

FORM 3: Household Characteristics

Section 420.9075(9)(a), F.S.

FLORIDA HOUSING FINANCE CORPORATION

SHIP PROGRAM ANNUAL REPORT

Fiscal Year: 2004/2005

Submittal Date:

15-Sep-05

NAME OF LOCAL ENTITY: Pembroke Pin

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

Provide information for head of household only.

Strategy Description <small>(List Unincorporated and each Municipality with activity)</small>	Number of Households/ Units Produced				Characteristics/Age (Head of Household)					Family Size				Race (Head of Household)							Special Needs (Any Member of Household)						
	Very Low	Low	Mod.	Total	0-25	26-40	41-61	62+	Total	1 person	2-4	5+	Total	White	Black	Hispani	Asian	Amer. Indian	Other	Total	Farm Worker	Devel. Disabled	Homeless	Elderly	Special Needs:(define)	Special Target Group:(define)	
A	B				C					D				E							F						
Residential Rehabilitation	0	1	0	1	0	1	0	0	1	0	1	0	1	0	0	1	0	0	0	1							
Foreclosure Prevention	0	0	1	1	0	1	0	0	1	0	1	0	1	1	0	0	0	0	0	1							
TOTALS	0	1	1	2	0	2	0	0	2	0	2	0	2	1	0	1	0	0	0	2							

(Use additional pages as necessary)
SHIP AR/02-1

**FLORIDA HOUSING FINANCE CORPORATION
SHIP PROGRAM ANNUAL REPORT
Name of Local Entity: PEMBROKE PINES**

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: **EXPEDITED PERMITTING**

B. Adopting Ordinance or Resolution Number or identify local policy: **RESOLUTION NO. 94-R-62**

C. Implementation Schedule (Date): **MAY 4, 1994**

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

E. Status of Strategy - (Is the strategy functioning as intended, ie., are time frames being met, etc.). **THE STRATEGY IS FUNCTIONING AS INTENDED. ALL TIME FRAMES ARE BEING MET. PERMITS FOR HOUSING REHABILITATION OFTEN ISSUED THE SAME DAY.**

2. Attach a concise description of the support services that are available to the residents of affordable housing.
THE CITY PROVIDES AFFORDABLE HOUSING CLIENTS FREE HOMEOWNERSHIP COUNSELING, HOME BUYER WORKSHOPS, FREE CREDIT AND BUDGETING COUNSELING, BI-LINGUAL SERVICES, AND REFERRALS TO OTHER AVAILABLE HOUSING SERVICES. THE CITY ALSO PARTNERS WITH LENDERS, CHURCH GROUPS, REALTORS TITLE COMPANIES, ET.
3. Attach such other data or unique affordable housing accomplishments considered significant by your Agency. (Success Stories, newspaper clippings, etc.)
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.

NOTICE OF AVAILABILITY OF ANNUAL REPORT FOR PUBLIC INSPECTION, AND REQUEST FOR COMMENTS WAS POSTED ON CITY BULLETIN BOARDS AND THE CITY'S WEBSITE.

5. Mortgage Default or Foreclosure:

- A. Since State fiscal year 1992-93, 66 mortgages have been made to very low income households with 1 in default.
- B. Since State fiscal year 1992-93, 251 mortgages have been made to low income households with 5 in default.
- C. Since State fiscal year 1992-93, 75 mortgages have been made to moderate income households with 1 in default.
- D. Total default rate for all mortgages 1.8%.

6. Describe how eligible sponsors (if applicable) that employed personnel from welfare to work programs. **N/A**

7. List strategies and give the average cost of production.
**SPECIAL NEEDS: \$0.00
RESIDENTIAL REHABILITATION: \$24,958.15
PURCHASE ASSISTANCE: \$0.00
FORECLOSURE PREVENTION: \$2,519.52**

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SHIP PROGRAM ANNUAL REPORT
Name of Local Entity: PEMBROKE PINES**

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A. Incentive Strategy: **ESTABLISHMENT OF A PROCESS FOR ADOPTION OF POLICIES, ORDINANCES, PROCEDURES, ETC.**

B. Adopting Ordinance or Resolution Number or identify local policy: **THE CITY HAS AN ESTABLISHED PROCESS SET FORTH IN THE CITY'S CODE OF ORDINANCES, SECTION 30.00 et.:**

C. Implementation Schedule (Date): **MAY 4, 1994**

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

E. Status of Strategy - (Is the strategy functioning as intended, ie., are time frames being met, etc.). **THE STRATEGY IS FUNCTIONING AS INTENDED. ALL TIME FRAMES ARE BEING MET. PERMITS FOR HOUSING REHABILITATION OFTEN ISSUED THE SAME DAY.**

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A. Incentive Strategy: **REDUCTION OF PARKING AND SETBACK REQUIREMENTS**

B. Adopting Ordinance or Resolution Number or identify local policy: **RESOLUTION NO. 2246**

C. Implementation Schedule (Date): **MAY 4, 1994**

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

E. Status of Strategy - (Is the strategy functioning as intended, ie., are time frames being met, etc.). **THE STRATEGY IS FUNCTIONING AS INTENDED. ALL TIME FRAMES ARE BEING MET. PERMITS FOR HOUSING REHABILITATION OFTEN ISSUED THE SAME DAY.**

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A. Incentive Strategy: **ALLOWANCE OF ZERO-LOT LINE CONFIGURATIONS**

B. Adopting Ordinance or Resolution Number or identify local policy: **CODE OF ORDINANCES, SECTION 155.108**

C. Implementation Schedule (Date): **MAY 4, 1994**

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