Housing & Neighborhood Development Housing Development Section P.O. Box 9005, Drawer HS04 Bartow, FL 33831-9005

State Housing Initiatives Partnership (Ship) Rehabilitation/Replacement Grant Agreement

This Agreement entered into this	day of	, 2025 between Tonya B .
Harris a/k/a Tonya M. Harris, herein	after referred	to as "Owner(s)" and Polk County
a political subdivision of the State of F		

Witnesseth

Whereas, the County has funds available for certain qualified real property owners for the purposes of providing grants for the assistance of said owners in the repair and rehabilitation of certain improvements (existing housing) found upon such owned real property; said real property being located within Polk County, Florida 109 Redding St. W., Davenport, Fl. 33837.

Legal Description: JAMESTOWN SUB PB 9 PG 14 BLK BJ LOT 7 AS RECORDED IN THE PUBLIC RECORDS OF POLK COUNTY, FLORIDA

Whereas the County has determined that the Owner(s) meets all the eligibility criteria established for the aforementioned grants and is therefore eligible for a grant pursuant to the terms and provisions of said program.

Now, Therefore, in consideration of the covenants contained herein, the parties mutually agree as follows:

- 1. The Owner(s) agrees to accept <u>Ten Thousand</u>, <u>Six Hundred Seventy-Nine and</u> <u>21/100 Dollars (\$10.679.21)</u> as a grant to be used for construction soft costs and temporary relocation benefits.
- 2. The Owner(s) will indemnify and hold the County harmless together with all the County's employees and designated representatives, from any and all liability, claims, action suits or demands for injuries, death or property damage arising out or in connection with the repair and rehabilitation of the Owner(s) property due to the Owner(s) negligence.

- 3. The Owner(s) filed application with the County dated <u>05/09/2024</u> for Replacement/New Construction Assistance, and it is incorporated as part of this Agreement, by this reference.
- 4. This Agreement shall be binding upon the Owner(s), and the estate, personal representatives, heirs and devises of a deceased (Owner(s).
- 5. The use in this Agreement of the word Owner shall apply to the plural as well as the singular.

(Signatures on following page)

day and year first above written.		
Witness	Tonya B. Harris a/k/a Tonya M. Harris	
Printed Name of Witness Address of Witness Housing & Neighborhood Development- 1290 Golfview Avenue, Suite 167 P. O. Box 9005 Drawer HS04 Bartow, FL 33831-9005		
Attest: Stacy M. Butterfield, Clerk	Polk County, Florida, a political subdivision of the State of Florida	
BY:		
Deputy Clerk	T. R. Wilson, Chair Board of County Commissioners	
STATE OF FLORIDA COUNTY OF POLK		
presence or Online notarization, this	edged before me by means of physicalday of, 2025, by <u>Tonya B. Harris</u> nally known to me or has produced	
(AFFIX NOTARY SEAL)	Notary Public Print Name	
	My Commission Expires	

In Witness Whereof, the Owner(s) and County have executed this Agreement as of the