

02-27-2018

1222 Avenue B
Fort Pierce FL 34950

Ms Colleen Creech
Code enforcement clerk:

"Case # 08-2629
Request for leniency"

I Received a letter on Feb. 14, 2018, for noncompliance. I am writing due to financial hardship. I applied for the SHIP program FOR 24rs ago it appear. I'm eligible for the program and waiting on a letter to be sign by me and send back to the Government service group (Ms Deanna Lloyd) then the grant Dept. from the city Hall will start on the project. I ask for leniency due to my financial situation thank's in advance.

"Sincerely"

MARKING DELVA
(872) 828-5728
markingdelva1@gmail.com

Marking Delva



February 19, 2018

Marking Delva
1222 Ave B
Ft. Pierce, FL 34950

Re: City of Ft. Pierce SHIP Application - Resident Income Certification (Home Owner)

Dear Ms. Delva,

Enclosed is a form to document your annual income. Please refer to the second page, review the information and sign as Head of Household.

If there are any questions regarding this request, contact the office at (305)745-2062. Please mail the requested information as soon as possible to:

Government Services Group, Inc.
22968 Overseas Hwy.
Cudjoe Key, FL 33042

Once again, if you have any questions, please call the office at (305)745-2062. Thank you.

30 745 2064

Sincerely,


Deanna Lloyd
Program Manager
Government Services Group, Inc.

- G. **SHIP Administrator Statement:** Based on the representations herein, and upon the proofs and documentation submitted pursuant to item F, hereof, the family or individual(s) named in item C of this Resident Income Certification is/are eligible under the provisions of Chapter 420, Part V, Florida Statutes, the family or individual(s) constitute(s) a: (check one)

Extremely Low Income (ELI) Household means individuals or families whose annual income does not exceed 30% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.
Maximum Income Limit: 20,420

Very Low Income (VLI) Household means individuals or families whose annual income does not exceed 50% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.
Maximum Income Limit: 27,100

Low Income (LI) Household means individuals or families whose annual income does not exceed 80% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.
Maximum Income Limit: 43,350

Moderate Income (MI) Household means individuals or families whose annual income does not exceed 120% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size.
Maximum Income Limit: _____

Based upon the 2,017.00 (year) income limits for City of Ft. Pierce
(Metropolitan Statistical Area (MSA) or County), Florida.

Signature of the SHIP Administrator or His/Her Designated Representative:

Signature _____ Date _____
Name (print or type) Deanna Lloyd _____ Title Project Manager

H. **Household Data** (to be completed)

Household elects to not participate.						_____ (Initials of Household Head)			
Head of Household Data									
By Race / Ethnicity						By Age			
White	Black	Hispanic	Asian	American Indian	Other	0 - 25	26 - 40	41 - 61	62 +
	3.00					2.00		1.00	
Household Members Data									
Special Target / Special Needs (Check all that apply to any member)									
Farm worker	Developmentally Disabled	Homeless	Elderly	Special Needs (define)	Special Needs (define)				

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.

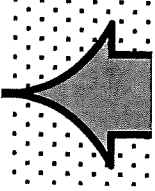
Member	Wages / Salaries (include tips, commission, bonuses and overtime)	Benefits / Pensions	Public Assistance	Other Income	Asset Income
1	27,396.70				(Enter the greater of box D(b) or box D(c), above, in box E(e) below)
2					
3					
4					
5					
6					
7					
8					
	(a)	(b)	(c)	(d)	(e)
Totals	27,396.70				0.00
Enter total of items E(a) through E(e). This amount is the Annual Anticipated Household Income					\$ 27,396.70

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 S 775.082 or 775.83.

Marking Delva
Signature of Head of Household

Date 02-23-18



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)

Signature of Household Member (over 18 years)

Date _____