus requests \$50,000 from the VHB Program, that would be a duplication of benefits (DOB). For our example with \$75,000 in damage if FEMA provided \$25,000 and SBA provided \$25,000 (\$50,000 combined) then the Program can only provide assistance up to \$25,000 (\$75,000 in damage minus the \$50,000 assistance already received from FEMA and SBA for the same loss). All VHB Program applicants must disclose all financial assistance received in response to the storms. Application documentation, as well as third-party documentation, is reviewed prior to determining the assistance a household is eligible to receive. The VHB Program determines, in accordance with policy, how much of any prior total assistance an applicant has received is considered duplicative and uses this amount in the calculation of their assistance amount. Please refer to the Voluntary Home Buyout (VHB) Program Guide for additional details on DOBs.

### **2. *What types of assistance may be considered DOB?***

- Common sources of DOB may include repair/replacement funding from FEMA, SBA loans, homeowners/flood insurance payouts, settlement proceeds, assistance from non-profits, and other disaster recovery programs. The VHB Program will review all documents and information available that a particular applicant has received to determine if any individual source will be counted as DOB.

### **3. *I received an SBA loan. How will this affect my award?***

- If you applied for and received an SBA loan after Hurricanes Sally & Zeta in 2020, only the amount received or still available will count as DOB. Any amount that was declined or cancelled will not be counted as DOB.

### **4. *My mortgage company took some or all the prior assistance I received. Does it still count as DOB?***

- Proceeds taken by a mortgage company as a forced mortgage payoff do not count as a duplication of benefits. Applicants are required to provide documentation to the VHB Program that the mortgage payoff was not voluntary.

## DUPLICATION OF BENEFITS SELF-CERTIFICATION FORM

Duplication of Benefits occurs when a beneficiary receives assistance from multiple sources for a cumulative amount that exceeds the total need for a particular recovery purpose. The amount of the duplication is the amount of assistance provided in excess of need. The Stafford Act requires a fact- specific inquiry into assistance received by each person, household, or entity.

I, \_\_\_\_\_ (print name), do hereby certify that any and all disaster recovery funds that are received by me through the State of Alabama/Alabama Department of Economic and Community Affairs (ADECA) will not duplicate funds that are received by me through SBA, FEMA, IRS, Treasury, USDA, HHS and/or any other source for expenditures on the exact same services or activities for which I have received disaster recovery funds related to Hurricane Sally and Zeta in 2020, unless these funds will be used for the expansion of such services and activities. I understand that, in signing this document, if I make a false statement or knowingly withhold any information regarding benefits received by me, then I may be subject to prosecution to the full extent of the law including fines, imprisonment, and any other punishment.

I, \_\_\_\_\_ affirm that I have received the following assistance funds from \_\_\_\_\_ (what program) during the during and/or after Hurricanes Sally & Zeta in 2020:

1	2	3	4	5	6
Source of Funding	Amount Awarded	Use of Funds	Verification of Award (✓) or (X)	Documentation of Expenditure (✓) or (X)	Amount Expended
EX: FEMA	\$25,000	Home Repair			\$25,000
<b>Total Award</b>					

By executing this Certification, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## Property Information

Property Address:

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Structure Type:

☐ Single Family

☐ Manufacturing Housing Unit

☐ Modular

☐ Other (Describe):  
\_\_\_\_\_

Year Built: \_\_\_\_\_

Occupancy Status:

☐ Owner Occupied

☐ Tenant Occupied

☐ Vacant

Did you occupy the property during Hurricanes Sally (September 11-17, 2020) & Zeta (October 28-29, 2020)?

☐ Yes

☐ No

Are you currently living in the property?

☐ Yes

☐ No

If no, explain your current living situation below:

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Are you requesting assistance for a manufactured/modular housing unit?

☐ Yes

☐ No

Do you own the land?

☐ Yes

☐ No

☐ Don't Know

Do you have a deed on the property?

☐ Yes

☐ No

☐ Don't Know

Do you have a mortgage on the property?

☐ Yes

☐ No

☐ Don't Know

If yes, what is the remaining mortgage amount? \_\_\_\_\_

Are your mortgage payments  
current?

☐ Yes

☐ No

☐ Don't Know

Is your primary residence currently  
in foreclosure?

☐ Yes

☐ No

Are there any other names on the deed for the property?

☐ Yes

☐ No

If yes, describe what deed information you have on the property (including entity, for example, a Trust):

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I/We have been displaced from property due to damage caused by the disaster or repetitive flooding.

If yes, explain your current living situation below.

☐ Yes

☐ No

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### Disaster Impact

OTHER ASSISTANCE RECEIVED: Assistance provided under the Community Development Block Grant Disaster Recovery Program for disaster may not exceed a household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources).

FEMA Assistance received during 2020 Hurricanes - Sally (September 11-17, 2020) & Zeta (October 28-29, 2020)? ☐ Yes ☐ No

Amount Received: \_\_\_\_\_

FEMA Registration Number: \_\_\_\_\_

Small Business Administration Assistance received during 2020 Hurricanes - Sally (September 11-17, 2020) & Zeta (October 28-29, 2020)?

☐ Yes

☐ No

Amount Received: \_\_\_\_\_

SBA Application Number: \_\_\_\_\_

What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc. were you carrying Homeowner's Insurance during the 2020 Hurricanes - Sally (September 11-17, 2020) & Zeta (October 28-29, 2020)?

☐ Yes

☐ No

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If "Yes", what type?

☐ Hazard

☐ Wind

☐ Flood

☐ Contents

Did you file a claim?

☐ Yes

☐ No

Claim Amount Received: \_\_\_\_\_

Purpose: \_\_\_\_\_

Did you receive any other assistance for the repair of your home?

☐ Yes

☐ No

If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous Home repair, etc.

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Date of Most Recent Flood Event: \_\_\_\_\_

Estimated Damage Cost: \_\_\_\_\_

Insurance Claim Filed: ☐ Yes ☐ No

Amount Received: \_\_\_\_\_



### **Voluntary Participation Statement**

I/We understand that participation in the VHB Program is voluntary and that the property, if purchased, will be demolished and converted to open space in compliance with CDBG-DR guidelines.

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery Program for the disaster

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

I/We authorize the above-referenced Subrecipient and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

**Required Attachments**

\_\_\_\_\_ Proof of Ownership

\_\_\_\_\_ Proof of Residency

\_\_\_\_\_ Utility Bills

\_\_\_\_\_ Insurance Policy

\_\_\_\_\_ Photos of Damage

\_\_\_\_\_ Copy of Assistance Letter (if Applicable)

\_\_\_\_\_ Income Documents

\_\_\_\_\_ Income Certification Form