

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 \_\_\_\_\_, \_\_\_\_\_  
between **Betty Gene Miller and Cornetha Miller**, herein after referred to as the  
“Owner(s)” and Polk County, a political subdivision of the State of Florida, hereinafter  
referred to as “County”.

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

Legal Description:

Lot 6, CONINE HEIGHTS Subdivision, Winter Haven, Florida, as shown by Map or Plat  
thereof recorded in the Office of the Clerk or the Circuit Court in and for Polk County,  
Florida, in Plat Book 40 Page 37.

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 Seven Thousand Six Hundred Fifty-Six and 20/100 Dollars (\$7,656.20) as a grant to be used for construction soft costs and temporary location 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 02/23/2023 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 devisees 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.

In Witness Whereof, the Owner(s) and County have executed this Agreement as of the day and year first above written.

Attest:

Owner(s):

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Betty Gene Miller

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Cornetha Miller

Attest:

Stacy M. Butterfield, Clerk

Polk County, Florida, a political  
subdivision of the State of Florida

BY: \_\_\_\_\_

Deputy Clerk

\_\_\_\_\_  
W. C. Braswell, Chair      Date  
Board of County Commissioners

[NOTARY CERTIFICATE ON NEXT PAGE]

**STATE OF FLORIDA  
COUNTY OF POLK**

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by Betty Gene Miller, who  is personally known to me or  has produced \_\_\_\_\_ as identification.

(AFFIX NOTARY SEAL)

\_\_\_\_\_  
Notary Public  
Print Name \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**STATE OF FLORIDA  
COUNTY OF POLK**

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by Cornetha Miller, who  is personally known to me or  has produced \_\_\_\_\_ as identification.

(AFFIX NOTARY SEAL)

\_\_\_\_\_  
Notary Public  
Print Name \_\_\_\_\_

My Commission Expires: \_\_\_\_\_