

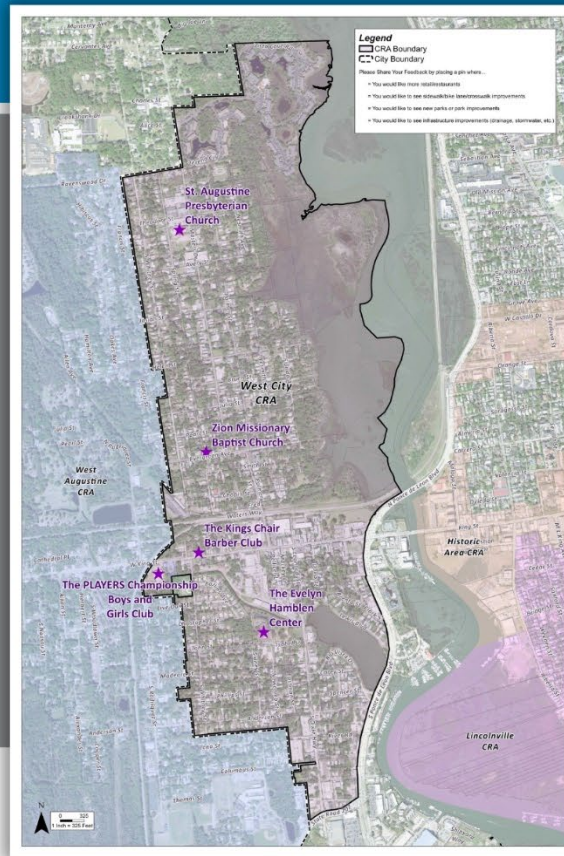
# West City Community Redevelopment Area (WCCRA)

# REVIVE & RESTORE

## *Residential Repair Grant Program*

### **APPLICATION PACKET**

Revitalizing  
Homes



Strengthening  
Community



CITY OF ST AUGUSTINE  
**COMMUNITY  
REDEVELOPMENT  
AGENCY**





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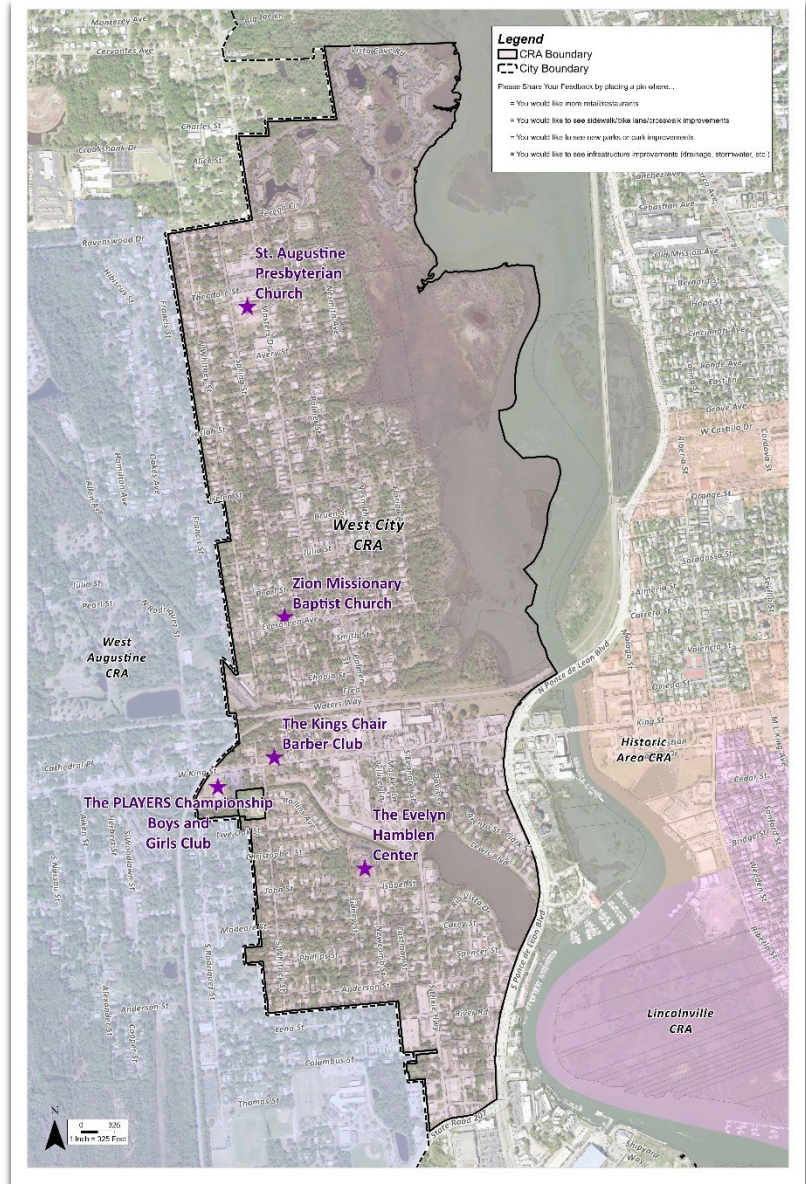


## Program Summary

The Revive & Restore Residential Repair Grant Program is the first redevelopment initiative in the City of St. Augustine's West City Community Redevelopment Area (WCCRA) since its establishment on April 22, 2024. One of the broad strategic goals toward community stabilization specified in the WCCRA Redevelopment Plan is to foster a stable housing stock through the establishment of a residential rehabilitation and repair program.

The Revive & Restore program provides income-qualified, owner-occupied households with grant funding of up to \$25,000 to complete essential health and safety repairs. The goal of the program is to provide assistance to residents that may have more obligations than resources. The program is also designed to benefit long-term residents living in the West City community who may be experiencing challenges related to the increase of property taxes which may be directly related to the significant presence of urban renewal or demographic changes.

CRA staff will inspect the potential project site prior to and following completion of repair work, review the scope of work, review and approve proposed materials, and sign off on final repair work. Construction services will be provided by a qualified contractor procured by City of St Augustine/CRA staff.



## Program Qualifications

The WCCRA Revive & Restore Grant Program is specifically designated for health and safety repairs on residential property that is situated within the West City Community Redevelopment Area (WCCRA). Applicants must meet the income qualifications outlined in the chart below. Applicants' net income should not exceed the 80 percent low-income threshold based on household size.

2025 Gross Income Limits Adjusted to Family Size Based on Area Median Income of \$102,500			
Persons Per Household	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)
1	\$21,550	\$35,900	\$57,400
2	\$24,600	\$41,000	\$65,600
3	\$27,700	\$46,150	\$73,800
4	\$32,150	\$51,250	\$82,000
5	\$37,650	\$55,350	\$88,600
6	\$43,150	\$59,450	\$95,150
7	\$48,650	\$63,550	\$101,700
8	\$54,150	\$67,650	\$108,250
Florida Housing Finance Corporation (FHFC) income limits are based upon figures provided by the United States Department of Housing and Urban Development (HUD) and are subject to change. Updated schedules will be provided when changes occur.			

### Additional Qualifications Include:

- Property must be owner occupied. If property owner has been displaced, they must intend to return to the property upon completion of repairs. Applicant will be required to complete an affidavit.
- Property must be homesteaded.
- Property taxes must be current.
- Applicant must complete a third-party income verification form.
- Applicant must submit a completed application inclusive of signed lien and all other requested documents (ex: photo ID, social security card, bank statements, etc.).

All interested parties must sign the lien agreement. For applications with complicated title issues, staff will complete a risk assessment with the City Attorney's office to determine signees, and potential approval of non-standard applications.

## Grant Program Guidelines

The program will allow grant award recipients to receive up to \$25,000 for eligible residential health and safety repairs. CRA staff will establish a scope of work following a preliminary site inspection with the homeowner. A final scope will be identified following the contractor's inspection. The final application approval will occur following administrative approval by the City's Building Official, Historic Preservation Officer, and Community Services Director. The intent of the grant program is the remediation of structures with health and safety concerns as well as to retain long-term residents and allow those residents the ability to age in place.

- Up to \$25,000 grant award per home<sup>1</sup>.
- Home must be located in the West City Community Redevelopment Area.
- Applicants must meet all Revive & Restore Program requirements.
- Eligible properties must be single-family, owner-occupied.
- Previous award recipients may reapply for the grant program to obtain any remaining funds within the \$25,000 maximum amount. CRA staff will determine remaining funds available based on previously approved applications<sup>2</sup>.
- Awards of \$10,000 to \$25,000 will require a ten (10) year lien.
- Award recipients are not required to make any payments toward the grant award; however, if the homeowner sells, refinances, or transfers the title<sup>3</sup>, the *amortized* grant amount will be required to be repaid in full.
- The amortized amount will be determined by CRA staff. For scenarios where repayment is necessary, the grant award value will decrease in equal amounts each year based on the time period of the lien. *For Example: If the award is \$25,000 and the lien is 10 years, a total of \$2,500 will automatically deduct each year. If the property owner decides to sell or refinance the property with 5 years remaining on the lien, they will be required to make a repayment of \$12,500. The year is determined by the month and calendar year that the lien was established/signed.*
- All applicants must submit a new application and supporting documents each time they apply for a grant award.

<sup>1</sup> If an applicant has previously received grant funds through the Revive & Restore Program and has completed a repayment of the grant award amount; they may qualify for a new award if program changes are administered.

<sup>2</sup> Prior award recipients may be required to be placed on a waiting list to allow applicants who have never received an award the opportunity to apply.

<sup>3</sup> The transfer of title to a surviving family member where there is no monetary exchange may not require the repayment of the grant award.

## Critical Item Repair List

**Note:** The items identified on this list shall determine if a qualified applicant's residential repair is deemed urgent or a priority repair. This list will only be initiated in the event that a returning applicant and a first-time applicant submits their application during the same time period, or if a wait list has been implemented due to funding challenges.

List is not in order of priority.

### Critical Repair Items:

- Roofing repair or new installation
- HVAC repair or new installation
- Plumbing issues related to water access, quality, sanitation, or high utility bills
- Plumbing issues causing residential damage; leaks, broken pipes, damage to foundation
- Electrical issues that cause immediate danger to the homeowner and/or risk of fire
- Accessibility; relative to medical equipment, medical condition, or security
- Emergency repairs as a result of a natural disaster, causing immediate danger or displacement

Applicants may have the critical item repaired and still be placed on the waitlist for additional non-critical or priority repairs. Repairs may be short-term resolutions until funding is available to complete the critical repair, i.e. placing a tarp on a roof to prevent leaks until a vendor is mobilized and materials are acquired.

## WCCRA Revive & Restore Application Checklist

### ☒ Checklist of documents to provide with application packet

#### Documents applicant provides with packet:

- ☐ Photocopy of Driver's License and Social Security card
- ☐ Income verification- supply all applicable documents for:
  - ☐ Last two months pay stubs if employed
  - ☐ Current copy of Social Security and/or SSI award letter
  - ☐ Pension or retirement benefits letter
  - ☐ Disability, unemployment, worker's compensation
  - ☐ Cash Issuance Determination and Child Support/Alimony
- ☐ Most recent mortgage statement
- ☐ Last three months bank statements from each bank account
- ☐ Agent's Authorization form if Owner has authorized an agent to act on his/her behalf
- ☐ Documentation and photographs related to the historical background of the structure for which you are requesting rehabilitation assistance

#### Document forms provided for applicant signature:

- ☐ Completed and signed Revive & Restore Housing Repair Grant Application form
- ☐ Signed Income Limits form
- ☐ Signed Authorization to Release Information form
- ☐ Signed Consent and Release form
- ☐ Signed Grievance/Appeal form
- ☐ Signed Authorization to place Revive & Restore sign on property during construction form
- ☐ Signed Release of Liability form

## WCCRA Revive & Restore Grant Application

### Applicant Information:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

	Applicant	Co-Applicant (if applicable)
	<b>Please circle ethnicity:</b> <u>White/Caucasian</u> <u>African American</u> <u>Latino/Hispanic</u> <u>Asian</u> <u>Native American</u> <u>Other</u> <u>Prefer not to say</u>	<b>Please circle ethnicity:</b> <u>White/Caucasian</u> <u>African American</u> <u>Latino/Hispanic</u> <u>Asian</u> <u>Native American</u> <u>Other</u> <u>Prefer not to say</u>
<b>Full Name:</b>		
<b>SSN:</b>		
<b>Phone:</b>		
<b>Email:</b>		
<b>DOB:</b>		
<b>Address:</b>		

### Applicant Income Information (specify if income source is child support, alimony, employment, SSI, unemployment, etc.)

Source	Monthly Gross Amount
	\$
	\$
	\$

### Co-Applicant Income Information (specify if income source is child support, alimony, employment, SSI, unemployment, etc.)

Source	Monthly Gross Amount
	\$
	\$
	\$

### Other Household Members (indicate if household member is a student)

Name	DOB	Relationship	Income Source	Monthly Gross
				\$
				\$
				\$



### Applicant Asset Data

Asset Description (checking/savings acct, rental property, etc.)	Cash Value	Income from Asset

### Co-Applicant Asset Data

Asset Description (checking/savings acct, rental property, etc.)	Cash Value	Income from Asset

I/We, the applicant(s), certify that all information in this application and all information furnished in support of this application is true and complete to the best of my/our knowledge and belief. Should it be found that I/we willfully falsified any information upon which eligibility was determined, I/we will be considered in breach, and I/we shall be required to return any sums expended by the City of St Augustine/Community Redevelopment Agency (City/CRA) on my/our behalf, including any legal fees incurred during the verification process and administrative costs.

\_\_\_\_\_  
Applicant Signature                      Date                      Co-Applicant Signature                      Date

I/We understand and agree that by receipt of assistance from the City of St Augustine/Community Redevelopment Agency of my/our property, a lien will be placed against my property. At the end of the specified time period of the lien a Satisfaction of Lien will be issued by the City/CRA.

\_\_\_\_\_  
Applicant Signature                      Date                      Co-Applicant Signature                      Date

<b>Internal City Staff Use Only:</b>	This Application's Grant Award \$ _____ Date: _____
Approved: Yes ____ No ____	CS Director Approval: _____
Previous Awarded Grant(s):	\$ _____ \$ _____ \$ _____

### Explanation of Repairs Requested

Exterior of Home	
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Interior of Home	
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**\*Note: Thorough inspection by CRA staff will be scheduled to determine a final Scope of Work. Work will be prioritized based on health/safety and available funds.**

## 2025 Income Limits

<b>2025 Gross Income Limits</b> <b>Adjusted to Family Size</b> <b>Based on Area Median Income of \$102,500</b>			
<b>Persons Per Household</b>	<b>Extremely Low Income (30%)</b>	<b>Very Low Income (50%)</b>	<b>Low Income (80%)</b>
<b>1</b>	<b>\$21,550</b>	<b>\$35,900</b>	<b>\$57,400</b>
<b>2</b>	<b>\$24,600</b>	<b>\$41,000</b>	<b>\$65,600</b>
<b>3</b>	<b>\$27,700</b>	<b>\$46,150</b>	<b>\$73,800</b>
<b>4</b>	<b>\$32,150</b>	<b>\$51,250</b>	<b>\$82,000</b>
<b>5</b>	<b>\$37,650</b>	<b>\$55,350</b>	<b>\$88,600</b>
<b>6</b>	<b>\$43,150</b>	<b>\$59,450</b>	<b>\$95,150</b>
<b>7</b>	<b>\$48,650</b>	<b>\$63,550</b>	<b>\$101,700</b>
<b>8</b>	<b>\$54,150</b>	<b>\$67,650</b>	<b>\$108,250</b>
Florida Housing Finance Corporation (FHFC) income limits are based upon figures provided by the United States Department of Housing and Urban Development (HUD) and are subject to change. Updated schedules will be provided when changes occur.			

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Staff Certification

Date

---

Applicant Signature

Date

---

Community Services Director

Date

---

Co-Applicant Signature

Date



## Authorization to Release Information

I, \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_ to release without liability, information regarding my employment, income, and/or assets to the City of St Augustine/Community Redevelopment Agency (City/CRA), for the purposes of verifying information provided as part of determining eligibility for assistance under the Revive & Restore program. I understand that only information necessary for determining eligibility can be requested.

I authorize you to provide to the City of St. Augustine/Community Redevelopment Agency for verification purposes the following applicable information:

- Past and present employment or income records
- Bank account, stock holdings and any other asset balances
- Retirement and/or Pension Institutions
- Social Security Administration
- Alimony/Child Support Providers
- State Unemployment Agency
- Welfare Agency
- Veteran's Administration

This Authorization Form may be photocopied, and all copies shall be as effective as those containing my/our original signature(s) dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Co-Applicant Printed Name





## Consent and Release

### Use of Photographic, Video, and Film Images

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

I understand that I may be photographed or videotaped by the City of St. Augustine and its Community Redevelopment Agency (CRA) in connection with the West City Revive & Restore Grant and/or Institutional Rehabilitation Programs. Photo, video, and film images of me and/or my property may be used by the City of St. Augustine and its CRA for governmental purposes including social media posts, reports, press releases, official websites, posters, information pamphlets, and newsletters, and I authorize this use. I also understand that these images will become public records.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### City of St. Augustine/St. Augustine Community Redevelopment Agency Witness

I, \_\_\_\_\_ (City/CRA official) did witness  
\_\_\_\_\_ (name of person being photographed), sign  
this authorization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
City/CRA Official Signature



## Authorization to Display Revive & Restore Sign on Property

**Grantee Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

I, \_\_\_\_\_ agree to allow the City of St Augustine’s Community Redevelopment Agency to place a Revive & Restore sign on my property for the duration of the project.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Co-Applicant Printed Name



## Grievance/Appeal Waiver

**Grantee Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

I, \_\_\_\_\_ understand I have ninety (90) days from the Completion of Work form date to submit a grievance/appeal to the CRA for unsatisfactory work completed on the property at:

\_\_\_\_\_. If a grievance is submitted, Community Redevelopment Agency (CRA) staff will review the complaint and make a determination regarding the issue(s) reported. I also understand if I do not submit a grievance within the ninety (90) days of the completion period, I am no longer eligible to file a complaint and agree that the work is satisfactorily completed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Co-Applicant Printed Name



## Release of Liability

I, the undersigned, do authorize and agree that the repairs will be made to my residence at:

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Address	City/State	Zip Code
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The City of St Augustine must follow state and local guidelines and must work within funding limitations. In some cases, not all work that a homeowner wants can always be accomplished. Authorized repairs are prioritized based upon health and safety. The intent of the grant program is the remediation of dilapidated structures as well as to retain long-term residents and allow those residents to age in place.

In addition, I do hereby for myself, my heirs or personal representative, assigns, or any other person claiming under me, remise, waive, release, forever discharge, and agree to indemnify and hold harmless the City of St Augustine, its employees and contractors as causes of actions, damages, claims of negligence, and demands whatsoever may be acquired by reason of injury, damage, or harm to me or my property which may occur directly or indirectly as a result of any activity in connection with the City of St. Augustine Community Redevelopment Agency's Revive & Restore Program.

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Applicant Signature	Date
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---

Co-Applicant Signature	Date
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---

Applicant Printed Name

---

Co-Applicant Printed Name

---

Witnessed	Date
-----------	------

---

Witness Printed Name

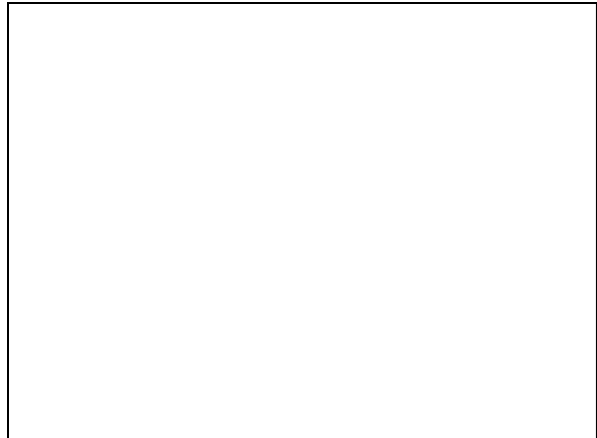




Mortgage Lien Document Begins on Next Page

This instrument was prepared under the  
direction and supervision of Isabelle C. Lopez,  
City Attorney,  
P.O. Box 210, St. Augustine, Florida 32085

**UNDER THE CITY OF ST. AUGUSTINE  
EMERGENCY ASSISTANCE  
REHABILITATION PROGRAM  
EXEMPT PER F.S. 201.24**



**SECURITY AGREEMENT / MORTGAGE LIEN**

THIS INDENTURE, made this \_\_\_\_\_ day of \_\_\_\_\_, 2025,  
between \_\_\_\_\_, whose mailing address is \_\_\_\_\_,  
**St. Augustine, Florida 32084** and whose street address of the property described below is

**XXXXXXXXXX according to the plat thereof in the public records of St. Johns  
County, Florida**

**Also Known As: XXXXXXXX**

hereinafter referred to as "OWNER" (OWNER refers to singular or plural as the  
context requires), and the **CITY OF ST. AUGUSTINE COMMUNITY REDEVELOPMENT  
AGENCY** (hereinafter referred to as "CRA") and the **CITY OF ST. AUGUSTINE, FLORIDA**  
(hereinafter referred to as "CITY").

W I T N E S S E T H:

**WHEREAS**, the CITY through its St. Augustine Community Redevelopment Agency  
(CRA) has made available to OWNER under its Emergency Assistance Rehabilitation  
Program, funds to be used for housing repair, primarily to encourage continued  
homeownership for very-low, low, or moderate-income participants within the Lincolnville  
Community Redevelopment Area; and

**WHEREAS**, the parties hereto wish to preclude speculation and windfall profits from  
the sales of properties assisted with such funds.

**NOW, THEREFORE**, in consideration of the provision of financial assistance to the  
OWNER for housing repairs and/or rehabilitation assistance on the property hereinafter  
described subject to the terms and conditions hereinafter provided, the OWNER has  
mortgaged, granted, and conveyed to CITY the land situate, lying and being in the County of  
St. Johns, City of St. Augustine, State of Florida, described in **EXHIBIT "A"** attached hereto  
and incorporated herein, hereinafter referred to as "PROPERTY", together with all  
improvements, replacements, and additions now or hereafter erected on the PROPERTY,  
and all easements, appurtenances, and fixtures now or hereafter a part of the PROPERTY,  
the said OWNER does hereby fully warrant the title to said PROPERTY and will defend the  
same against the lawful claims of all persons whomsoever.

SUBJECT, HOWEVER, to the following terms and conditions each of which the OWNER hereby accepts and agrees to:

1. The City of St. Augustine Emergency Assistance Rehabilitation Program's funds in the amount of \_\_\_\_\_ and \_\_\_\_/100 (\$\_\_\_\_\_) dollars have been provided to or for the benefit of the OWNER to assist in the rehabilitation of the PROPERTY, the receipt whereof is hereby acknowledged by OWNER.
2. OWNER agrees that OWNER occupies and shall occupy the PROPERTY as his or her principal and primary place of residence for a period of at least \_\_\_\_ (X) years from the date of this document.
3. For a period of \_\_\_\_ (X) years from the date of this document, if the PROPERTY shall be sold, refinanced, or transferred, or in the event of the owner's death, the OWNER, or OWNER'S estate, shall repay to the CRA/CITY the financial assistance provided to OWNER under the CRA/CITY Emergency Assistance Rehabilitation Program immediately upon the sale, refinance, or transfer of the PROPERTY.
4. Paragraph 3 of this agreement regarding transfer of the subject PROPERTY shall not apply to a transfer from the OWNER to the OWNER'S spouse or ex-spouse pursuant to a court order as part of a divorce action; but if transferred to an OWNER'S spouse or ex-spouse, the agreements contained herein shall run with title to the land and, thereafter, be applicable to any transfer made by the OWNER'S said spouse or ex-spouse.
5. OWNER understands and agrees that this agreement shall be recorded in the office of the Clerk of the Circuit Court in and for St. Johns County, Florida, and its obligations thereof shall run with title to the PROPERTY and shall encumber and burden title to the PROPERTY.
6. THE OWNER UNDERSTANDS AND AGREES THAT THIS INSTRUMENT SHALL PLACE A MORTGAGE LIEN UPON OWNER PROPERTY DESCRIBED HEREIN ABOVE AND THIS AGREEMENT SHALL BE BINDING UPON THE HEIRS, DEVISEES, SUCCESSORS, AND ASSIGNS OF THE OWNER.
7. In any instance where OWNER endeavors to refinance existing or obtain new mortgage(s) that are being secured by the PROPERTY, this Security Agreement may NOT be subordinated, unless agreed to in writing by the CRA/CITY.
8. The OWNER further understands and agrees that any benefit received by OWNER as a result of false or misleading information submitted to CRA/CITY or its independent contractors shall be paid back to the CRA/CITY by the OWNER immediately upon discovery of same.
9. All obligations and conditions herein that are applicable to OWNER are secured by this mortgage lien PROVIDED that if the OWNER shall meet or pay all obligations described herein and, in the COVENANT, and shall comply with all conditions and perform all agreements set forth herein, then this mortgage lien and the estate hereby created shall cease and be null and void after a period of \_\_\_\_ (X) years from the date of this document.

**IN WITNESS WHEREOF**, OWNER has executed this instrument under seal on the day and year first above written.

**“OWNER”**

Signed, sealed and delivered  
in the presence of:

\_\_\_\_\_  
Signature

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Address  
\_\_\_\_\_

\_\_\_\_\_  
Witness

Print: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

Print: \_\_\_\_\_

\_\_\_\_\_  
Address

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY that on this day, personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, \_\_\_\_\_, by means of ☐ physical presence or ☐ online notarization, who is personally known to me or who has produced \_\_\_\_\_ as identification, who is the person described in and who executed the foregoing instrument and who acknowledged before me that he/she executed the same for the uses and purposes therein expressed.

Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
Notary Public, State of Florida

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY:  
\_\_\_\_\_

CITY ATTORNEY

TO REIMBURSE THE CRA/CITY FOR THE NO-INTEREST LOAN AND TO CLEAR THE TITLE OF THIS LIEN, CONTACT CITY OF ST. AUGUSTINE COMMUNITY REDEVELOPMENT AGENCY. CASHIER'S CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO CITY OF ST. AUGUSTINE, FLORIDA FOR REPAYMENT OF THE CITY OF ST. AUGUSTINE CRA EMERGENCY ASSISTANCE REHABILITATION PROGRAM LIEN.



**SECURITY AGREEMENT / MORTGAGE  
PROMISSORY NOTE**

Applicant(s) Names(s): **XXXXXX XXXXX**  
Property Address: **XXXXXXXXXX**  
**St. Augustine, Florida 32084**

**TOTAL AMOUNT:** \$ \_\_\_\_\_

FOR VALUE RECEIVED, and as payment for certain Fix-It-Up Housing Repair Grant Program funds on premises located at \_\_\_\_\_, St. Augustine, Florida 32084, the undersigned, jointly and severally, promises to pay to the order of: **CITY OF ST. AUGUSTINE**, P.O. Box 210, St. Augustine, Florida 32085, or elsewhere as the holder hereof may from time to time require, the principal sum of

\_\_\_\_\_ and \_\_\_\_/100  
(\$ \_\_\_\_\_) **Dollars**. Said principal shall be paid at closing upon the sale of the Property, if the Property is sold less than \_\_\_\_ ( ) **years** from the date of this Note. This Note becomes null and void \_\_\_\_ ( ) **years** from the date it is executed.

This Note is secured by and subject to the terms of the Security Agreement/Mortgage Lien of even date herewith.

**IN WITNESS WHEREOF**, OWNER has executed this instrument under seal on the  
day and year first above written.

**“OWNER”**

Signed, sealed and delivered  
in the presence of:

Signature \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Address  
\_\_\_\_\_

\_\_\_\_\_  
Witness

Print: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

Print: \_\_\_\_\_

\_\_\_\_\_  
Address

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing Security Agreement/Mortgage Promissory Note was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who [ ] is personally known to me or who [ ] has produced \_\_\_\_\_ as identification and who [ ] did or [ ] did not take an oath.

\_\_\_\_\_  
Notary Public, State of Florida  
(SEAL)

**EXHIBIT "A"**

**XXXXXXXXXXXX, according to the plat thereof in the public records of St. Johns County,**