



# HEIRSHIP RESOLUTION ASSISTANCE PROGRAM

**2025-2026**

Version 1.2

CRA Board Approved 2026.04.02





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## COMMUNITY REDEVELOPMENT AGENCY: MISSION STATEMENT

The Haines City Community Redevelopment Agency (CRA) is dedicated to preserving, unifying, and nurturing the heart of Florida by providing visionary leadership and inspiration for the revitalization within the designated CRA districts. Through the strategic use of tax increment financing (TIF) and other available resources, we aim to eliminate slum and blight while fostering economic growth, community development, and vibrant public spaces. We are committed to actively engaging the community, encouraging collaboration, and seeking input to build a shared sense of pride and investment among residents and businesses. Together, we will create a thriving, unified, and resilient community that celebrates its heritage and embraces its future.

## INTRODUCTION

Enacted by Ordinance No. 770 on April 19, 1990, the City of Haines City Community Redevelopment Agency (CRA) was established to foster economic growth, enhance community well-being, and promote equitable development. The ordinance was later amended by Resolution No. 558 on April 4, 1991 and created CRA district #47 (today recognized as #327 by the Polk County Property Appraiser). In 2001, a second CRA district (#46; today recognized as #328 by the Polk County Property Appraiser) was established, which, at the time, nearly incorporated the entire city – significantly expanding the CRA boundaries.

Since its enactment, the CRA's mission has not changed, and today, it radiates stronger than ever. Its dedication to revitalizing neighborhoods, supporting businesses, and creating vibrant, inclusive spaces where residents and industries have access to opportunities and resources has remained unwavering. Through strategic partnerships and innovative initiatives, the CRA aims to build a sustainable future that reflects the diversity and needs of the community.

## PROGRAM OVERVIEW

The Haines City CRA is pleased to introduce the 2025-2026 Heirship Resolution Assistance Program (HRAP). This program is designed to support residents in resolving ownership issues related to inherited properties that remain in the name (or in the estate) of a deceased relative. Many families are unable to access public resources, home repair assistance, or financing due to unresolved probate or "tangled title" situations. The HRAP offers financial and legal assistance to help residents secure clear legal title, stabilize property ownership, and preserve generational wealth.

Upon the successful completion of the probate process and the legal transfer of a clear title, the subject residential property shall immediately become qualified and scheduled for rehabilitation in accordance with all parameters, guidelines, requirements, and agreements set forth in the Haines City CRA's Residential Rehabilitation Grant Program (see the Residential Rehabilitation Grant Program for full details).



## DEFINITIONS

<b><u>Term</u></b>	<b><u>Definition</u></b>
<b>Award</b>	The formal approval or recognition granted to an applicant for the allocation of funds and resources pertaining to the parameters of the Heirship Resolution Assistance Program. Applicant(s) that receive an award will be notified by an award letter that will contain the next steps.
<b>Litigation</b>	The legal process of resolving disputes through the court system, typically involving the filing of a lawsuit and its subsequent progression through the judicial process. It encompasses various stages, from initiating a case with a complaint to potential discovery, motions, and ultimately, a trial or settlement.
<b>Pending (Application)</b>	An application that has been submitted but is awaiting CRA review.
<b>Probate</b>	The court-supervised process for identifying and gathering the assets of a deceased person (decedent), paying the decedent’s debts, and distributing the decedent’s assets to his or her beneficiaries. In general, the decedent’s assets pay the probate proceeding’s cost, the decedent’s funeral expenses, then the decedent’s outstanding debts. The remainder of the assets is distributed to the decedent’s beneficiaries. You can find the Florida Probate Code in Chapters 731 through 735 of the Florida Statutes. You can find the rules governing Florida probate proceedings in the Florida Probate Rules, Part I and Part II (Rules 5.010-5.530).
<b>Qualified (Applicant)</b>	An application that meets all eligibility requirements and includes all necessary information and documentation. While applications may be deemed qualified, it does NOT guarantee approval for an award as this program is available on a “first come, first qualified, first served” basis as budgeted funding allows.

## GRANT MAXIMUM ALLOWANCE

Funding for the HRAP is available on a “**first come, first qualified, first served**” basis, and will remain active until the end of the 2026 fiscal year (September 30, 2026) or until the complete expenditure of budgeted funds for the 2026 fiscal year, whichever occurs first.

The maximum amount of assistance per parcel is up to ten thousand dollars (\$10,000.00), inclusive of all costs and fees. See the “Resident Eligibility Requirements” and “Program Policies” sections for further details.



Upon the successful completion of the probate process and the legal transfer of a clear title, the subject residential property shall be eligible for rehabilitation assistance with the maximum allowance stipulated in the Residential Rehabilitation Grant Program (see the Residential Rehabilitation Grant Program for full details).

### SCOPE OF QUALIFIED COVERAGE

The HRAP may cover the following costs\*:

- Probate filing and court fees.
- Attorney fees for uncontested probate matters.
- Title search and title certification.
- Recording and administrative costs.
- Affidavits, deeds, or other required legal documentation.
- Mediation services (if required for uncontested resolution).
- Heirship affidavits and estate documentation support.

\* Assistance is limited to cases that do not involve contested ownership or active litigation.

The following items **ARE NOT QUALIFIED**:

- Debt or taxes owed by the deceased.
- Travel expenses(s) for family member(s) or legal counsel.

### RESIDENT ELIGIBILITY REQUIREMENT

To qualify for assistance, the applicant must satisfy the following program requirements:

- The residence (parcel) must reside within the Haines City CRA district boundaries. Location eligibility will be verified via Polk County Property Appraiser (website: [www.polkpa.org](http://www.polkpa.org)). For general reference only, see “Appendix I,” Haines City Community Redevelopment Agency Map.
- The applicant(s) must demonstrate that they are the direct heir or legal beneficiary of the deceased property owner.
- One (1) beneficiary must reside in or demonstrate the intention to occupy the inherited property as their primary residence for three (3) years.
- The household income of the applicant(s) must not exceed 100% of the Area Median Income (AMI) Single Tier for Haines City, Florida for the current year the grant is effective (see Appendix II).
- The residence appraised value must not exceed \$250,000.00.



## NURTURING THE HEART OF FLORIDA

- The property must be conveyed free and clear of all liens and encumbrances, except for (i) any existing mortgage lien held by a recognized financial institution; and (ii) any lien, restriction, or encumbrance arising from or associated with a government-approved housing or financial assistance program.
- Applicant(s) must agree to participate in financial and estate planning education (if requested).
- Applicant(s) must provide the following original documents:
  - Completed HRAP application (inclusive of all applicable/required signatures).
  - Driver's License or Valid State of Florida Picture Identification
  - Social Security Card
  - One (1) year of the most recent income tax return
  - Seniors or Disabled who are not required to file income taxes must provide their most recent social security benefit letter that details their annual benefits.

All HRAP applications and required documents must be submitted by email or in person to the Haines City CRA staff located at:

Community Redevelopment Agency | Haines City  
303 Ledwith Avenue, Haines City, FL 33844  
Phone: 863-421-3600 ext. 5375 | Email: [CRainfo@hainescity.com](mailto:CRainfo@hainescity.com)

### PROGRAM POLICIES

- Any attorney contracts or court proceedings that are in progress or underway prior to the issuance of the award will not be funded.
- The property associated with the application will be checked for liens and encumbrances.
- It is not the intent of the Haines City CRA to engage in any activity that requires vacating the property. Applicant(s) acknowledge that the CRA will not pay for any relocation expenses.
- Only the applicant(s) or designated alternate contact (as provided in the Heirship Resolution Assistance Program application) may contact the CRA staff, unless a designated power of attorney is applicable.
- Applicant(s) shall obtain, read, and acknowledge understanding of all aspects of the Heirship Resolution Assistance Program.
- Applicant(s) acknowledge that all eligibility requirements must be satisfied to be considered qualified for the Heirship Resolution Assistance Program.
- Applicant(s) acknowledge that applications will not be processed if incomplete or missing required program documentation.
- Applicant(s) acknowledge that Haines City CRA will verify information provided in the program application and associated required program documentation internally, through trusted third-party source(s), and/or site visits.



## NURTURING THE HEART OF FLORIDA

- Applicant(s) acknowledge that if the CRA has previously awarded grantees, they may either be ineligible for additional funding under this program or their eligible maximum funding will be equivalent to ten thousand dollars (\$10,000) minus the amount of funding previously received.
- The Heirship Resolution Assistance Program shall be available to anyone meeting the eligibility requirements, and no one shall be denied the benefits of said program because of race, color, religion, sex, national origin, age, handicap, or marital status.
- The Heirship Resolution Assistance Program funds will be paid directly to legal counsel for approved casework. No funds will be released to the grantee(s) for any reason.
- Applicant(s) approved for participation in the Heirship Resolution Assistance Program (HRAP) shall be responsible for selecting and retaining a licensed attorney to represent them in all legal matters associated with probate and title resolution. The selected attorney shall be identified by the applicant(s) and submitted to the CRA, along with complete and accurate contact information, prior to the initiation of any legal services under the program.
- The applicant-selected attorney must complete and execute a Program Attorney Certification, acknowledging their understanding of and agreement to comply with all applicable program guidelines, policies, procedures, and funding limitations. This certification shall include, but not be limited to, acknowledgment of the scope of eligible services, billing requirements, communication expectations, and compliance with all federal, state, and local laws governing the program. No legal services shall be eligible for reimbursement or payment under the HRAP until such certification has been fully executed and accepted by the CRA. Upon execution and acceptance of the Program Attorney Certification, the applicant-selected attorney shall be formally recognized as the “Program Attorney” for the applicant’s case. The Program Attorney shall serve as the primary legal representative for the applicant(s) under the HRAP and shall coordinate directly with the CRA for all program-related matters. The CRA reserves the right to reject any attorney who fails to meet program requirements or refuses to execute the required certification.
- Haines City CRA does not and will not warrant or guarantee the outcome for any work completed, nor will the Haines City CRA be responsible for any claim for damage or repair.
- Applicant(s) acknowledge full responsibility for any work that exceeds the maximum grant amount.
- Applicant(s) must be at least eighteen (18) years of age. By submitting an application, the applicant(s) affirm that they meet this age requirement. Applications submitted by minors will be deemed void and will not be processed. Applications submitted on behalf of a minor are permitted only if the applicant(s) provide valid evidence of legal guardianship. Acceptable documentation includes, but is not limited to, court orders, adoption certificates, or notarized legal guardianship agreements.
- Upon the successful completion of the probate process and the legal transfer of a clear title, the subject residential property shall immediately become qualified and scheduled for rehabilitation in accordance with all parameters, guidelines, requirements, and agreements set forth in the Haines City CRA’s Residential Rehabilitation Grant Program (see the Residential Rehabilitation Grant Program for full details).



## GENERAL PROGRAM PROCEDURE

Upon receipt of all required program documents, the following general procedure will occur:

1. Program application and associated required documentation will be reviewed by Haines City CRA internally, through trusted third-party source(s), and/or site visits to verify information provided is complete and correct.
2. Applicant(s) will be notified regarding their eligibility to participate in the program. This notification does not indicate an award, but only that the applicant is qualified to be considered for an award.
3. Upon approval, the applicant shall be required to select and retain an attorney and provide the attorney's contact information to the CRA. Following CRA acknowledgment and execution of the required Program Attorney Certification, the designated Program Attorney will contact the applicant to schedule an initial consultation, during which the attorney will review the case details, provide legal counsel, and determine the appropriate legal actions, if any, to be initiated.
4. The Program Attorney will assist the applicant(s) in identifying all family members with a potential interest in the property, including their names, addresses, and respective ownership percentages.
5. Upon acquiring all necessary information, the Program Attorney will file the appropriate pleadings with the court and/or record the appropriate documents with the Polk County Clerk of Court.
6. Upon the successful completion of the probate process and the legal transfer of a clear title, the subject residential property shall immediately become qualified and scheduled for rehabilitation in accordance with all parameters, guidelines, requirements, and agreements set forth in the Haines City CRA's Residential Rehabilitation Grant Program (see the Residential Rehabilitation Grant Program for full details).



APPLICATION: HEIRSHIP RESOLUTION ASSISTANCE PROGRAM

PRIMARY APPLICANT INFORMATION

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Alternate Contact: \_\_\_\_\_

Alternate Contact Phone: \_\_\_\_\_

PROPERTY INFORMATION

Please fill-in or circle the appropriate answer:

(1) What is the address of the Heirs' property? \_\_\_\_\_

(2) What is the parcel ID of the property? \_\_\_\_\_

(3) Is property free and clear of all liens and encumbrances, YES or NO except for any existing mortgage?

(4) If YES to #2, please list the grants, assistance, and/or repairs that were made and in what years: \_\_\_\_\_

(5) Is the property currently vacant or occupied? VACCANT or OCCUPIED

(6) Is the applicant an heir to this property? YES or NO

(7) How many people are heirs to the property? \_\_\_\_\_

(8) Do all parties agree to rightful ownership (uncontested cases only)? YES or NO

(9) What is the current assessed value of the property? \$ \_\_\_\_\_



### REQUESTED SCOPE OF SERVICE

Please check which areas of legal work you are requesting:

- Probate Attorney legal fee
- Court filing fees

### HOUSEHOLD INFORMATION

1. Total number of occupants living in the home: \_\_\_\_\_

2. Primary Applicant marital status (check one):

- Married
- Unmarried (single, divorced, or widowed)
- Separated

### HOUSEHOLD INCOME

To be eligible, the applicant(s) of household income must provide one (1) year of the latest income tax return:

Tax Return provided?  Yes  No

If Yes: Year of Return: \_\_\_\_\_

If No: Please explain why applicant is not required to file an income tax return per IRS regulations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual (per year) household income: \_\_\_\_\_



## VIDEO/PHOTOGRAPH RELEASE

I hereby give consent and permission to the Haines City Community Redevelopment Agency (CRA) to record the appearance, physical likeness and/or voice on videotape, on film, or digital video disk, or other means, and/or take photographs of the appearance of [print applicant name(s)]:

Notwithstanding any prohibition as may be contained in Section 540.08, Florida Statutes, I hereby freely and voluntarily consent to the use and publication of my name, participation, picture, and/or likeness by the CRA and/or its employees and/or agents, as well as the entity seeking this consent, and photographs, video and/or audio for any and all purposes including, but not limited to, educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, film, photograph, television, radio, digital, internet, or exhibition, at any time from this date forward until I revoke this consent in writing.

I acknowledge that the CRA is the sole owner of all rights in, and to, this visual and/or sound production and/or photograph(s) and the recordings thereof, and that it has the right to use, reproduce, or modify the resulting images and/or sound as often as it finds necessary. I acknowledge that the photographs, video, and/or audio may be used indefinitely by television, radio, newspapers, magazines, newsletters, brochures, the Internet, intranet, or in other media once released.

The CRA has the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for the appearance of the abovenamed person(s) or for the participation in said productions. I agree to hold Haines City CRA, its employees, and other parties harmless against any claim, liability, loss, or damage caused by, or arising from, my participation in this HRA Program.

I have read this Consent before signing and fully understand the contents, meaning, and impact of this consent. I understand that I am free to address any specific questions and have done so prior to signing this Consent.

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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



### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ [applicant name], hereby give consent and permission to the Haines City Community Redevelopment Agency (CRA) to verify my employment, income, assets, and any additional information provided for the purpose of determining my eligibility for assistance under the Heirship Resolution Assistance Program. I understand that only the relevant information required to authenticate and establish my eligibility will be requested.

I acknowledge that previous and current information about me may be necessary. The verifications that may be requested include, but are not limited to, salary, payment frequency, bonuses, cash assets, stocks, pensions, disability benefits, and business income.

I consent to the use of a photocopy of this authorization for the stated purposes. I also understand my right to review and correct any inaccurate information.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### STATE OF FLORIDA

### COUNTY OF POLK

Pursuant to Section 117.05(13)(a) of the Florida Statutes:

Sworn to (or affirmed) and subscribed before me, \_\_\_\_\_ [name of notary], by means of  physical presence or  online notarization, this \_\_\_\_\_ day of, \_\_\_\_\_ [year], by \_\_\_\_\_ [name of person acknowledging], who hereby, under Oath, affirms acknowledgment, execution of the foregoing instrument, and that the information provided is true and correct.

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



\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission Expiration Date



## APPLICANT/OWNER CERTIFICATION

BE AWARE that by submitting this application for CRA grant funding, you certify that all information provided is true and accurate. Under Florida Statute § 817.03, making false statements with the intent to defraud is a first-degree misdemeanor, punishable by up to one (1) year in jail and \$1,000 in fines. If the fraudulent statements result in obtaining funds or property valued at \$750 or more, the offense may escalate to grand theft under Florida Statute § 812.014, carrying felony charges with penalties ranging from 5 to 30 years in prison and fines of up to \$10,000. Fraudulent applicants will also be required to repay any improperly obtained funds in full and will be permanently disqualified from future funding opportunities.

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By my (our) signature(s), I (we) certify that I (we) have read and understand the application, criteria, and Program requirements. I (we) further certify:

- That all the information supplied is true, correct, and accurate. The applicant(s) have a continuing obligation to inform the City (in writing) of any changes to the information provided in this application.
- The applicant(s) shall not assign or attempt to assign, directly or indirectly, any rights under this agreement or any instrument referred to herein without the prior written consent of the City in each instance. Any assignee shall be bound by all the terms of this agreement and associated documents.
- The applicant(s) and the City each bind itself, its partners, successors, legal representatives, and assigns of such other party regarding all covenants of this agreement.
- This agreement and any associated documents will be construed in accordance with and governed by the laws of the State of Florida, without giving effect to its provisions regarding choice of laws.
- This agreement and payment for any program are subject to the availability of funding.
- All activities authorized by this agreement are subject to and must be performed in accordance with the provisions of this agreement and all applicable federal, state, and local laws.
- The applicant(s) agree to waive any rights to, hold harmless, and indemnify Haines City and the CRA, its officials, agents, and employees from suits, actions, damages, liability, expenses, losses, and costs, including but not limited to reasonable attorney's fees, in connection with this agreement and any program administration herein. This provision shall survive the termination of this agreement.
- Nothing in this agreement may be interpreted as a waiver of the City's sovereign immunity as granted under Section 768.28, Florida Statutes.
- The applicant(s) acknowledge that the City has the right and responsibility to enforce this agreement.
- The Program Attorney is an outside attorney and not an employee of the City. Haines City is not responsible for any quality of the counseling or results obtained from legal services rendered by the Program Attorney.
- Applying for an application does not create an attorney-client relationship between the applicant and Haines City.



NURTURING THE HEART OF FLORIDA

My (our) signature represents my agreement to comply with the City of Haines City Community Redevelopment Agency, as it relates to this CRA Heirship Resolution Assistance Program.

Applicant/Owner Name \_\_\_\_\_

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

Applicant/Owner Name \_\_\_\_\_

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

**APPLICANT/OWNER CERTIFICATION: NOTARIZATION**

**STATE OF FLORIDA**

**COUNTY OF POLK**

Pursuant to Section 117.05(13)(a) of the Florida Statutes:

Sworn to (or affirmed) and subscribed before me, \_\_\_\_\_ [name of notary], by means of  physical presence or  online notarization, this \_\_\_\_\_ day of, \_\_\_\_\_ [year], by \_\_\_\_\_ [name of person acknowledging], who hereby, under Oath, affirms acknowledgment, execution of the foregoing instrument, and that the information provided is true and correct.

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



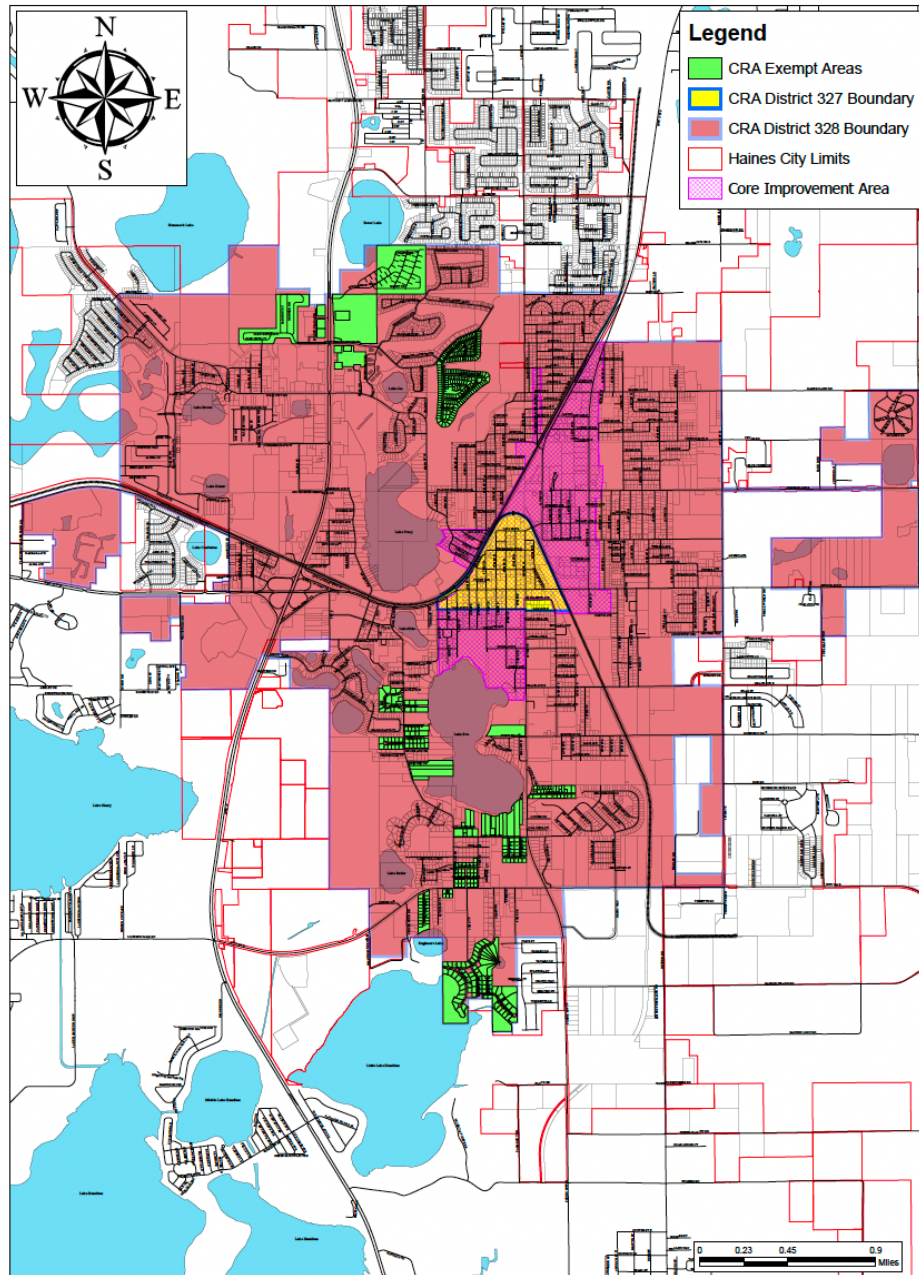
\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission Expiration Date



NURTURING THE HEART OF FLORIDA

## APPENDIX I: CRA DISTRICT MAP



**Haines City Community Redevelopment Area**  
Adopted June 21, 2001  
Ordinance No. 01-994





NURTURING THE HEART OF FLORIDA

## APPENDIX II: FY2026 HAINES CITY, FL AREA MEDIAN INCOME

For all households, the Haines City Area Median Income (100% Tier) is:

**\$76,400.00**