

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.

A Complete Application includes:

- Social security cards for all household members or proof of Social Security application.
- Photo ID for all adult members
- Self-certification of income for all household members.
- Proof of Disability
- Bank Statements (2 months)
- Proof of insurance- Declaration page
- Insurance award letter

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.

Signature of Applicant

Signature of Co-Applicant

Date

Date

**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 Hardee County Community Development, for the purposes of verifying information provided as part of determining eligibility for assistance under the housing 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: _____ |

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

DISASTER SELF- CERTIFICATION OF INCOME FORM
(Provided for use by Florida Housing Finance Corporation)
(To be completed by adult household members only, if appropriate.)

Household Name _____ Local Government _____

1. I hereby certify that I am a victim of _____
2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):
- Y N Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Y N Income from operation of a business;
- Y N Rental income from real or personal property;
- Y N Interest or dividends from assets;
- Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Y N Unemployment or disability payments;
- Y N Public assistance payments;
- Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Y N Sales from self-employed resources (For example: Avon, Mary Kay, Shaklee, etc.);
- Y N Any other source not named above.
- Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Please explain any Y (yes) answers and list the annual amounts: _____

3. I certify that I have provided income documentation for all income sources (For example: W-2 Forms, paycheck stubs, earnings statements, etc); or
- I certify that I am unable to provide complete: 3rd party verification or income documentation.
4. I will be using the following sources of funds to pay for rent and other necessities: _____

Therefore I certify my anticipated gross annual income for the next 12 months to be: \$_____.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

Signature of Applicant Printed Name of Applicant Date

FOR AN OATH OR AFFIRMATION:

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and described before me this ____ day of _____, 20____, by _____.

(NOTARY SEAL)

Signature _____

Name of Notary (Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

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

Witness

Applicant date

Witness

Duplication of Benefits Affidavit

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.

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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;
- Disaster Self-Certification of Income Form;
- 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.