

The Lafayette County Commission met on the above date and hour for a regular scheduled meeting. The meeting was held in the commissioner's meeting room at the Courthouse in Mayo, Florida. The following members were present: Commissioner Charles Driver, Dist. 1; Commissioner Thomas E. Pridgeon, Dist. 2; Commissioner Donnie Hamlin, Dist. 3; Commissioner Jack Byrd, Dist. 4; Commissioner Earnest Jones, Dist. 5; and Lafayette County Attorney Leenette McMillan.

### **APPROVE THE MINUTES**

On a motion by Mr. Driver and a second by Mr. Hamlin, the board voted unanimously to approve the minutes.

### **MAYO HEALTH SERVICES**

Ms. Stella Buchanan, manager of Mayo Health Services, gave the board a presentation of the services that they provide for the community. No action was taken on this issue.

### **LAFAYETTE COUNTY MAINTENANCE**

Mr. Marcus Calhoun discussed with the board a course that he wants to take that would allow him to disperse Freon to the air conditioning units. On a motion by Mr. Hamlin and a second by Mr. Pridgeon, the board voted unanimously to approve Marcus taking the course.

### **SHIP LOCAL HOUSING ASSISTANCE RESOLUTION**

On a motion by Mr. Jones and a second by Mr. Hamlin, the board voted unanimously to have Ms. McMillan read the Resolution by title only. On a motion by Mr. Jones and a second by Mr. Hamlin, the board voted unanimously to adopt the SHIP Local Housing Assistance Plan Resolution amending the lien period of the Housing Replacement Strategy.

### **SHIP ANNUAL REPORT**

On a motion by Mr. Pridgeon and a second by Mr. Jones, the board voted unanimously to approve the SHIP Annual Report.

### **ORDINANCE – PREVENTING TEMPORARY VEHICLE LIQUIDATION SALES**

On a motion by Mr. Hamlin and a second by Mr. Driver, the board voted unanimously to have Ms. McMillan prepare an Ordinance preventing temporary vehicle liquidation sales that are not associated with an area dealership and advertise in the Free Press for a public hearing.

On a motion by Mr. Jones and a second by Mr. Pridgeon, with the exception of the Byrd's Power Equipment bill, the board voted unanimously to approve the following bills:

- General Fund - \$276,162.79
- Industrial Park Fund - \$29.13
- E 911 Fund - \$3,703.80

On a motion by Mr. Pridgeon and a second by Mr. Jones, with Mr. Byrd abstaining, the board voted unanimously to approve the Byrd's Power Equipment bill in the amount of \$91.16.

**PURCHASE OF VEHICLE FROM SUWANNEE RIVER WATER MANAGEMENT**

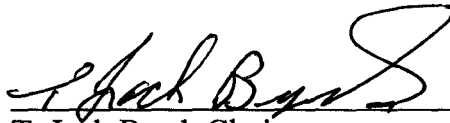
On a motion by Mr. Hamlin and a second by Mr. Driver, the board voted unanimously to purchase a 2003 Chevy Pick-up from Suwannee River Water Management District in the amount of \$2,501.99.

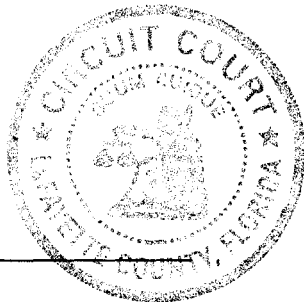
**MUSIC CONSTRUCTION WORK AT EDWARD PERRY PARK – CHANGE ORDER**

On a motion by Mr. Pridgeon and a second by Mr. Hamlin, the board voted unanimously to approve a change order to Music Construction in the amount of \$9,510.00 for work done at the Edward Perry Park.

**ADJOURN**

On a motion by Mr. Driver and a second by Mr. Hamlin, the board voted unanimously to adjourn.

  
 \_\_\_\_\_  
 T. Jack Byrd, Chairman



Attest:

  
 \_\_\_\_\_  
 Ricky Lyons, Clerk

Approved this 23<sup>rd</sup> day of June, 2008.

**Mayo Health Services, Patient Demographics for 2007**

*This information is based upon the data provided for the annual Uniform Data Systems (UDS) report submitted to the BPHC*

Number of patients served at Mayo Health Services: 1,461  
 Of this amount the number of patients who are uninsured: 587 or 40%

Number of visits by the above number of patients: 5,717  
 Average number of visits each year by a single patient: 3.91

**Patient Demographics:**

Income as Percent of Poverty level:	<u># Patients</u>		
100% and Below	316	} 471	or 32% of the total are at or below the 200% poverty level.
101% - 150%	120		
151% - 200%	35		
Over 200%	12		
Unknown	978		
<b>Total</b>	<u>1,461</u>		

	<u>0-19 Yrs Old</u>	<u>20 &amp; Older</u>	<u>Total</u>	
No Insurance	124	463	587	40% of total patients
Medicaid	127	130	257	18% of total patients
Medicare	0	375	375	26% of total patients
Pvt Insurance	41	201	242	17% of total patients
<b>Total</b>	<u>292</u>	<u>1,169</u>	<u>1,461</u>	<b>100%</b>
Percent of Total	20%	80%		

<b>Ages of patients:</b>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Newborn - age 11	75	69	144
Age 12 - age 17	65	60	125
Age 18 - Age 64	347	552	899
Age 65 and older	122	171	293
<b>Total</b>	<u>609</u>	<u>852</u>	<u>1,461</u>

<b>Race:</b>	<u># Patients</u>	
Black/African American	123	8.4%
White	1,333	91.2%
Asian	3	0.2%
American Indian or Alaskan	2	0.1%
Unreported	0	0.0%
<b>Total</b>	<u>1,461</u>	<b>100.0%</b>

<b>Ethnic:</b>	<u># Patients</u>
Hispanic	67
All Other	1,394
<b>Total</b>	<u>1,461</u>

**Uninsured Charges and Adjustments:**

Amount of services provided to the uninsured \$ 200,030  
 Amount of services "waived" to the uninsured \$ 98,797 or 49% of the total medical charges

Number of Migrant and Seasonal patients: 34 or 2% of the total patients.  
 Number of patients best served in a language other than English: 43

Since North Florida Medical Centers is a Federally Qualified Health Center, our Mayo Health Services is able to waive the annual Medicare deductible. In 2007 375 Mayo Health Services Medicare patients saved over \$50,625 (Note annual deductible for 2007 & 2008 is \$135)

**The top five diagnosis and services rendered**

Hypertension	792 Visits	14%	of total visits
Chronic bronchitis and emphysema	433 Visits	8%	of total visits
Diabetes mellitus	338 Visits	6%	of total visits
Depression and other mood disorders	287 Visits	5%	of total visits
Heart Disease	240 Visits	4%	of total visits
<b>Total</b>	<u>2,090</u>	<u>37%</u>	<b>of total visits</b>





# FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME BYRD, JACK		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE LAFAYETTE COUNTY COMMISSION	
MAILING ADDRESS HWY 27		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:	
CITY MAYO	COUNTY LAFAYETE	<input type="checkbox"/> CITY	<input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
DATE ON WHICH VOTE OCCURRED Aug 11, 2008		NAME OF POLITICAL SUBDIVISION: LAFAYETTE COUNTY	
		MY POSITION IS: <input checked="" type="checkbox"/> ELECTIVE <input type="checkbox"/> APPOINTIVE	

## WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

## INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

### ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

### APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

**APPOINTED OFFICERS (continued)**

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

**DISCLOSURE OF LOCAL OFFICER'S INTEREST**

I, JACK BYRD, hereby disclose that on Aug. 11, 20 08:

(a) A measure came or will come before my agency which (check one)

inured to my special private gain or loss;

inured to the special gain or loss of my business associate, \_\_\_\_\_;

inured to the special gain or loss of my relative, \_\_\_\_\_;

inured to the special gain or loss of \_\_\_\_\_, by whom I am retained; or

inured to the special gain or loss of \_\_\_\_\_, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

An invoice to Byrd's Power Equipment was approved to be paid.

Date Filed

Aug 11, 2008

Signature

Jack Byrd

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

LAFAYETTE  
COUNTY

S.H.I.P.

ANNUAL REPORT

FISCAL YEARS

2005/2006, 2006/2007, 2007/2008



BOOK 29 PAGE 034  
CERTIFICATION

On behalf of Lafayette County, I hereby certify that the information presented  
(NAME OF LOCAL GOVERNMENT)  
herein is true and accurate as of the date of submission.

\_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_  
Witness Chief Elected Official or Designee

\_\_\_\_\_  
Date \_\_\_\_\_ Jack Byrd, Chairman Date \_\_\_\_\_  
Witness (Type) Name and Title

Or

\_\_\_\_\_  
Date \_\_\_\_\_  
Attest (Seal)

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GENERAL INFORMATION

Name of Person to call regarding the **Annual Report** Form:

Frances L. Terry

Telephone Number: (386) 362-4115 ext. 222

SHIP AR/07

CERTIFICATION  
For Implementation of  
Regulatory Reform Activities  
Required by S.H.I.P.

BOOK 29 PAGE 035

On behalf of Lafayette County, I hereby certify that the following information  
(NAME OF LOCAL GOVERNMENT)  
is true and accurate as of the date of submission:

- 1) Permits as defined in s.163.3164(7) and (8)\* for affordable housing projects are expedited to a greater degree than other projects; and
- 2) There is an ongoing process for review of local policies, ordinances, regulations, and plan provisions that increase the cost of housing prior to their adoption.
- 3) The cumulative cost per newly constructed housing per housing unit, from these actions for \*\*FY07/08 is estimated to be \$0.00 .
- 4) The cumulative cost per rehabilitated housing per housing unit, from these actions for \*\*FY07/08 is estimated to be \$0.00 .

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_  
 Witness Chief Elected Official

Jack Byrd, Chairman  
 (Type) Name and Title

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_  
 Witness County/City Administrator  
 (whichever applies)

\_\_\_\_\_  
 (Type) Name and Title

Or

\_\_\_\_\_ Date \_\_\_\_\_  
 Attest (Seal)

Note: This form will be utilized beginning with \*\*FY 2003/2004

\* 163.3164(7) of the Florida Statutes: "Development order" means any order granting, denying, or granting with conditions an application for a development permit. 163.3164(8) of the Florida Statutes: "Development permit" includes any building permit, zoning permit, subdivision approval, rezoning, certification, special exception, variance, or any other official action of local government having the effect of permitting the development of land.



FLORIDA HOUSING FINANCE CORPORATION - SHIP PROGRAM ANNUAL REPORT

Name of Local Entity: Lafayette County

BOOK 29 PAGE 037

Table A: Rental Unit Information

STRATEGY DESCRIPTION	RENTAL RATES - ACTUAL (If rents vary for the same unit, enter greatest amount)				
	A	B	C	D	E
	Eff.	1 Bed	2 Bed	3 Bed	4 Bed

Table B: Recap of Funding Sources for Units Produced

Source of \$\$ Produced thru June 30th for Units	Amount of Funds Expended to Date	% of Total Value
A	B	C
SHIP Funds Expended	352,407.21	28.05%
Public Moneys Expended	0.00	0.00%
Private Funds Expended	632,320.00	50.33%
Owner Equity	271,590.79	21.62%
Total Value of All Units	1,256,318.00	100.00%

Table C: SHIP Program Compliance Summary - Home Ownership/Construction/Rehab\*

Compliance Category	SHIP Funds*	Trust Fund **	% of Trust Fund	FL Statute Minimum %
A	B	C	D	E
HOME OWNERSHIP	352,407.21	385,210.00	91.48%	65%
CONSTRUCTION/REHABILITATION	352,407.21	385,210.00	91.48%	75%

\* Include amounts expended, encumbered, & unencumbered (projected) in this table  
\*\*Trust Fund equals Distribution plus Recaptured Funds

Table D: Program Compliance - Income Set-Asides

Program Compliance by Funds Expended, Encumbered, Unencumbered (projected)

Income Category	SHIP \$ Expended	SHIP \$ Encumbered	SHIP \$ Unencumbered	Total A+B+C	Total Available Funds %	*Total Available Funds
A	B	C	D	E	F	
ELI				0.00	0.00%	387,407.21
Very-Low Income	142,660.54			142,660.54	36.82%	387,407.21
Low Income	131,492.68			131,492.68	33.94%	387,407.21
Moderate Income	78,253.99			78,253.99	20.20%	387,407.21
TOTAL	352,407.21	0.00	0.00	352,407.21	90.97%	387,407.21

\*Total Available Funds\* equals State Distribution + Recaptured Funds + Program Income + Carry Over Funds + Other Funds. 352,407.21 (From Form 1 Table A)

\*\*From Form 1 Table B Column B total 352,407.21 0.00 0.00

Error if not same as Form 1 Table A Column A,B,C

\$3 C,D,E and \$5 C,D,E should match

ELI and VLI must equal 30% or higher and ELI, VLI and LI must equal 60% or higher

Table E: Special Target Groups for Funds Expended (i.e. teachers, nurses, law enforcement, fire fighters, etc.) Set Aside

Strategy Description	Special Target Group	Expended Funds	Total # of Expended Units
A	B	C	D
Total		0.00	0.00

Table F: Project Funding for Expended Funds Only

Income Category	Total SHIP Mortgages, Loans & DPL's	SHIP Mortgages, Loans and DPL's #	Average Loan Amount	Total of SHIP Grants	SHIP Grants #	Average Grant Amount	Total SHIP Funds Expended	Total Units #
A	B	C	D	E	F	G	H	
ELI	0.00		#DIV/0!			#DIV/0!	0.00	0
Very-Low Income	83,273.25	3	27,757.75	59,387.29	8	7,423.41	142,660.54	11
Low Income	131,492.68	6	21,915.45	0.00	0	#DIV/0!	131,492.68	6
Moderate Income	78,253.99	4	19,563.50	0.00	0	#DIV/0!	78,253.99	4
TOTAL	293,019.92	13	22,539.99	59,387.29	8	7,423.41	352,407.21	21

This total must equal Table D Expended by Income category

NOTE: Must match Form 3 Column D45,E45&F45

Table G: Allowable Administration Set Aside from Program Income

Total Amount of Program Income	*5% Maximum	**10% Maximum	Total % Program Income Allowed for Administration	Total Administration
A	B	C	D	E
2,197.21	109.86	219.72		0.00

\* Counties and Eligible Municipalities which receive more than the minimum distribution.

Use either the 5% or 10% \$ amount.

see Form 1 Table A Line 39

\*\* Counties and Eligible Municipalities which receive the minimum distribution or less.

Table H: Allowable Administration Set Aside from Disaster Funds

Total Amount of Disaster Funds	*5% Maximum	**10% Maximum	Total Disaster Funds Allowed for Administration	Total Administration
A	B	C	D	E
0.00	0.00	0.00		0.00

\* Counties and Eligible Municipalities which receive more than the minimum distribution.

Use 5 or 10% as applicable

Form 1 Table A D40

\*\* Counties and Eligible Municipalities which receive the minimum distribution or less.

FORM 3: Household Characteristics  
Section 420 9075(10)(a), F S

FLORIDA HOUSING FINANCE CORPORATION  
SHIP PROGRAM ANNUAL REPORT

Fiscal Year:  
NAME OF LOCAL ENTITY:

2005/2006  
Lafayette County

Submit Date:

09/01/08

Provide information only on units for which Program funds have been expended.  
Provide information for head of household only.

Strategy Description List Unincorporated and Each Municipality (With Activity)	Number of Households/Units Produced					Characteristics/Age (Head of Household)					Family Size				Race (Head of Household)							Social Needs (Any Member of Household)										
	ELI	VLI	Low	Mod	Total	0-25	26-40	41-61	62+	Total	1 Person	2-4		5+	Total	White	Black	Hispanic	Asian	Amer. Indian	Other	Total	Farm Worker	Devel. Disabled	Homeless	Elderly	Special Needs:(define)	Special Target Group:(define)	Total			
												People	People																			
<b>A</b>	<b>B</b>					<b>C</b>					<b>D</b>				<b>E</b>							<b>F</b>										
New Construction					0					0					0																	
Incorporated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
Unincorporated	0	0	0	4	4	2	2	0	0	4	0	4	0	4	4	4	0	0	0	0	0	0	4									
Purchase Assistance with Rehab					0					0					0																	
Incorporated	0	0	3	0	3	3	0	0	0	3	1	2	0	3	3	3	0	0	0	0	0	0	3									
Unincorporated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
Emergency Repairs					0					0					0																	
Incorporated	0	1	0	0	1	0	0	0	1	1	0	1	0	1	1	0	1	0	0	0	0	0	1									
Unincorporated	0	7	0	0	7	0	0	3	4	7	6	1	0	7	7	7	0	0	0	0	0	0	7									
Rehabilitation					0					0					0																	
Incorporated	0	2	1	0	3	0	1	2	0	3	2	1	0	3	3	2	1	0	0	0	0	0	3									
Unincorporated	0	1	2	0	3	0	0	0	3	3	1	2	0	3	3	1	2	0	0	0	0	0	3									
TOTAL	0	11	6	4	21	5	3	5	8	21	10	11	0	21	21	17	4	0	0	0	0	21	0	0	0	0	0	0	0	0	0	
TOTALS	0	11	6	4	21					21				21									21									0

(Use additional pages as necessary)

D,E,F,G 42 should mirror Form 2 Table F (Total # units) and all Totals should match.

BOOK 29 PAGE 038

Expended Funds  
Form 4, #8

BOOK

29 PAGE 039

Name of Local Entity: Lafayette County

Form 4 #8 Expended Funds (Close-Out FY)

Strategy	Full Name	Address	City	Zip	Funds Expended
NEW	EDWARDS, ROBERT	LAFAYETTE ST.	MAYO	32066	\$ 16,000.00
EXIST	MCCRAY, MICHAEL G	SPLIT W/YR 13			\$ 1,822.51
EXIST	WILLIAMS, GLEETA D	450 NW CLARK AVE	MAYO	32066	\$ 13,523.33
ER	STARLING, RUBY	169 DOMINGO RD	MAYO	32066	\$ 7,490.00
ER	OTT, VALERIE	1076 SW ARLINGTON RD	MAYO	32066	\$ 7,340.00
NEW	SEVERANCE, DAREK	295 NW NEPAL DR	MAYO	32066	\$ 16,000.00
REHAB	KEYS, LYNN	201 SE LAND AVE	MAYO	32066	\$ 27,523.60
REHAB	RODGERS, JOHN	278 SW MLK BLVD	MAYO	32066	\$ 29,932.00
ER	POWE, JESSIE	PO BOX 701	MAYO	32066	\$ 7,500.00
NEW	LANCASTER, DEREK	SW C.R. 300	MAYO	32066	\$ 16,000.00
REHAB	TURNER, MICHELLE	1226 NW LAFAYETTE AV	MAYO	32066	\$ 9,761.30
REHAB	SELLERS, EUGENE	422 OAK ST	MAYO	32066	\$ 28,276.05
REHAB	LAND, MARY	517 HWY 27E	MAYO	32066	\$ 29,932.00
REHAB	JONES, WILLIE	400 SW WILLOW ST	MAYO	32066	\$ 25,817.65
ER	HEWITT, MILDRED	CR 405, BOX 1653,SE	MAYO	32066	\$ 7,500.00
ER	WILLIS, NELLIE	1696 NW CR 354	MAYO	32066	\$ 7,500.00
ER	MILLER, ANNA	228 SE ELISHA BLVD	BRFD	32008	\$ 7,330.00
ER	LANIER, JAMES	2093 CR 475	BRFD	32008	\$ 7,230.00
ER	FOXX, VIRGIL	8264 NW CR 53	MAYO	32066	\$ 7,497.29
EXIST	CORBIN, JULIAN	363 SAN PEDRO AVE	MAYO	32066	\$ 25,000.00
EXIST	WARD, HEIDI	169 SE HAWKINS AVE	MAYO	32066	\$ 25,000.00
NEW	WIMBERLY, RILEY	IOT 4, GOLDENROD EST	MAYO	32066	\$ 20,000.00
NEW	SPIKES, WILLIAM				\$ 8,431.48
					<b>352,407.21</b>

Name of Local Entity    **Lafayette County**

**Form 4 #10 Sub-Recipients/Consultants**

Name	Business Type	Strategy Covered	Responsibility

Name of Local Entity: 0

**Form 4 #11a Recaptured Funds**

Foreclosure \$\$	
Sale of Property \$\$	35,210.00
Refinance \$\$	
Other (undetermined)	
<b>Total Amount</b>	<b>0.00</b>

**Form 4 #11b Program Income**

Loan Repayment \$\$	
Refinance \$\$	
Interest Earned \$\$	2,197.21
Other \$\$	
<b>Total</b>	<b>0.00</b>

**Recaptured Funds and Program Income**

Income Category	Foreclosure	Units	Sale of Property	Units	Refinance	Units	***Other/Interest Earned	Total Units	Total Recap + PI
ELI									
Very-Low Income									
Low Income			17,210.00	3					
Moderate Income			18,000.00	3					
Interest Earned							2197.21		
<b>TOTAL</b>	<b>0.00</b>	<b>0</b>	<b>35,210.00</b>	<b>6</b>	<b>0.00</b>	<b>0</b>	<b>2,197.21</b>	<b>0</b>	<b>0.00</b>

\*\*\*Loan repayments from Rental (Developer) and other funds received that can not be tied to an income category.





FLORIDA HOUSING FINANCE CORPORATION - SHIP PROGRAM ANNUAL REPORT

Name of Local Entity: Lafayette County

BOOK 29 PAGE 043

Table A: Rental Unit Information

STRATEGY DESCRIPTION	RENTAL RATES - ACTUAL (If rents vary for the same unit, enter greatest amount)				
	A	B	C	D	E
	Eff.	1 Bed	2 Bed	3 Bed	4 Bed

Table B: Recap of Funding Sources for Units Produced

Source of \$\$ Produced thru June 30th for Units	Amount of Funds Expended to Date	% of Total Value
A	B	C
SHIP Funds Expended	380,522.78	26.00%
Public Moneys Expended	0.00	0.00%
Private Funds Expended	636,578.00	43.49%
Owner Equity	446,674.22	30.52%
Total Value of All Units	1,463,775.00	100.00%

Table C: SHIP Program Compliance Summary - Home Ownership/Construction/Rehab\*

Compliance Category	SHIP Funds*	Trust Fund**	% of Trust Fund	FL Statute Minimum %
A	B	C	D	E
HOME OWNERSHIP	380,522.78	404,400.00	94.10%	65%
CONSTRUCTION/REHABILITATION	380,522.78	404,400.00	94.10%	75%

\* Include amounts expended, encumbered, & unencumbered (projected) in this table  
\*\* Trust Fund equals Distribution plus Recaptured Funds

Table D: Program Compliance - Income Set-Asides

Program Compliance by Funds Expended, Encumbered, Unencumbered (projected)

Income Category	SHIP \$ Expended	SHIP \$ Encumbered	SHIP \$ Unencumbered	Total A + B + C	Total Available Funds %	*Total Available Funds
A	B	C	D	E	F	
ELI	20,221.26			20,221.26	4.87%	415,522.78
Very-Low Income	147,930.51			147,930.51	35.60%	415,522.78
Low Income	91,121.54			91,121.54	21.93%	415,522.78
Moderate Income	121,249.47			121,249.47	29.18%	415,522.78
TOTAL	380,522.78	0.00	0.00	380,522.78	91.58%	415,522.78

\*Total Available Funds\* equals State Distribution + Recaptured Funds + Program Income + Carry Over Funds + Other Funds. 380,522.78 (From Form 1 Table A)  
\*From Form 1 Table B Column B Total 380,522.78 0.00 0.00 Error if not same as Form 1 Table A Column A,B,C

ELI and VLI must equal 30% or higher and ELI, VLI and LI must equal 60% or higher

Table E: Special Target Groups for Funds Expended (i.e. teachers, nurses, law enforcement, fire fighters, etc.) Set Aside

Strategy Description	Special Target Group	Expended Funds	Total # of Expended Units
A	B	C	D
Total		0.00	0.00

Table F: Project Funding for Expended Funds Only

Income Category	Total SHIP Mortgages, Loans & DPL's	SHIP Mortgages, Loans and DPL's #	Average Loan Amount	Total of SHIP Grants	SHIP Grants #	Average Grant Amount	Total SHIP Funds Expended	Total Units #
A	B	C	D	E	F	G	H	
ELI	15,589.60	1	15,589.60	4,631.66	1	4,631.66	20,221.26	2
Very-Low Income	113,805.55	4	28,451.39	34,124.96	6	5,687.49	147,930.51	10
Low Income	91,121.54	5	18,224.31	0.00	0	#DIV/0!	91,121.54	5
Moderate Income	121,249.47	6	20,208.25	0.00	0	#DIV/0!	121,249.47	6
TOTAL	341,766.16	16	21,360.39	38,756.62	7	5,536.66	380,522.78	23

This total must equal Table D Expended by income category

NOTE: Must match Form 3 Column D45,E45&F45

Table G: Allowable Administration Set Aside from Program Income

Total Amount of Program Income	*5% Maximum	**10% Maximum	Total % Program Income Allowed for Administration	Total Administration
A	B	C	D	E
11,122.78	556.14	1,112.28		0.00

\* Counties and Eligible Municipalities which receive more than the minimum distribution. Use either the 5% or 10% \$ amount. see Form Table A Line 39  
\*\* Counties and Eligible Municipalities which receive the minimum distribution or less.

Table H: Allowable Administration Set Aside from Disaster Funds

Total Amount of Disaster Funds	*5% Maximum	**10% Maximum	Total Disaster Funds Allowed for Administration	Total Administration
A	B	C	D	E
0.00	0.00	0.00	0.00	0.00

\* Counties and Eligible Municipalities which receive more than the minimum distribution. Use 5 or 10% as applicable Form 1 Table A D40  
\*\* Counties and Eligible Municipalities which receive the minimum distribution or less.

FORM 3: Household Characteristics

Section 420.9075(10)(a), F.S.

FLORIDA HOUSING FINANCE CORPORATION  
SHIP PROGRAM ANNUAL REPORT

Fiscal Year:  
NAME OF LOCAL ENTITY:

2006/2007  
Lafayette County

Submitted Date: 09/01/08

Provide information only on units for which Program funds have been expended.  
Provide information for head of household only.

Strategy Description (List Unincorporated and Each Municipality Activity)	Number of Households/Units Produced				Characteristics/Age (Head of Household)					Family Size				Race (Head of Household)						Special Needs (Any Member of Household)												
	(With)	Elt	Vlt	Low	Mod	Total	0-25	26-40	41-61	62+	Total	1 Person	2-4 People	5+ People	Total	White	Black	Hispanic	Asian	Amer. Indian	Other	Total	Farm Worker	Devel. Disabled	Homeless	Elderly	Special Needs:(define)	Special Target Group:(define)	Total			
																														B		
New Construction						0					0				0								0									0
Incorporated		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0								0	
Unincorporated		0	0	0	3	3	0	3	0	0	3	0	2	1	3	3	0	0	0	0	0	0	3								0	
Purchase Assistance with Rehab						0					0				0								0								0	
Incorporated		0	0	1	0	1	0	0	0	1	1	1	0	0	1	1	0	0	0	0	0	0	1								0	
Unincorporated		0	0	1	2	3	0	2	1	0	3	1	2	0	3	3	0	0	0	0	0	0	3								0	
Emergency Repairs						0					0				0								0								0	
Incorporated		0	1	0	0	1	0	0	0	1	1	1	0	0	1	0	1	0	0	0	0	0	1								0	
Unincorporated		1	5	0	0	6	0	0	2	4	6	5	1	0	6	6	0	0	0	0	0	0	6								0	
Rehabilitation						0					0				0								0								0	
Incorporated		0	1	3	0	4	0	2	0	2	4	2	0	2	4	4	0	0	0	0	0	0	4								0	
Unincorporated		1	3	0	1	5	0	0	2	3	5	4	1	0	5	5	0	0	0	0	0	0	5								0	
TOTAL		2	10	5	6	23	0	7	5	11	23	14	6	3	23	22	1	0	0	0	0	0	23	0	0	0	0	0	0	0	0	
TOTALS		2	10	5	6	23					23				23								23								0	

(If an additional page is necessary)

O.F.F.C. 42 should mirror Form 2 Table 1 (Total # units) and all Totals should match.

BOOK 29 PAGE 044

**Form 4 #10 Sub-Recipients/Consultants**

Name	Business Type	Strategy Covered	Responsibility

Expended Funds  
Form 4, #8

BOOK 29 PAGE 046

Name of Local Entity: Lafayette County

Form 4 #8 Expended Funds (Last Interim FY) 2006-2007

Strategy	Full Name	Address	City	Zip	Funds Expended
ER	RODGERS, JOHN	278 SW MARTIN LK BLV	MAYO	32066	\$ 7,500.00
NEW	SPIKES, WILLIAM	7590 SE CR 405	BRFD	32008	\$ 11,568.52
ER	HORTON, EULA	2237 N. CR 53	MAYO	32066	\$ 6,999.96
REHAB	CORBIN, TAMMY	363 SW SAN PEDRO AVE	MAYO	32066	\$ 6,444.75
REHAB	BENNETT, MYRTLE	313 LAURA ST	MAYO	32066	\$ 18,416.75
ER	WILLIAMS, CAROLYN	4153 SE CR 500	BRFD	32008	\$ 7,370.00
REHAB	MILLER, ANNA	228 SE ELISHA BLVD	BRFD	32008	\$ 23,049.85
ER	RICHARDS, JACQUELI	4571 S SR 349	BRFD	32008	\$ 4,631.66
EXIST	TRAWICK, DAVID	5576 E US HIGHWAY 2	MAYO	32066	\$ 20,000.00
ER	OTT, VALERIE	1076 SW ARLINGTON RD	MAYO	32066	\$ 2,500.00
ER	HEWITT, MILDRED	165 SE CR 405	MAYO	32066	\$ 5,155.00
ER	LAND, MADELINE	PO BOX 903	MAYO	32066	\$ 4,600.00
EXIST	PILKINGTON, CYNTHI	186 SE EDWARDS AVE	MAYO	32066	\$ 25,000.00
REHAB	WIMBERLY, LILLIAN	546 SE CR 366	MAYO	32066	\$ 15,589.60
REHAB	O'STEEN, EVERETTE	188 SE CR 480	BRFD	32008	\$ 29,932.00
REHAB	BASKIN, KENNETH	542 NW KINGSTON ST	MAYO	32066	\$ 29,129.20
REHAB	PRIDGEON, THOMAS	392 SW CR 300	MAYO	32066	\$ 29,932.00
REHAB	PERRY, GUSSIE	1112 SW CR 534	MAYO	32066	\$ 29,680.95
NEW	HUDSON, RIGSBY,	SW CR 300	MAYO	32066	\$ 20,000.00
EXIST	ANDERSON, BETTY	153 SE INDUSTRIAL PK	MAYO	32066	\$ 25,000.00
EXIST	SEGOVIA, MELISA	892 NE CANDY LN	MAYO	32066	\$ 20,000.00
REHAB	CREAMER, SCOTT	212 NW JIM WILLIS RD	MAYO	32066	\$ 16,260.04
REHAB	ELMORE, SAMANTHA	SPL W/ 16			\$ 1,762.50
NEW	TYRE, DAVID	PO BOX 396	MAYO	32066	\$ 20,000.00
					\$ 380,522.78

Name of Local Entity: Lafayette Co

Form 4 #11a Recaptured Funds

Foreclosure \$\$	
Sale of Property \$\$	54,400.00
Refinance \$\$	
Other (undetermined)	
<b>Total Amount</b>	<b>54,400.00</b>

Form 4 #11b Program Income

Loan Repayment \$\$	
Refinance \$\$	
Interest Earned \$\$	11,122.78
Other \$\$	
<b>Total</b>	<b>11,122.78</b>

Recaptured Funds and Program Income

Income Category	Foreclosure	Units	Sale of Property	Units	Refinance	Units	***Other/ Interest Earned	Total Units	Total Recap + PI
ELI									
Very-Low Income			6,400.00	1					
Low Income			8,000.00	1					
Moderate Income			40,000.00	4					
Interest Earned							11122.78		
<b>TOTAL</b>	<b>0.00</b>	<b>0</b>	<b>54,400.00</b>	<b>6</b>	<b>0.00</b>	<b>0</b>	<b>#####</b>	<b>0</b>	<b>65,522.78</b>

\*\*\*Loan repayments from Rental (Developer) and other funds received that can not be tied to an income category.



FLORIDA HOUSING FINANCE CORPORATION - SHIP PROGRAM ANNUAL REPORT

Name of Local Entity: LAFAYETTE COUNTY

BOOK 29 PAGE 049

Table A: Rental Unit Information

STRATEGY DESCRIPTION	RENTAL RATES - ACTUAL (If rents vary for the same unit, enter greatest amount)				
	A	B	C	D	E
	Eff.	1 Bed	2 Bed	3 Bed	4 Bed

Table B: Recap of Funding Sources for Units Produced

Source of \$\$ Produced thru June 30th for Units	Amount of Funds Expended to Date	% of Total Value
A	B	C
SHIP Funds Expended	213,210.75	21.18%
Public Moneys Expended	0.00	0.00%
Private Funds Expended	581,461.67	57.75%
Owner Equity	212,138.58	21.07%
Total Value of All Units	1,006,811.00	100.00%

Table C: SHIP Program Compliance Summary - Home Ownership/Construction/Rehab\*

Compliance Category	SHIP Funds*	Trust Fund **	% of Trust Fund	FL Statute Minimum %
A	B	C	D	E
HOME OWNERSHIP	330,321.52	356,400.00	92.68%	65%
CONSTRUCTION/REHABILITATION	330,321.52	356,400.00	92.68%	75%

\* Include amounts expended, encumbered, & unencumbered (projected) in this table  
\*\* Trust Fund equals Distribution plus Recaptured Funds

Table D: Program Compliance - Income Set-Asides

Program Compliance by Funds Expended, Encumbered, Unencumbered (projected)

Income Category	SHIP \$ Expended	SHIP \$ Encumbered	SHIP \$ Unencumbered	Total A+B+C	Total Available Funds %	*Total Available Funds
A	B	C	D	E	F	
ELI					0.00%	365,321.52
Very-Low Income	80,676.29	800.00	66,310.77	147,787.06	40.45%	365,321.52
Low Income	32,534.46	0.00	50,000.00	82,534.46	22.59%	365,321.52
Moderate Income	100,000.00	0.00	0.00	100,000.00	27.37%	365,321.52
TOTAL	213,210.75	800.00	116,310.77	330,321.52	90.42%	365,321.52

\*Total Available Funds\* equals State Distribution + Recaptured Funds + Program Income + Carry Over Funds + Other Funds. 330,321.52 (From Form 1 Table A)  
\*From Form 1 Table B Column B total 213,210.75 800.00 116,310.77 Error if not same as Form 1 Table A Column A,B,C

ELI and VLI must equal 30% or higher and ELI, VLI and LI must equal 60% or higher

Table E: Special Target Groups for Funds Expended (i.e. teachers, nurses, law enforcement, fire fighters, etc.) Set Aside

Strategy Description	Special Target Group	Expended Funds	Total # of Expended Units
A	B	C	D
Total		0.00	0.00

Table F: Project Funding for Expended Funds Only

Income Category	Total SHIP Mortgages, Loans & DPL's	SHIP Mortgages, Loans and DPL's #	Average Loan Amount	Total of SHIP Grants	SHIP Grants #	Average Grant Amount	Total SHIP Funds Expended	Total Units #
A	B	C	D	E	F	G	H	
ELI			#DIV/0!			#DIV/0!	0.00	0
Very-Low Income	65,100.15	2	32,550.08	15,576.14	3	5,192.05	80,676.29	5
Low Income	32,534.46	1	32,534.46	0.00	0	#DIV/0!	32,534.46	1
Moderate Income	100,000.00	5	20,000.00	0.00		#DIV/0!	100,000.00	5
TOTAL	197,634.61	8	24,704.33	15,576.14	3	5,192.05	213,210.75	11

This total must equal Table D Expended by income category

NOTE: Must match Form 3 Column D45,E45&F45

Table G: Allowable Administration Set Aside from Program Income

Total Amount of Program Income	*5% Maximum	**10% Maximum	Total % Program Income Allowed for Administration	Total Administration
A	B	C	D	E
8,921.52	446.08	892.15		0.00

\* Counties and Eligible Municipalities which receive more than the minimum distribution.  
\*\* Counties and Eligible Municipalities which receive the minimum distribution or less.

Use either the 5% or 10% \$ amount. see Form 1 Table A Line 39.

Table H: Allowable Administration Set Aside from Disaster Funds

Total Amount of Disaster Funds	*5% Maximum	**10% Maximum	Total Disaster Funds Allowed for Administration	Total Administration
A	B	C	D	E
0.00	0.00	0.00		0.00

\* Counties and Eligible Municipalities which receive more than the minimum distribution.  
\*\* Counties and Eligible Municipalities which receive the minimum distribution or less.

Use 5 or 10% as applicable Form 1 Table A D40



FORM 3: Household Characteristics  
Section 420.9075(10)(a), F.S.

FLORIDA HOUSING FINANCE CORPORATION  
SHIP PROGRAM ANNUAL REPORT

Fiscal Year:  
NAME OF LOCAL ENTITY:

2007/2008  
LAFAYETTE COUNTY

Submitted Date:

09/01/08

Provide information only, in units, for which Program funds have been expended.  
Provide information for head of household only.

Strategy Description (List Unincorporated and Each Municipality Activity)	Number of Households/Units Produced					Characteristics/Age (Head of Household)					Family Size				Race (Head of Household)							Special Needs (Any Member of Household)											
	(With)	Eli	VLI	Low	Mod.	Total	0-25	26-40	41-61	62+	Total	1 Person	2-4 People	5+ People	Total	White	Black	Hispanic	Asian	Amer. Indian	Other	Total	Farm Worker	Devel. Disabled	Homeless	Elderly	Special Needs:(define)	Special Target Group:(define)	Total				
																														A	B	C	D
New Construction						0					0				0																		0
Incorporated		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									0	
Unincorporated		0	0	0	3	3	2	1	0	0	3	0	3	0	3	3	0	0	0	0	0	0	0									0	
Purchase Assistance with Rehab						0					0				0																	0	
Incorporated		0	0	0	1	1	1	0	0	0	1	1	0	0	1	1	0	0	0	0	0	0	1									0	
Unincorporated		0	0	1	1	2	0	2	0	0	2	0	2	0	2	2	0	0	0	0	0	0	2									0	
Emergency Repairs						0					0				0																	0	
Incorporated		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										0	
Unincorporated		0	3	0	0	3	0	0	1	2	3	2	1	0	3	3	0	0	0	0	0	0	3									0	
Rehabilitation						0					0				0																	0	
Incorporated		0	1	0	0	1	0	0	1	0	1	0	1	0	1	1	0	0	0	0	0	0	1									0	
Unincorporated		0	1	0	0	1	0	0	1	0	1	1	0	0	1	1	0	0	0	0	0	0	1									0	
TOTAL		0	5	1	5	11	3	3	3	2	11	4	7	0	11	11	0	0	0	0	0	0	11	0	0	0	0	0	0	0	0		
TOTALS		0	5	1	5	11					11				11								11									0	

(If additional pages are necessary)

D.J.F.G.4.2 should mirror Form 2 Table F (Total # units) and all Totals should match.

BOOK 29 PAGE 050

FLORIDA HOUSING FINANCE CORPORATION  
SHIP PROGRAM ANNUAL REPORT

Name of Local Entity: **LAFAYETTE COUNTY**

BOOK

29 PAGE 051

1. Please provide information on the status of the implementation of the Local Housing Incentive Plan or Incentive Strategy adopted by the local Affordable Housing Assistance Plan.
  - A. Incentive Strategy:  
See attachment A for responses to 1A-E
  - B. Adopting Ordinance or Resolution Number or identify local policy:
  - C. Implementation Schedule (Date):
  - D. Has the plan or strategy been implemented? If no, describe steps that will be taken to implement the Plan.
  - E. Status of Strategy - (Is the strategy functioning as intended, i.e., are time frames being met, etc.)
2. Attach a concise description of the support services that are available to the residents of affordable housing.  
See attachment B.
3. Attach such other data or unique affordable housing accomplishments considered significant by your Agency. (Success Stories, newspaper clippings, etc.)  
No stories or clippings
4. Describe how the Annual Report was made available for public inspection and comments. Attach copies of all comments that were received and provide the local government's response.  
Advertised in local paper, no comments received.
- 5a. Life to Date Mortgage Foreclosure :
  - A. 127 mortgages have been made to very low income households with 2 in foreclosure.
  - B. 61 mortgages have been made to low income households with 2 in foreclosure.
  - C. 2 mortgages have been made to moderate income households with 0 in foreclosure.
  - D. Total foreclosure rate for all mortgages .4%.
- 5b. Mortgage Default as of June 30th:
  - A. 0 mortgages have been made to very low income households with 0 in default.
  - B. 0 mortgages have been made to low income households with 0 in default.
  - C. 2 mortgages have been made to moderate income households with 0 in default.
  - D. Total Default rate for all mortgages 0%.
6. Describe how eligible sponsors (if applicable) that employed personnel from welfare to work programs.  
No eligible sponsors
7. List strategies and give the average cost of production.  
New Construction-\$20,000.00  
Purchase Assistance with Rehab-\$22,500.00  
Emergency Repairs-\$5,192.05  
Owner Occupied Rehab-\$24,217.31
8. Counties and eligible municipalities utilizing SHIP program funds must provide a list of recipients by strategy including names, addresses and zip codes for each fiscal year reporting to Florida Housing Finance Corporation. NOTE: This is for each FY's EXPENDED FUNDS. Must be completed on tab #8.
9. Administrative expenditures separately stated for the costs of the local government and any sub recipients administering the program.  
Note: Must equal Form 1, Table A and total must not exceed 10% **35,000.00**
10. A list of sub recipients and consultants that will administer any portion of the SHIP program. The list shall include name of person or organization, business type, a description of the strategies and responsibilities for each sub-recipient or consultant. **Must be completed on tab #10**
- 11 a. Recaptured Funds-separately stated by event type (foreclosure, sale of property, refinance, default) **Must be completed on tab #11a**
- 11 b. Program Income-separately stated for each transaction type, i.e. dollar amount of loan repayments, recycled funds, refinance, and all other income derived from the use of funds. **Must be completed on tab #11b**

ATTACHMENT A

Page 1

BOOK

29 PAGE 052

1. Status of incentive strategy

- A. Incentive Strategy:  
Expediting permits
- B. Adopting ordinance or resolution number or identify local policy:  
Adopting Resolution 94-R-10 (original), adopted 02/17/94;  
Amended Resolution 95-R-17 adopted 03/16/95.
- C. Implementation schedule (date):  
From date of adoption if over 200 permits issued per year.
- D. Has the plan or strategy been implemented? If no, describe steps that will be taken to implement the plan:  
The threshold of 200+ permits a year has not been met to trigger provisions of the plan.
- E. Status of strategy: (Is the strategy functioning as intended?)  
There is not enough activity to trigger provisions; therefore, no revisions are necessary.

1. Status of incentive strategy

A. Incentive Strategy:

A process calling for the county building department to review any change in county ordinance, policy, comprehensive plan, building regulation or procedure which may increase the cost of housing, prior to its adoption by the County Commission. County staff will review the proposed action and prepare a written report with recommendations prior to the adoption of the action. The staff's review will consider the date, action being considered, description of the action and potential cost on housing. When considering potential impact on housing, staff shall answer the following questions: 1. Will the action increase the cost of development? 2. Will the action increase time of approval? 3. Does the action increase long-term development costs?

B. Adopting ordinance or resolution number or identify local policy:

Adopted Resolution No. 94-R-10 on 2/17/94.

C. Implementation schedule (date)

Implemented on adoption: no activity.

D. Has the plan or strategy been implemented? If no, describe steps that will be taken to implement the plan:

There were no new ordinances or policy changes which might effect the cost of housing. Thus, the plan was not implemented.

E. Status of strategy: (Is the strategy functioning as intended?)

No changes are needed at this time.

SUPPORT SERVICES

1. Suwannee River Economic Council, Inc. will provide a Housing Counselor (not paid out of SHIP funds) to train persons for the responsibility of homeownership, credit counseling, etc.

2. The wide range of Suwannee River Economic Council, Inc. support services will be available to SHIP recipients including:

Community Services Block Grant (information & referral,  
emergency services and self sufficiency)

Low Income Home Energy Assistance Program

United States Department of Agriculture Commodities

Aging Programs

Transportation

Weatherization

Housing Preservation

Expended Funds  
Form 4, #8

BOOK 29 PAGE 055

Name of Local Entity: LAFAYETTE COUNTY

Form 4 #8 Expended Funds (Close-Out FY)

Strategy	Full Name	Address	City	Zip	Funds Expended
ER	LANIER, JAMES	2093 C.R. 475	BRFD	32008	\$ 7,313.00
REHAB	CREAMER, SCOTT				\$ 7,534.46
ER	SAPP, NEWTON	2004 SE MOSES DAIRY	BRFD	32008	\$ 5,590.86
EXIST	HOBBY, ASHLEY	970 ROOSEVELT CIRCLE	MAYO	32066	\$ 20,000.00
EXIST	LEMMON, JOANNA	149 CR 270	MAYO	32066	\$ 25,000.00
NEW	WILLIAMS, JASON	PO BOX 963	MAYO	32066	\$ 20,000.00
ER	LAND, LEXIE	5821 CR 500	BRFD	32008	\$ 2,672.28
REHAB	HORTON, EULA	2237 N CR 53	MAYO	32066	\$ 20,900.15
NEW	CLARK, STEPHEN	PO BOX 261	MAYO	32066	\$ 20,000.00
EXIST	BLAYLOCK, CORINNE	130 SUWANNEE TRAIL	MAYO	32066	\$ 25,000.00
NEW	MCCRAY, THOMAS	PO BOX 183	MAYO	32066	\$ 20,000.00
EXIST	PRUITT, LAWONDA	1809 SW CR 300	MAYO	32066	\$ 20,000.00
REHAB	ELMORE, SAMANTHA	SPLT W/ YR 15	MAYO	32066	\$ 20,000.00
					\$ 214,010.75

Funds must be reported in year expended.

SHIP-AR:07  
Rev. 11/19/07

**Form 4 #10 Sub-Recipients/Consultants**

Name	Business Type	Strategy Covered	Responsibility

Name of Local Entity:

Form 4 #11a Recaptured Funds

Foreclosure \$\$	
Sale of Property \$\$	6,400.00
Refinance \$\$	
Other (undetermined)	
<b>Total Amount</b>	<b>6,400.00</b>

Form 4 #11b Program Income

Loan Repayment \$\$	
Refinance \$\$	
Interest Earned \$\$	8,921.52
Other \$\$	
<b>Total</b>	<b>8,921.52</b>

Recaptured Funds and Program Income

Income Category	Foreclosure	Units	Sale of Property	Units	Refinance	Units	***Other/ Interest Earned	Total Units	Total Recap + PI
ELI									
Very-Low Income									
Low Income			6,400.00	1					
Moderate Income									
Interest Earned							8921.52		
<b>TOTAL</b>	<b>0.00</b>	<b>0</b>	<b>6,400.00</b>	<b>1</b>	<b>0.00</b>	<b>0</b>	<b>8,921.52</b>	<b>0</b>	<b>15,321.52</b>

\*\*\*Loan repayments from Rental (Developer) and other funds received that can not be tied to an income category.



RESOLUTION NO. 2008-8-1-1

A Resolution of the Board of County Commissioners of Lafayette County to change the lien for the Housing Replacement strategy within the State Housing Initiatives Partnership Program (S.H.I.P) Local Housing Assistance Plan from twenty (20) years to ten (10) years.

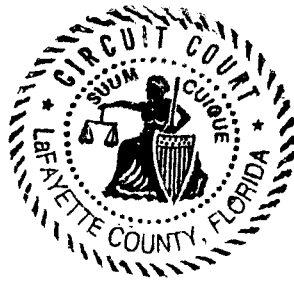
Whereas, it is in the best interest of the Board of County Commissioners to change the lien for the Housing Replacement Strategy from twenty (20) years to ten (10) years.

Now therefore, be it resolved by the County Commission of Lafayette County, Florida:

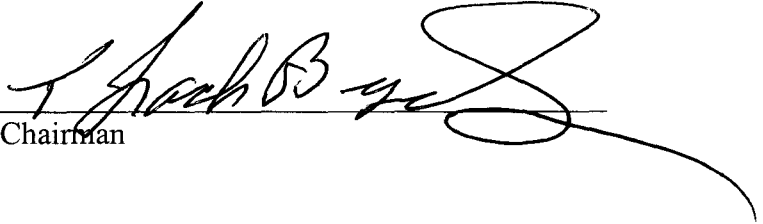
That the Housing Replacement lien will be changed from twenty (20) years to ten (10) years within the Local Housing Assistance Plan.


Passed and adopted by the County Commission of Lafayette County, Florida on the 11 day of August, 2008.

(SEAL)



ATTEST:

  
Chairman

  
County Clerk

CERTIFICATION  
For Implementation of  
Regulatory Reform Activities  
Required by S.H.I.P.

BOOK 29 PAGE 059

On behalf of Lafayette County, I hereby certify that the following information  
(NAME OF LOCAL GOVERNMENT)  
is true and accurate as of the date of submission:

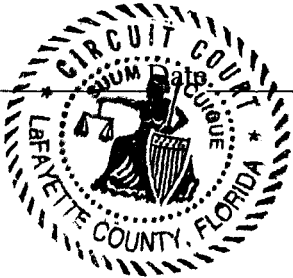
- 1) Permits as defined in s.163.3164(7) and (8)\* for affordable housing projects are expedited to a greater degree than other projects; and
- 2) There is an ongoing process for review of local policies, ordinances, regulations, and plan provisions that increase the cost of housing prior to their adoption.
- 3) The cumulative cost per newly constructed housing per housing unit, from these actions for \*\*FY07/08 is estimated to be \$0.00 .
- 4) The cumulative cost per rehabilitated housing per housing unit, from these actions for \*\*FY07/08 is estimated to be \$0.00 .

\_\_\_\_\_  
Date \_\_\_\_\_  
Witness \_\_\_\_\_

Jack Byrd  
Date 8/11/08  
Chief Elected Official

Jack Byrd, Chairman  
\_\_\_\_\_  
(Type) Name and Title

\_\_\_\_\_  
Date \_\_\_\_\_  
Witness \_\_\_\_\_

  
\_\_\_\_\_  
County/City Administrator  
(whichever applies)  
\_\_\_\_\_  
(Type) Name and Title

Or

[Signature]  
Date 8/11/08  
Attest (Seal)

Note: This form will be utilized beginning with \*\*FY 2003/2004

\* 163.3164(7) of the Florida Statutes: "Development order" means any order granting, denying, or granting with conditions an application for a development permit. 163.3164(8) of the Florida Statutes: "Development permit" includes any building permit, zoning permit, subdivision approval, rezoning, certification, special exception, variance, or any other official action of local government having the effect of permitting the development of land.

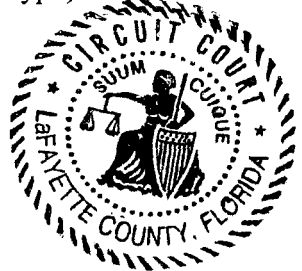
# CERTIFICATION

On behalf of Lafayette County, I hereby certify that the information presented  
(NAME OF LOCAL GOVERNMENT)  
herein is true and accurate as of the date of submission.

\_\_\_\_\_  
Date 8/11/08  
Witness Jack Byrd  
Chief Elected Official or Designee

\_\_\_\_\_  
Date \_\_\_\_\_  
Witness Jack Byrd, Chairman  
(Type) Name and Title

Or  
\_\_\_\_\_  
Attest (Seal) 8/11/08



## GENERAL INFORMATION

Name of Person to call regarding the **Annual Report** Form:  
Frances L. Terry

Telephone Number: (386) 362-4115 ext. 222

SHIP AR/07