

HARDEE COUNTY
OFFICE OF COMMUNITY DEVELOPMENT
 412 WEST ORANGE STREET, #201
 WAUCHULA, FLORIDA 33873-2869
 VOICE: 863-773-6349**FAX: 863-773-5801**TDD:711

Insurance Deductible Disaster Assistance Application

This program will provide financial assistance to extremely low income through moderate income eligible applicants (based on current HUD income guidelines). Assistance will be provided in accordance with the existing Local Housing Assistance Plan (LHAP) disaster mitigation strategy. Assistance will include an insurance deductible paid to the homeowner's insurance company or contractors. Funds are distributed on a first come, first ready basis. Priority will be given to special needs households.

Have you been displaced by Hurricane Ian? YES NO

The Office of Community Development & General Services cannot accept applications that are not complete.

Applicant Information:

| Applicant/Co-Applicant General Information | Applicant | Co-Applicant |
|---|-----------|--------------|
| Full Name: | | |
| Date of Birth/Age: | | |
| Married/Single/Divorced | | |
| Street Address: | | Phone: |
| City: | | State/Zip: |
| Mailing Address: | | Phone: |
| City: | | State/Zip: |
| Email Address: | | |

Insurance Company's Contact Information

| |
|---------------------------------|
| Insurance Provider: |
| Phone Number: |
| Email Address: |
| Insurance Claim Number: |
| Insurance Deductible Amount: \$ |

Contractor's Contact Information

| |
|----------------|
| Contractor: |
| Phone Number: |
| Email Address: |

Household Information: Will others reside in the home with you? NO If YES, list below.

| Name(s) | Date of Birth / Age | Relationship to Applicant |
|---------|---------------------|---------------------------|
| 1.) | | |
| 2.) | | |
| 3.) | | |
| 4.) | | |
| 5.) | | |
| 6.) | | |
| 7.) | | |
| 8.) | | |

Special Needs – please check all that apply:

Farm Worker Disabled Elderly Homeless Domestic Violence Victim
 Other (list): _____

Ethnicity – for reporting purposes only, check for Head of Household Only:

White Black Hispanic Asian/Pacific Islander Native American

Applicant/Co-Applicant Employment Information:

| | |
|---|----------------|
| Employee Name: | Employer Name: |
| Position: | Supervisor: |
| Employer Address/Phone: | Time Employed: |
| Pay Rate: | Pay Frequency: |
| Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ | |

| | |
|---|----------------|
| Employee Name: | Employer Name: |
| Position: | Supervisor: |
| Employer Address/Phone: | Time Employed: |
| Pay Rate: | Pay Frequency: |
| Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ | |

Other Sources of Income (For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

| Name | Type of Income | Gross Monthly Amount |
|------|----------------|----------------------|
| 1.) | | |
| 2.) | | |
| 3.) | | |
| 4.) | | |
| 5.) | | |
| 6.) | | |
| | | Total: \$ _____ |

Assets and Asset Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

| Type of Asset | Asset Value | Bank/Account # | Annual Asset Income |
|-----------------|-------------|----------------|---------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| Total: \$ _____ | | | Total: \$ _____ |

I do hereby swear that all of the above is true and correct. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from consideration for admission or participation and may be grounds for termination of assistance. I understand that I am required to notify the Office of Community Development & General Services (in writing) of any changes in address. If I cannot be contacted at the listed address, I understand my name will be removed from the waiting list and I will have to reapply.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

PROPERTY VERIFICATION

() **INSURANCE POLICY** - Have or obtain a Homeowners Insurance Policy (flood insurance required if property is located in a flood plain) for replacement value at a later date. Provide copy if available.

() **INSURANCE AWARD LETTER**

PROOF OF INCOME

() **SALARY** – Each member of the household must provide the most recent employee earning statement (check stub) as proof of current income. When pay-stub or other verification of income (employer letter) is not available the IRS 1040 will be required. **IRS 1040 FORM AND RELATED W-2'S** –Copies of the most recent IRS 1040 form and related W-2's for the most recent two years **must** be submitted for anyone who is self-employed.

() **RETIREMENT / SOCIAL SECURITY BENEFITS** – Any member of the household receiving benefits from any private or government retirement plan must provide a generally acceptable form of verification of the annual or monthly benefits. A verification letter for social security benefits can be requested at the Social Security Administration at 1-800-772-1213.

() **UNEMPLOYMENT BENEFITS / WORKMANS COMPENSTATION** - Any member of the household receiving these types of income must provide verification or the award letter of the annual or monthly benefits.

() **OTHER INCOME** – Any other periodic and determinable allowances such as rental income, child support, alimony, welfare payments, and regular contributions or gifts received (Including any lottery payments).

PROOF OF ASSETS

() **FINANCIAL STATEMENT** – A copy of the most recent statement for each account is requested. This includes statements for: checking, savings, Certificates of Deposit, Stocks, Bonds, and any other investment accounts.

() **OTHER REAL ESTATE (Property)**– Tax statement for any other real estate property (lots, acreage, rental houses) which lists a member of the household as the owner/co-owner on the tax statement.

() **CASH VALUE – LIFE INSURANCE POLICY** – Annual Statement of value or copy of the policy will be needed. A percentage of the Cash value for whole life insurance policies is considered an asset. Term life is not an asset.

() **LUMP SUM AND ONE TIME RECEIPTS** – Payment stubs or award letters for other income. Includes inheritances, lottery winnings, settlements, capital gains, restitution and any other amounts not intended for periodic payments.

PROOF OF IDENTITY

() **FLORIDA DRIVERS LICENSE OR OTHER PHOTO I.D.** – Valid Florida Driver's License, Florida Identification or other legal document that verifies the Florida residency of the homeowners (with photograph) where assistance is requested.

() **SOCIAL SECURITY CARD(S)** - Provide a copy of a Social Security Card for each member of the household.

() **ELDERLY** – Any owner/co-owner of the property that is 65 years or older must provide a legal document that will confirm the age of the individual.

() **DISABILITY** – To be prioritized by disability, the owner/co-owner declaring the disability must provide an original letter signed by the physician on his/her letterhead, recommending specific assistance to alleviate the stated disability.

Signature of Applicant

Signature of Co-Applicant

Date

Date

HARDEE COUNTY
Board of County Commissioners
OFFICE OF COMMUNITY DEVELOPMENT
412 WEST ORANGE STREET #201
WAUCHULA, FLORIDA 33873-2869
Telephone: (863) 773-6349 Fax: (863) 773-5801

USE OF SOCIAL SECURITY NUMBERS ACKNOWLEDGEMENT

To: All Hardee County Office of Community Development Applicants

RE: Collection of social security numbers. Sections 119.071(5)2.a through 5, F.S., state:

- 2. a. An agency may not collect an individual’s social security number unless the agency has stated in writing the purpose for its collection and unless it is:
 - (I) Specifically authorized by law to do so; or
 - (II) Imperative for the performance of that agency’s duties and responsibilities as prescribed by law.
- b. An agency shall identify in writing the specific federal or state law governing the collection, use, or release of social security numbers for each purpose for which the agency collects the social security number, including any authorized exceptions that apply to such collection, use, or release. Each agency shall ensure that the collection, use, or release of social security numbers complies with the specific applicable federal or state law.
- c. Social security numbers collected by an agency may not be used by that agency for any purpose other than the purpose provided in the written statement.
- 3. An agency collecting an individual’s social security number shall provide that individual with a copy of the written statement required in subparagraph 2. The written statement also shall state whether collection of the individual’s social security number is authorized or mandatory under federal or state law.
- 4. Each agency shall review whether its collection of social security numbers is in compliance with subparagraph 2. If the agency determines that collection of a social security number is not in compliance with subparagraph 2, the agency shall immediately discontinue the collection of social security numbers for that purpose.
- 5. Social security numbers held by an agency are confidential and exempt from s. [119.07\(1\)](#) and s. 24(a), Article I of the State Constitution. This exemption applies to social security numbers held by an agency before, on, or after the effective date of this exemption. This exemption does not supersede any federal law prohibiting the release of social security numbers or any other applicable public records exemption for social security numbers existing prior to May 13, 2002, or created thereafter.

Although some programs provided through our office do not require the collection of social security numbers, Community Development does require social security numbers to use in verifying beneficiary income.

Applicant date

Applicant date

Witness

Witness

HARDEE COUNTY

Community Development
Lorie Ayers, Director
412 West Orange Street, Room 201
Wauchula, Florida 33873
Phone 863-773-6349
Fax 863-773-5801

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to _____, for the purposes of verifying information provided as part of determining eligibility for assistance under the _____ program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker’s compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

- | | |
|---|---------------------------------|
| Past/Present Employers | Alimony/Child Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration |
| State Unemployment Agency | Veteran’s Administration |
| Welfare Agency | Other: <u>SendMe Missions</u> |

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

| | | |
|------------------------|--------------|------|
| Signature of Applicant | Printed Name | Date |
|------------------------|--------------|------|

| | | |
|--------------|--------------|------|
| Co-applicant | Printed Name | Date |
|--------------|--------------|------|

| | | |
|------------------------|--------------|------|
| Adult Household Member | Printed Name | Date |
|------------------------|--------------|------|

| | | |
|------------------------|--------------|------|
| Adult Household Member | Printed Name | Date |
|------------------------|--------------|------|

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return” and prepare and sign separately.

HARDEE COUNTY Board of County Commissioners HOUSING REHABILITATION PROGRAM

VOLUNTARY PARTICIPATION AND NOTICE OF RESPONSIBILITIES

I/We, _____, have reviewed the policy and procedures of Hardee County and the Local Housing Assistance Plan. These documents are available upon request at <https://www.flhousing.org/> I/We do hereby acknowledge that I/We voluntarily request to be included in the Hardee County Housing Programs. I/We acknowledge that such inclusion will require me to provide personal data, such as income, which is a private matter but that by signature hereto, acknowledge that release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated as confidentially as the Community Development Block Grant and/or the SHIP rules and regulations permit.

I am aware of, and agree to abide by, general program rules to include, but not limited to, the following:

1. The purpose of the program is to place my/our house in a condition equal to that of HUD's Minimum Existing Housing Quality Standards. I consent to attainment of this standard and will not demand a greater extent of assistance.
2. I/We understand that the contract for assistance is prepared between the contractor and myself/ourselves as an administrative matter, but that Hardee County, as the funding agency, reserves the ultimate right of decision making. While I have the right to provide my view, I will not dispute the final decision made by Hardee County.
3. I understand that I am subject to immediate program disqualification, with possible financial responsibility for any cost incurred by one or more of the Hardee County Rehabilitation Programs if I/We:
 - a. Provide any inaccurate or untruthful information; or
 - b. Fail to comply with existing program guidelines; or
 - c. Perform any action to receive a greater degree of assistance than I initially was eligible to receive unless I can, fully accepting the burden of proof, prove or disprove the cause or circumstances contributing to the material change in condition.

I/We recognize that this assistance is provided by the goodwill and grace of the U.S. Congress and/or the State of Florida and Hardee County. My acceptance and receipt thereof bind me to acceptance, for the term of the agreement, of program conditions and maintenance of the property as follows:

- a. This property is my **principle place of residence**;
- b. All **mortgage payments and taxes** must be kept paid up to date on the property;
- c. Replacement value **Homeowner's Insurance** must be maintained on the property;
- d. Property must be free from any outstanding liens or judgments;
- e. The County will place a forgivable lien on the property;
- f. The home and yard must be kept clean, maintained and free of debris;
- g. All city and/or county codes and ordinances must be adhered to.

Further, I acknowledge that participation on a Hardee County Housing Program will influence future priority about receiving similar assistance until all other local residents who qualify and agree to participate are provided with the opportunity to also be assisted.

I/We agree to the preceding conditions and hereby place my seal on this _____ day of _____, **20**__.

Owner

Owner

Witness

Witness

DUPLICATION OF BENEFITS

| | | |
|--|------------------------------|-----------------------------|
| OTHER ASSISTANCE RECEIVED: - Assistance provided under the SHIP Program for disaster may not exceed a household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). | | |
| Did you register with FEMA or other disaster related assistance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you applied for any event related assistance from any source (local, state, federal, private)? If yes, proceed with this section. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A. Homeowner's Insurance | | |
| Did you file a homeowner's insurance claim? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If applicable, provide insurance provider's information. | | |
| Insurance Claim Number | | |
| Amount Approved by Insurance Company | \$ | |
| B. FEMA | | |
| Have you received any disaster related assistance from FEMA? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If applicable, provide FEMA's Registration Number | | |
| Amount Approved by FEMA | \$ | |
| C. Small Business Administration (SBA) | | |
| Have you received any event-related assistance from the SBA? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If applicable, provide SBA Application Number | | |
| Provide your SBA Loan No.(s)? | | |
| Amount Approved by SBA Loan | \$ | |
| What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc. | | |
| Did you receive any other assistance due to disaster? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal or state assistance (SHIP, CDBG, CDBG-DR, HOME), etc. | | |
| | | |

Recipient Statement: The information on this form is to be used to determine eligibility. I/we certify that the statements are true and complete to the best of my/our knowledge and belief under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree.

Signature (Applicant)

Date

Signature (Co-Applicant)

Date

Applicant Checklist

Please provide the information listed below to ensure that your application will be processed in an expedited manner.

- Proof of Insurance-Declaration Page;
- Insurance Award Letter;
- Homeowner's Insurance Claim;
- Authorization for Release of Information;
- Use of Social Security Numbers Acknowledgement;
- Income Verification
- Duplication of Benefits Affidavit;
- FEMA Award/Denial Letter;
- Small Business Administration (SBA) Award/Denial Letter;
- Photo ID of all adult household members;
- 2 months of bank statements.