SHIP

Estimated Project Costs Rehabilitation/Replacement 15384.340554028.5334420

| Homeowner: | Hercules Robinson, Sr. | | | Case No. RC24-SHIP-002 | | | |
|---------------------------|------------------------|-------------|-----------------|------------------------|-------------------------------|------------|--|
| | 426 Kokomo Rd NE | | | | | | |
| | Haines City, FL 33844 | | | | | | |
| Bid Amount | \$ | 163,700.00 | | | \$ | 163,700.00 | |
| HO Contribution | * | 103), 00.00 | | | Y | 103,700.00 | |
| 0% Payback Mortgage | | | | | | | |
| Deferred Mortgage | \$ | 163,700.00 | _ | | \$ | 163,700.00 | |
| | 3 | | - | | | | |
| Soft Costs (Replacement S | SHIP GRANT) | | | | | | |
| Service Delivery | \$ | 4,264.00 | | | \$ | 4,264.00 | |
| Appraisal | \$ | 400.00 | | | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 400.00 | |
| Survey | \$ | 1,575.00 | | | \$ | 1,575.00 | |
| Blue Prints | \$ | 375.00 | | | \$ | 375.00 | |
| Septic Tank Pumpout | \$ | 650.00 | | | \$ | 650.00 | |
| Soil Test | \$ | 160.00 | | | \$ | 160.00 | |
| Septic Tank Permit | \$ | 180.00 | | | \$ | 180.00 | |
| Variance Fee | \$ | 475.00 | | | \$ | 475.00 | |
| Temp. Relocation | \$ | 3,825.00 | | | \$ | 3,825.00 | |
| Insurance | \$ | _ | | | \$ | , - | |
| NOC Filing Fee | \$ | 13.00 | | | \$ | 13.00 | |
| Mortgage Doc. Fee | \$ | 573.00 | | | \$ | 573.00 | |
| Mortgage Recording Fee | \$ | 61.00 | | | \$ | 61.00 | |
| Total | \$ | 12,551.00 | | | \$ | 12,551.00 | |
| | | | | | | | |
| TOTAL PROJECT COSTS | | | | | \$ | 176,251.00 | |
| ******* | ****** | ******* | ***** | ****** | ***** | ****** | |
| Polk Deferred Mortgage 8 | Security Agreement | | \$ | 163,700.00 | | | |
| 0% Payback Mortgage | | | \$ | - | | | |
| Grant Agreement | | | \$ \$ | 12,551.00 | | | |
| TOTAL | | | \$ | 176,251.00 | | | |

This Document Prepared By:
Helen R. Sorhaindo
Housing and Neighborhood Development
Housing Development Section
P.O. Box 9005, Drawer HS04
Bartow, FL 33831-9005

STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) REHABILITATION/REPLACEMENT DEFERRED MORTGAGE AND SECURITY AGREEMENT

This Mortgage and Security Agreement ("Mortgage") is given this _____ day of _____, ___ a single man, whose mailing address is 426 Kokomo Rd NE, Haines City, FL 33844, the ("Owner(s)"), agrees to give the Mortgage to Polk County, a political subdivision of the State of Florida ("Lender"). Owner(s) owes the Lender the principle sum of One Hundred Sixty-Three Thousand Seven Hundred and No/100 Dollars (\$163,700.00). This debt is evidenced by Owner's Mortgage Note ("Note") dated the same date as this Mortgage which provides for the debt of this Mortgage.

I. DUTIES AND OBLIGATIONS

 Owner(s), in order to secure the performance of the Owner(s) of all agreements and conditions in the Note, this Mortgage, and any other loan agreement or instruments securing the Note does hereby mortgage, pledge, assign and grant a security interest to Lender in the following described property (hereinafter referred to as "Property"), situated at <u>426 Kokomo Rd NE, Haines City, FL 33844</u>, and more particularly described as:

Legal Description:

Lot 7 in Block "B" of J. T. MILLER'S SUBDIVISION, according to Plat thereof recorded in Plat Book 4, Page 87, Public Records of Polk County, Florida; LESS road right of way; being part of the SE 1/4 of the SE 1/4 of Section 9, Township 28 South, Range 27 East.

- A. All improvements now or hereafter erected on the Property; and
- B. All easements, rights, appurtenances, rents, royalties, mineral, oil and gas rights and profits, water rights and improvements, structures, and fixtures attached to the Property, now and hereafter; and
- C. All rents, issues, profits, revenue, income, condemnation awards, insurance proceeds and other benefits from the property described above; provided, however, that permission is hereby given to Owner so long as no default has occurred hereunder, to collect, receive and use such benefits from the property as they become due and payable.

- 2. Owner(s) warrants that Owner is indefeasibly seized of the Property in fee simple, and that the Owner has lawful authority to convey, mortgage, and encumber the Property. Owner warrants and will defend generally the title to the Property against all claims and demands, subject to any encumbrances of record.
- 3. Owner(s) agree that Owner(s), his heirs, and legal representatives shall;
 - A. perform and comply with, and abide by all stipulations, agreements, conditions and covenants of this Mortgage and the Note, and
 - B. shall duly pay all taxes and all insurance premiums reasonable required, and
 - C. keep the buildings on the premises in good repair and preservation, and
 - D. pay all costs and expenses including reasonable attorney's fees that Lender may incur in collecting money secured by this Mortgage, and also enforcing this Mortgage by suit or otherwise, and
 - E. fulfill all Owner's obligations under any home rehabilitation, improvement, repair or other loan agreement which Owner enters into with Lender.

II. EVENTS OF DEFAULT

- 1. Any one of the following shall constitute an event of default:
 - A. Owner(s) fails to repair or replace any buildings or improvements damaged by fire or other casualty to the satisfaction of the Lender, or
 - B. Owner(s) fails to maintain the Property in conformance with all local building, zoning and other applicable ordinances or codes, or
 - C. the Property is sold or otherwise transferred without Lender's written approval, or
 - D. if the dwelling ceases to be the full-time residence of the Owner while the Mortgage remains a lien thereon without Lender's written approval, or
 - E. Owner refinances the property without prior consent from the Lender, or
 - F. Owner(s) violates any other terms, covenants, provisions, or conditions of this Mortgage, the Note, other loan agreements or instruments securing the Note, or the Homeowner Assistance Agreement.
- 2. Acceleration; Remedies. If an event of default shall have occurred, the Lender, at the Lender's option, may declare the outstanding principal amount of the Note and all other sums secured hereby, to be due and payable immediately. Upon such declaration, such principal and other sums shall immediately be due and payable without demand or notice and said principal sum shall bear interest from the date of default until paid at a rate not to exceed three percent (3%) per annum.

The County, at its option, may prepare an alternative promissory note ("Alternative Note") requiring monthly payments of principal and interest. All payments on the Alternative Note shall be applied first to the interest due on the Note, and the remaining balance shall be applied to late charge, if any.

The Owner has the right to reject the Alternative Note by paying the principal amount of the Note within thirty (30) days of default. Failure of the Owner to pay the principal amount of the Note or execute an Alternative Note within thirty (30) days of default of the deferment will constitute failure on the part of the Owner. Such failure will be subject to suit by the County to recover the Note.

Furthermore, the Owner agrees that the Lender may proceed by suit or suits at law or in equity or by any other appropriate proceeding or remedy to; (a) enforce payment of the Note or the performance of any term hereof or any other right; (b) foreclose this Mortgage and to sell, as an entirely or in separate lots or parcels, the Property under the judgment or decree of a court or courts of competent jurisdiction; and (c) pursue any other remedy available to it.

No right, power or remedy conferred upon or reserved to Lender by the Note, this Mortgage or any other instrument securing the Note, is exclusive of any other right, power of remedy, but each and every such right, power and remedy shall be cumulative and concurrent and shall be in addition to any other right, power and remedy given hereunder on under the Note or any other instrument security the Note, now or hereafter existing at law, in equity or by statute.

III. GENERAL PROVISIONS

- 1. <u>No Waiver</u>. No delay or omission of Lender to exercise any right or remedy accruing upon any event of default shall exhaust or impair any such right, power or remedy or shall be construed to waive any event of default or to constitute acquiescence therein.
- 2. Governing Law. This Mortgage and all disputes as to the subject matter of this Mortgage between Owner(s) and Lender shall be governed by the laws of Florida.
- 3. <u>Venue</u>. All disputes involving the subject matter of this Mortgage shall be brought in a competent court in Polk County, Florida.
- 4. <u>Modification of Agreement</u>. All modification to this Mortgage must be in writing and signed by both Owner(s) and Lender.
- 5. <u>Separation of Inappropriate Provisions</u>. If any provision of this Mortgage shall be deemed inappropriate by a court, the inappropriate provision shall be severed, and the rest of this Mortgage shall remain enforceable between Owner(s) and Lender.
- 6. <u>Successors and Assigns Bound</u>. This mortgage shall be binding on the parties, their assigns, successors, representatives or administrators. In the event that a sole Owner should die, or upon the death of the survivor of Joint Owners, the obligations created herein shall be binding upon the Estate, personal representative, heirs, or devisee of the deceased Owner.

| IN WITNESS WHEREOF, the parties hereto have the undersigned as duly authorized. | e caused this contract to be executed by |
|---|---|
| Attest: | Owner(s): |
| Witness | Hercules Robinson, Sr. |
| Print Name of Witness Witness Address: Housing & Neighborhood Development 1290 Golfview Avenue P.O. Box 9005 Drawer HS04 Bartow, FL 33831-9005 | |
| STATE OF FLORIDA COUNTY OF POLK | |
| The foregoing instrument was acknowledged by presence or online notarization, this <u>can be reserved.</u> Robinson, Sr., who is personally known to redentification. | pefore me by means of physical hay of by Hercules ne or has produced as |
| (AFFIX NOTARY SEAL) | Notary Public Print Name My Commission Expires: |

This Document Prepared by:
Helen R. Sorhaindo
Housing and Neighborhood Development
Housing Development Section
P.O. Box 9005, Drawer HS04
Bartow, FL 33831-9005

STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) REHABILITATION/REPLACEMENT DEFERRED MORTGAGE AND SECURITY AGREEMENT MORTGAGE NOTE

NAME: Hercules Robinson, Sr.

ADDRESS: 426 Kokomo Rd NE, Haines City, FL 33844

CASE NUMBER: <u>RC24-SHIP-002</u> LOAN AMOUNT: \$163,700.00

This Mortgage Note ("Note") is made on the date last signed below ("Effective Date"). The Grantors are <u>Hercules Robinson</u>, <u>Sr.</u>, whose mailing address is <u>426 Kokomo Rd NE</u>, <u>Haines City</u>, <u>FL 33844</u>. For value, the Owner promise to pay to the order of Polk County ("County"), a political subdivision of the State of Florida <u>One Hundred Sixty-Three Thousand Seven Hundred and No/100 Dollars (\$163,700.00), payable in one installment at Bartow, Florida or at such a place as may hereafter be designated in writing by the County. This debt is secured by the Mortgage and Security Agreement ("Mortgage") dated the same date as this Note.</u>

The Note shall be for a period of **fifteen (15) years** from the date of recording the Deferred Mortgage and Security Agreement as referenced in the SHIP Program Rehabilitation/Replacement Program Homeowner Assistance Agreement. Repayment of this Note shall take place in the following manner:

- 1. If a default occurs, the Note shall be due and payable in full.
- 2. If no default occurs, the debt shall be permanently forgiven at the expiration of the fifteenth (15th) year.

This Note incorporates, and is incorporated into, the Mortgage of even date of the Property described above.

The Owner reserve(s) the right to prepay at any time all or any part of the principal amount of this Note without the payment of penalties or premiums.

If default be made in the payment of any sums mentioned herein or in said Mortgage, or in the performance of the mortgage, then the entire principal sum shall at the option of the County become at once due and collectible without notice, time being of the essence,

and said principal sum shall bear interest from the date of default until paid at a rate not to exceed three percent (3%) per annum. Failure to exercise this option shall not

constitute a waiver of the right to exercise the same in the event of any subsequent default.

The County, at its option, may prepare an alternative promissory note ("Alternative Note") requiring monthly payments of principal and interest. All payments on the Alternative Note shall be applied first to the interest due on the Note, and the remaining balance shall be applied to late charge, if any. The Owner has the right to reject the Alternative Note by paying the principal amount of this Note within thirty (30) days of default of the deferment. Failure of the Owner to pay the principal amount of this Note or execute an Alternative Note within thirty (30) days of default of the deferment will constitute failure on the part of the Owner. Such failure will be subject to suit by the County to recover on this Note.

If a suit is instituted by the County to recover on this Note, the Owner agree(s) to pay all costs of such collection, including reasonable attorney's fees and court costs.

This Note is secured by a Mortgage on real estate of even date duly filed for record in Polk County, Florida. The terms of said Mortgage are by this reference made a part hereof.

Demand, protest and notice of demand and protest are hereby waived, and the Owner hereby waives, to the extent authorized by law, any and all homestead and other exemption rights which otherwise would apply to the debt evidenced by this Note.

Each person liable hereon whether maker or his heirs, legal representatives or assigns, hereby waives presentment, protest, notice, notice of protest and notice of dishonor and agrees to pay all costs, including a reasonable attorney's fee, whether suit be brought or not, if, after maturity of this Note or default hereunder, or said Mortgage, counsel shall be employed to collect this Note or to protect the security of said Mortgage.

Whenever used herein the terms "holder", "maker", and "payee" shall be construed in the singular or plural as the context may require or admit.

[SIGNATURES APPEAR ON FOLLOWING PAGE]

| IN WITNESS WHEREOF, the parties hereto have the undersigned as duly authorized. | e caused this contract to be executed by |
|---|---|
| Attest: | Owner(s): |
| Witness | Hercules Robinson, Sr. |
| Print Name of Witness Witness Address: Housing & Neighborhood Development 1290 Golfview Avenue P.O. Box 9005 Drawer HS04 Bartow, FL 33831-9005 | |
| STATE OF FLORIDA COUNTY OF POLK | |
| The foregoing instrument was acknowledged leading presence or online notarization, this on Robinson, Sr., who is personally known to it identification. | day of by Hercules |
| (AFFIX NOTARY SEAL) | Notary Public Print Name My Commission Expires: |

RESIDENT INCOME CERTIFICATION – Homeownership/DPA Florida Housing Finance Corporation State Housing Initiatives Partnership (SHIP) Program

| E | ffective Date: | Allocation Year: | - | |
|----|----------------|--|----------------------------------|-----|
| Α. | a. 🗸 Cı | ormation (select one) orrent homeowner ome buyer Existing Dwelling Ne | wly Constructed Dwelling | 3 |
| В. | Closin Intere | g Costs Rehabilit | Buy Down cation ncy Repair | |
| ٠. | Member | Full Name | Relationship to Head | Age |
| | 1 | Hercules Robinson, Sr. | HEAD | 67 |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| | 6 | | | |
| | 7 | | | |
| | | | | |

D. Assets: All household members including assets owned by minors

| Member | Asset Description | | Ca | sh Value | Income from Assets | |
|--|---|--|---------|----------|-----------------------|------|
| 1 | MidFlorida Savings Account #9637 (\$2,013.20) | | | 0.00 | | 0.20 |
| 2 | Comerica Bank #3611 (\$388.70) | | | 0.00 | | 0.00 |
| 3 | MidFlorida Checking Account #9836 (\$962.92) | | | 0.00 | | 0.00 |
| 4 | Transamerica Life Insurance #7632 (\$3,956.52) | | | 0.00 | | 0.00 |
| 5 | Transamerica Life Insurance #7107 (\$640.16) | | | 0.00 | | 0.00 |
| 6 | Oakland Block G Lot 36, Space, 2, 4, 6, & 8 (\$2,40 | 00.00) | | 0.00 | | 0.00 |
| 7 | | | | | | |
| 8 | | | | | | |
| Total Cash | Value of Assets | D(a) | \$ | 0.00 | | |
| Total Inco | me from Assets | | | D(b) | \$ | 0.20 |
| which acti income fo calculate i | is greater than \$51,600: Add the income from ual income can be calculated, then calculate to the assets where actual income cannot be computed income, multiply the amount of asse when be calculated by the HUD specified rate | he imputed alculated. its where ac | l To | D(c) | \$ | 0.00 |

(.45%). Combine both amounts and enter results in D(c), which must be 0.20 counted on page two alongside other sources of household income.

E. Anticipated Annual Income: Includes unearned income and support paid on behalf of minors.

| Member | Wages / Salaries (include tips, commission, bonuses and | Benefits / Pensions | Public Assistance | Other Income | *Asset Income |
|------------------------------------|---|------------------------|-------------------------|--------------|--------------------|
| 1 | | 17,701.20 | | | (Enter the |
| 2 | | | | | greater of |
| 3 | | | | | box D(b) |
| 4 | | | | | or |
| 5 | | | | | box D(c), |
| 6 | | | | | above, |
| 7 | | | | | in box E(e) |
| 8 | | | | | below) |
| | (a) | (b) | (c) | (d) | (e) |
| Totals | \$ 0.00 | \$ 17,701.20 | \$ 0.00 | \$ 0.00 | \$ 0.20 |
| Enter total of it Household Inc | tems E(a) through E(o | e). This amount is | the <u>Annual Antic</u> | ipated | \$ 17,701.40 |

F. Recipient Statement: The information on this form is to be used to determine maximum income for eligibility. I/we have provided, for each person set forth in Item C, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury. WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under \$ 775.082 or 775.83.

| Harry Robert | Date |
|---|------|
| Signature of Head of Household | |
| | Date |
| Signature of Spouse or Co-Head of Household | |
| | Date |
| Signature of Household Member (over 18 years) | |
| | Date |
| Signature of Household Member (over 18 years) | |
| | Date |
| Signature of Household Member (over 18 years) | |
| | Date |
| Signature of Household Member (over 18 years) | |

| G. | pur | sua | nt to i | tem F, | hereo | f, the | e family | or inc | livid | ual(s) na | ame | d in ite | m C | of t | this R | | ome Cert | ification | tion submitted is/are eligible eck one) |
|---|--|------|---------|---------|----------|-------------|----------------|--------|-------|-------------------|-------|----------|--------|------|--------|-----------------------------|----------------|---|---|
| | | n | ot exc | eed 30 | | he A | MI as de | | | | | | | | | ose annual ousehold | | ioes | |
| \checkmark | Very Low Income (VLI) Household means individuals or families whose annual income does not exceed 50% of the AMI as determined by HUD with adjustments for household size. | | | | | | | | | | | | | | | | | | |
| Maximum Income Limit: \$ 29,200.00 | | | | | | | | | | | | | | | | | | | |
| | | - | | | | | old mea | | | | | | | | | ncome doe ze. | es not exc | eed | |
| | | N | 1aximı | um Inc | ome L | imit: | | - | | | | | | | | | | | |
| | | - | | | | | | | | | | | | | | nnual inco sehold size | | not | |
| exceed 120% of the AMI as determined by HUD with adjustments for household size. Maximum Income Limit: 121-140% Income Household means individuals or families whose annual income does not exceed 140% of the AMI as determined by HUD with adjustments for household size. | | | | | | | | | | | | | | | | | | | |
| | | | | ım Inc | ome L | mit: | | | | | | | | | | | | | |
| Based u | • | | | | | | | | ear) | | | | _ | | | | | | |
| Income | Limi | ts f | or | 202 | 25 | | | (N | 1SA | or Coun | ty) | Polk | Соц | inty | , | | | *************************************** | |
| | Sigr | atı | re of | the Sh | IIP Adı | ninis | trator o | r His/ | Her | Design | ated | i Repre | esen | tati | ve: | | , | | |
| Signatu | | | | 6 | 24 | 16 | uce (| Sh | no, | hor | > | | | Da | ate | 04 | 105/ | 2025 | pata. |
| Name (| prin | t or | type) | 8 | Marie | Smo | oker | | | | | | | Ti | tle | Housing Ad | ministrative S | Supervisor | |
| Н. | Hou | seł | nold D | ata (to | be co | mple | eted by | Head | of H | ousehol | ld or | nly) | | | | | | | |
| Housel | nold | ele | cts to | not pa | articipa | ite. | | | | | | | | (In | itials | of Househ | old Head) | | |
| | | | | | | | H | ead c | of Ho | usehol | d Da | ıta | | | | | | | |
| | | | | | By Ra | ice / | Ethnici | ty | | | | | П | | | Ву А | ge | | |
| V | Vhit | e | | Blac | k | Hisp | anic | Asian | | America Indian | - 1 | Othe | | 0 - | - 25 | 26 - 40 | 41 - 61 | 62 + | |
| | | | | 1 | | | | | | | | | | | | | | 1 | |
| | | | | | | | He | ouseh | old | Membe | rs D | ata | | | | | | | |
| | | | | Spec | ial Ta | get | / Specia | l Nee | ds (| Check al | l tha | t apply | y to a | any | mem | ber) | | | |
| F | arm | wo | rker | | | opn isab | entally led | н | ome | eless | | Elder | ly | Sp | | Special Needs S (define) | | Special Needs (define) | |
| | | | | | | | | | | | | | | | | SSDI | | | |

NOTE: Information in this Section H is being gathered for statistical use only. No resident is required to give such information

unless they desire to do so. Refusal to provide information in this Section will not affect any right household has as residents. There is no penalty for households that do not complete the form.

Florida Housing Finance Corporation State Housing Initiatives Partnership (SHIP) Program Asset Guidelines

Follow these guidelines when completing Section D of the Resident Income Certification (RIC) form.

Net family assets are defined as the net cash value of all assets owned by the family, after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of investment, except as excluded.

ANNUALLY ADJUSTED ASSET THRESHOLD AMOUNT AND VERIFICATION REQUIREMENTS

- When the total net value of assets is equal to or less than \$51,600, the family may self-certify assets.
- The threshold amount effective January 1, 2025 is \$51,600.
- When the total net value of assets exceeds \$51,600, each asset must be verified.
- The most current bank statement may be used to verify checking and savings account.

INSTRUCTIONS FOR COMPLETING SECTION D (NET FAMILY ASSETS) ON RESIDENT INCOME CERTIFICATION FORM

- Include assets owned by all family members, including assets owned by minors. Do not include assets owned by foster adults or foster children.
- Include only those assets that are not excluded from net family assets (see below for a list of exclusions).
- Actual income from assets is always included in a family's annual income, regardless of the total value of net family assets or whether the asset itself is included or excluded from net family assets, unless that income is specifically excluded by 24 CFR § 5.609(b).
- Calculate and include imputed income only when the following 3 conditions are met:
 - The value of net family assets exceeds \$51,600.
 - 2. The specific asset is included in net family assets; and
 - 3. Actual asset income cannot be calculated for the specific asset.
- The Passbook Rate should be used to calculated imputed income. The current rate is 0.45%.
- Actual income can be \$0.00. For example, a checking account with a 0% interest rate has an actual income of \$0.00.
 Imputed income would not be calculated.
- The cash value of real property or other assets with negative equity would be considered \$0 for the purposes of calculating net family assets.

REQUIRED EXCLUSIONS FROM NET FAMILY ASSETS

- The value of necessary items of personal property (see below for a list of necessary personal property).
- The value of all non-necessary items of personal property with a total combined value of \$51,600 or less, annually
 adjusted for inflation.
- The value of any account under a retirement plan recognized as such by the Internal Revenue Service, including Individual Retirement Accounts (IRAs), employer retirement plans (e.g., 401(k), 403(b)), and retirement plans for self-employed individuals.
- The value of real property that the family does not have the effective legal authority to sell in the jurisdiction in which the property is located.
- Any amounts recovered in any civil action or settlement based on a claim of malpractice, negligence, or other breach
 of duty owed to a family member arising out of law that resulted in a member of the family being a person with
 disabilities.
- The value of any Coverdell education savings account under section 530 of the Internal Revenue Code of 1986; the

value of any qualified tuition program under section 529 of such Code; and the amounts in, contributions to, and 61 distributions from any Achieving a Better Life Experience (ABLE) account authorized under section 529A of such code.

- The value of any "baby bond" account created, authorized, or funded by the federal, state, or local government (money held in trust by the government for children until they are adults).
- Interests in Indian trust land.
- Equity in a manufactured home where the family receives assistance under 24 CFR Part 982.
- Equity in property under the Homeownership Option for which a family receives assistance under 24 CFR Part 982.
- Family Self-Sufficiency accounts.
- Federal tax refunds or refundable tax credits for a period of 12 months after receipt by the family.
- The full amount of assets held in an irrevocable trust.
- The full amount of assets held in a revocable trust where a member of the family is the beneficiary, but the grantor/owner and trustee of the trust is not a member of the participant family or household.

| | | | ND NON-NECESSARY PERSONAL PROPERTY oot an exhaustive list.) |
|---|--|---|---|
| | Necessary Personal Property (Excluded from Net Family Assets) | | Non-Necessary Personal Property (Excluded when total is equal to/less than \$51,600) |
| • | Car(s)/vehicle(s) that a family relies on for transportation for personal or business use (e.g., bike, motorcycle, skateboard, scooter) Furniture, carpets, linens, kitchenware | • | Recreational car/vehicle not needed for day-to-day transportation (campers, motorhomes, travel trailers, all-terrain vehicles (ATVs)) Bank accounts or other financial investments (e.g., checking account, savings account, stocks/bonds) |
| • | Common appliances | | Recreational boat/watercraft |
| • | Common electronics (e.g., radio, television, DVD player, gaming system) | • | Expensive jewelry without religious or cultural value, or which does not hold family significance |
| | Clothing | • | Collectibles (e.g., coins/stamps) |
| • | Personal effects that are not luxury items (e.g., toys, books) | • | Equipment/machinery that is not used to generate income for a business |
| | Wedding and engagement rings | • | Items such as gems/precious metals, antique cars, artwork, etc. |
| | Jewelry used in religious/cultural celebrations and ceremonies | | |
| | Religious and cultural items | | |
| | Medical equipment and supplies | | |
| | Health care-related supplies | | |
| | Musical instruments used by the family | | |
| | Personal computers, phones, tablets, and related equipment | | |
| | Professional tools of trade of the family, for example professional books | | |
| | Educational materials and equipment used by the family, including equipment to accommodate persons with disabilities | | |
| | Equipment used for exercising (e.g., treadmill, stationary bike, kayak, paddleboard, ski equipment) | | |

Florida Housing Finance Corporation State Housing Initiatives Partnership (SHIP) Program Asset Self-Certification (Complete only one form per household; include assets of children.) For the following asset types, include the current Cash Value of each asset held by any family member and the actual income that the asset earns. *Cash value is current market value minus cost to convert an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.* **Household Name:** PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE(FMV) Within the past two (2) years, I/we have sold or given away assets below their fair Yes No market value (FMV). FMV -Date of Disposal: \$ Asset #1: amt received: FMV -\$ Asset #2: Date of Disposal: amt received: PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT Have you received a federal tax return or refundable federal tax credit in the last 12 Yes No months? Amount of return/credit: PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP) I/we have non-necessary personal property which is listed here' I/we do not have any non-necessary personal property

| Type of Asset | (A) Cash Value* | (B) Annual Income | Type of Asset | (A) Cash Value* | (B) Annual Income |
|---|--------------------|----------------------|----------------------|-----------------|-------------------|
| Cash on Hand | \$ | N/AP | Cryptocurrency | \$ | \$ |
| Pre-paid Debit Card (including Govt. Benefits) | \$ | N/AP | Money Market/ CD | \$ | \$ |
| Checking/Savings | \$ | \$ | Annuities | \$ | \$ |
| Checking/Savings | \$ | \$ | Brokerage Account | \$ | \$ |
| Savings | \$ | \$ | Stocks/Bonds | \$ | \$ |
| Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, | \$ | \$ | Other: | \$ | \$ |

SHIP H-RIC Rev. 01/2024

| etc.) | T | | | | | |
|--------------------|----------------------|----------------------|---------------------------------|--------------------|---------------------------------------|-------------------|
| -10.7 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Whole Life Ins | \$ | \$ | Other: | \$ | \$ | |
| | | | | | | |
| | | | -Account Based | | | |
| | general held in an a | | | | | |
| collectibles (e.g. | stamps, jewelry, co | | and equipment/mad a business | ninery that is not | used to g | generate income f |
| Description | | | a Dusiness | (A) Ca | sh Value | * |
| | | | | \$ | ,,, , , , , , , , , , , , , , , , , , | |
| | | | | | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | | | |
| | | PART IN | . REAL PROPERTY | | | |
| | I/we have real | property which is li | isted here. | | | |
| | !/we do not hav | e any real propert | v. | | | |
| | -1 | | • | | | |
| Description of Pr | operty | | | (C) Cash Va | lue* | (D) Income |
| | | | | \$ | | \$ |
| | | | | | | |
| | | | | \$ | | \$ |

act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

| Signature of Applicant/Tenant | Date | Signature of Applicant/Tenant | Date | |
|-------------------------------|------|-------------------------------|------|--|
| | | | | |
| | | | | |
| | | | | |

PENALTIES FOR MISUSING THIS CONTENT: 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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

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This instrument was prepared by:
RICHARD STRAUGHN
STRAUGHN & STRAUGHN
Post Office Box 2295
Winter Haven, Florida 33883-2295

WARRANTY DEED

THIS INDENTURE, Made this /8 day of /u/y , 1989, Between WILLIE ROBERT YOUNG and ADELENE LENORA YOUNG, his wife, of the County of Polk, State of Florida, grantor*, and HERCULES ROBINSON, SR., whose post address is 808 Rose Street, Haines City, 33844, of the County of Polk, State of Florida, grantee*.

WITNESSETH:

That said grantor, for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Polk County, Florida, to-wit:

Lot 7 in Block "B" of J. T. MILLER'S SUBDIVISION, according to Plat thereof recorded in Plat Book 4, Page 87, Public Records of Polk County, Florida; LESS road right of way; being part of the SE 1/4 of the SE 1/4 of Section 9, Township 28 South, Range 27 East.

10-11-25 5.00 10-11-25 1.00 10-11-25 110-00 10-11-25 111-00

and said grantor does hereby fully warrant the title to said land, and will defend the same against thelawful claims of all persons whomsoever.

Subject to taxes accruing subsequent to December 31, 1988 and subject to restrictions, easements and reservations of record, if any.

*"Grantor" and "Grantee" are used for singular or plural, as context requires.

IN WITNESS WHEREOF, Grantor has hereunto set grantor's hand and seal the day and year first above written. Signed, sealed and delivered

in our presence:

Fair D. Duff

WILLIE ROBERT YOUNG (SEAL)

WILLIE ROBERT YOUNG

Molene Lenora Young (SEAL)

STATE OF FLORIDA COUNTY OF POLK

I Hereby Certify that on this day before me, an officer duly qualified to take acknowledgements, personally appeared WILLIE ROBERT YOUNG and ADELENE LEHORA YOUNG, his wife, to me known to be the persons described in and who executed the foregoing instrument and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this ______ day of ______ . 1989.

Notary Public, State of Florida My commission Expires:

Blothry Public, State of Riorida FILED, RECORDED, AND My Commission Replace 2019 22, 1992 RECORD VERIFIED Booked that they fals a legislation E. D. "Bud" DIXON, CA. CA. CL.

POLK COUNTY, FLA.

BY D.C.

Please record and return to NCNB National Bank of Florida P O Box 1387 Haines City, Fla / 33844

110.00

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT, IN AND FOR POLK COUNTY, FLORIDA

| Case No.:2024DR-001238-0000-WI | H |
|--------------------------------|---|
| Section No : 80 | |

HERCULES LEE ROBINSON

and

SARAH ANN ROBINSON

FINAL JUDGMENT OF SIMPLIFIED DISSOLUTION OF MARRIAGE

This cause came before this Court for a hearing on the parties' Petition for Simplified Dissolution of Marriage. The Court, having reviewed the file and heard the testimony, makes these findings of fact and reaches these conclusions of law:

- 1. The Court has jurisdiction over the subject matter and the parties.
- 2. At least one party has been a resident of the State of Florida for more than 6 months immediately before filing the Petition for Simplified Dissolution of Marriage.
- 3. The parties have no minor or dependent children in common, and the wife is not pregnant.
- 4. The marriage between the parties is irretrievably broken. Therefore, the marriage between the parties is dissolved, and the parties are restored to the status of being single.

| | [vone only] |
|----|---|
| | a. The parties have voluntarily entered into a Marital Settlement Agreement and each has or has not filed a financial affidavit. Therefore, the Marital Settlement Agreement is filed as "Exhibit A" in this case and is ratified and made a part of this final judgment. The parties are ordered to obey all of its provisions. b. There is no marital property or marital debts to divide, as the parties previously have divided all of their personal property. Therefore, each is awarded the personal propert he or she presently has in his or her possession. Each party shall be responsible for an debts in his or her own name. |
| 6. | () yes (no The wife's former name of \{full legal name\} is restored. |

7. The Court reserves jurisdiction to enforce the marital settlement agreement.

ORDERED ON MATTER 4, 2014

/s/ David E. Stamey, Jr.

ACTING CIRCUIT JUDGE

COPIES TO:

Petitioner and Respondent (or his or her attorney)

5. Marital Settlement Agreement.



STATE OF FLORIDA, COUNTY OF POLK
This is to certify that the foregoing is a true
and correct copy of the document now of
record in this office. Witness my hand and
Official Seal on
This copy has been reviewed, and if fequired by
law, redacted.

STACY OF BUSTERFIELD, CLERK CIRCUIT COURT By D.C.

53-2024DR-00123& -0000-WH Section:

| | IN THE CIRCUIT COURT OF THE | | JUDICIAL CIRCLII | т |
|----------------------------|--|--|--|--|
| | IN AND FOR | COUNTY | , FLORIDA | •, |
| | | Case No.: | | |
| In re: t | he Marriage of: | Division: | | |
| | | | | |
| Her | cules Lee Robinson Petitioner, | Α | | |
| | | | | |
| _ | and | | | |
| Sa | rah Ann Robinson | ÷ | | - |
| | Respondent. | | | |
| | | | | 1 |
| | MARITAL SETTLEME | NT ACDEEME | NT FOD | (|
| | SIMPLIFIED DISSOLU | | | |
| | | | | |
| We, (Pe name) statem | titioner's full legal name) Hercules Lee Ro Socoth Ann Robinson lents are true: | binson ar being sworn, | id (Respondent's f certify that the fo | <i>full legal</i> llowing |
| 1. | We were married to each other on {date} | 8-1990 | · | |
| 2. | Because of irreconcilable differences in our manade this agreement to settle once and for all expect to receive from each other. Each of us have honestly included everything we could that is owed to us) and our debts (everything to the country of | what we owe to e states that nothing ink of in listing our | ach other and wha has been held ba assets (everythin | at we can ck, that we g we own and |

SECTION I. MARITAL ASSETS AND LIABILITIES

open and honest in writing this agreement.

this agreement, including deeds, title certificates, etc.

A. Division of Assets. We divide our assets (everything we own and that is owed to us) as follows: Any personal item(s) not listed below is the property of the party currently in possession of the item(s).
1. Petitioner shall receive as his/her own and Respondent shall have no further rights or responsibilities regarding these assets:

3. Each of us agrees to execute and exchange any documents that might be needed to complete

Florida Family Law Rules of Procedure Form 12.902(f)(3), Marital Settlement Agreement for Simplified Dissolution of Marriage (10/21)

"Exhibit A"

| ASSETS: DESCRIPTION OF ITEM(S) PETITIONER SHALL RECEIVE To avoid confusion at a later date, describe each item as clearly as possible. LIST ORLY THE LAST FOUR DIGITS OF ACCOUNT NUMBERS! Where applicable, include whether the name on any Ritle/deed/account describ below is in one spouse's name, or in both spouses' names. | |
|--|--------|
| Cash (on hand) | \$ 0 |
| Cash (in banks/credit unions) | 2,012 |
| Stocks/Bonds | 0 |
| Notes (money owed to you in writing) | O |
| Money owed to you (not evidenced by a note) | Ð |
| Real estate: (Home) | 31,515 |
| (Other) | |
| Business interests | 0 |
| Automobiles | 0 |
| Boats | 0 |
| Other vehicles | |
| Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.) | 0 |
| Furniture & furnishings in home | 1,000 |
| Furniture & furnishings elsewhere | 0 |
| Collectibles | 0 |
| ewelry | 0 |

Florida Family Law Rules of Procedure Form 12.902(f)(3), Marital Settlement Agreement for Simplified Dissolution of Marriage (10/21)

| Life insurance (cash surrender value) | 9,100 |
|---|----------|
| Sporting and entertainment (T.V., stereo, etc.) equipment | 500 |
| Other assets | |
| | |
| Total Assets to Petitioner | e Nil Io |

2. Respondent shall receive as his/her own and Petitioner shall have no further rights or responsibilities regarding these assets:

| SECTION III. OTHER | |
|---|--|
| I certify that I have been open and honest in e with this agreement and intend to be bound I | entering into this settlement agreement. I am satisfied by it. |
| Dated: Feb 8. 2024 | Vares De 1 |
| | Signature of Petitioner |
| | Printed Name: Hercules Lee Robinson |
| | Address: 426 KOKOMO RA NE |
| | City, State, Zip: Haines City, FI NE |
| | Telephone Number: 863-439-2726 |
| | Fax Number: |
| | E-mail Address(es): VA |
| STATE OF FLORIDA COUNTY OF | |
| Sworn to or affirmed and signed before me on | 2/9/2024 by Hercules L. Robinson |
| | $(\partial \Omega) = (\partial \Omega)$ |
| ASHLYNN BELCHER | _ Chilyn Seliker |
| State of Florida | NOTARY PUBLIC or DEPUTY CLERK |
| Commission # 191 319191 My Comm. Expires Oct 5, 2026 | Aghlan Ralling |
| My Collection Services | TISTIMM BELCHE |
| | (Print, type, or stamp commissioned name of notary or |
| Personally known | clerk.} |
| Produced identification | |
| Type of identification produced Drivers | Lienses |
| | |
| F A NONLAWYER HELPED YOU FILL OUT THIS I | FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: |
| ···· ··· ··· ··· ··· ··· ··· ··· ··· · | |
| his form was prepared for the Petitioner. | |
| his form was completed with the assistance of name of individual} | Rokher |
| name of business} Midfloride | |
| address) 35849 15 H | una 20 |
| | code 3344 (telephone number) 843-422-10185 |

Florida Family Law Rules of Procedure Form 12.902(f)(3), Marital Settlement Agreement for Simplified Dissolution of Marriage (10/21)

with this agreement and intend to be bound by it. Dated: Feb 8, 2024 Signature of Respondent Printed Name: Sorah Address: 605 Tangerine City, State, Zip: Haines City Telephone Number: 26 Fax Number: E-mail Address(es): Sarah 61 robinson @ amail , Com STATE OF FLORIDA **COUNTY OF** Sworn to or affirmed and signed before me on $\stackrel{\textstyle >}{\sim}$ **ASHLYNN BELCHER** Notary Public - State of Florida Commission # HH 319191 My Comm. Expires Oct 5, 2026 (Print, type, of stamp commissioned name of notary or clerk.} Personally known Produced identification Type of identification produced Driver Gresses IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks] This form was prepared for the Respondent. This form was completed with the assistance of: {name of individual} _ Ashlum 9 {name of business} {address} (zip code) 33844, (telephone number) 843 - 422

I certify that I have been open and honest in entering into this settlement agreement. I am satisfied

Florida Family Law Rules of Procedure Form 12.902(f)(3), Marital Settlement Agreement for Simplified Dissolution