

Return to: City of Delray Beach
Neighborhood Services Division
100 N.W. 1st Avenue Delray Beach, FL 33444

**CITY OF DELRAY BEACH STATE HOUSING INITIATIVE PARTNERSHIP PROGRAM
HOUSING REHABILITATION AGREEMENT**

APPLICANT/OWNER: Valencia Spells
ADDRESS 217 SW 13th Avenue
Delray Beach, FL 33444

LEGAL DESCRIPTION: Lot 5, Block 4, of the Plat of ATLANTIC PARK GARDENS, according to the Plat thereof on file in the Office of the Clerk of the Circuit Court in and for Palm Beach County, Florida, recorded in Plat Book 14, Page 56.

PCN # 12-43-46-17-18-004-0050

CASE NO: 16-535

I do hereby certify that I am the owner of the above property and that I have requested financial assistance from the City of Delray Beach Neighborhood Services Division State Housing Initiative Partnership Program to bring my property to a level meeting the minimum property standard.

I further grant the City of Delray Beach and its authorized staff members, contractors and subcontractors permission to carry out rehabilitation work and repair work on my property in compliance with the property rehabilitation standards of its Community Development program.

I authorize the City to act as my agent in contracting, supervising and inspecting this rehabilitation work.

I understand that the City of Delray Beach is acting only as agent in the contractual agreements and is not responsible for the quality and warranty of the work and has no legal responsibilities in the agreement.

I agree to provide information necessary for grant administration and monitoring, to be available for necessary conferences and decisions, to sign-off on the grant when the work is completed, and to otherwise reasonably cooperate in expediting the rehabilitation work and program administration.

Following completion of the rehabilitation work, I will maintain the property in good condition and will insure that the property is kept in compliance with the City Minimum Housing Code.

I understand that this agreement will be recorded as a covenant to the property, shall create an equitable lien on the property, shall remain in effect for **fifteen (15) years** following project close-out, and shall apply to the Owner's heirs, successors, and assigns.

I understand that this lien may be satisfied and released by the City on the ____ day of _____ 2032. The anniversary date shall be the first day of _____ in each year following the completion of activities financed by the forgivable loan.

**CITY OF DELRAY BEACH STATE HOUSING INITIATIVE PROGRAM (SHIP)
HOUSING REHABILITATION AGREEMENT**

I agree that if during the appropriate period (*10 years for loan amounts less than \$20,000 and 15 years for loan amounts of \$20,000 to \$37,000*), the property is sold or transferred during this period for any reason except the need to meet major health care expenses (definition of what constitutes a major health care expense will be determined by Neighborhood Services Administrator on an individual basis) or transferred by inheritance at death, I shall immediately repay to the City the full amount of the lien.

I agree to indemnify the City and hold it harmless for any damage or injury to persons or property occurring during the authorized rehabilitation work.

I agree that the forgivable loan amount of: **Twenty-One Thousand Eight Hundred Eighty-Three Dollars and 25/100 Cents (\$21,883.25)** is the amount of the rehabilitation contract, including any change orders approved by the City, and the cost of any related work performed under this agreement.

In the event that any questions or disputes arise concerning the rehabilitation work being performed by a contractor under this agreement, I shall advise the Neighborhood Services Administrator of same and the City shall act as arbitrator in resolving the question or dispute.

I have reviewed the specifications and they meet with my approval. I further agree that there will be no changes in the specifications, unless needed to satisfy a minimum housing code violation.

3-20-17
Date

Valencia S. Spills
Owner

Co-Owner

3/20/17
Date

Ferline F. Mesidort
Ferline F. Mesidort
Neighborhood Services Administrator

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 20th day of March, 2017 by Valencia S. Spills who is personally known to me or produced FLD/L as identification.

(SEAL)



ANGELA V. ROSE
MY COMMISSION # FF 191342
EXPIRES: January 21, 2019
Bonded Thru Budget Notary Services

Signature of Notary

Angela V. Rose