

**Hernando County, Florida
State Housing Initiatives Program (SHIP)
Hurricane Idalia Housing Recovery Application**



Please complete application in full. Applications will not be accepted without the following information in order to verify program eligibility:

- Verify all adult household members have signed the application
- Verify all adult household members have signed the authorization to verify form (additional copies will be provided upon request)
- Include a photocopy of state issued identification for all adult household members
- Include a copy of social security card for all household members
- Include a photocopy of birth certificate, legal guardianship documentation for each minor dependent household member
- Most recent income tax return
- Proof of income for all household members, acceptable documentation includes:
 - 8 weeks paystubs
 - Social Security benefit statement
 - Social Security Disability statement
 - Child Support (include court ordered support detail)
 - Self-Employed (provide the last two years income tax returns)
- Asset disclosure of all assets including IRA, 401K, stocks/bonds, life insurance
- Most recent three months, consecutive bank statement for all bank accounts (checking and savings)
- Homeowner's insurance declaration page for the current policy coverage period
- Most recent mortgage statement (if applicable)
- FEMA Claim documentation, Homeowners and Flood Insurance Proof of Loss Worksheet or Claims Repair Estimate, SBA Loan Documentation
- Repair Contract, receipts, invoices, payment documentation for repairs made
- Acknowledgement Statement
- Asset Addendum to Application
- Authorization for the Release of Information
- Duplication of Benefits Affidavit
- Duplication of Benefits Agreement
- Affidavit of Insurance



Hurricane Idalia Application for Assistance

	Applicant	Co-Applicant
Full Name		
Social Security Number		
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>
	Divorced <input type="checkbox"/> Widow <input type="checkbox"/>	Divorced <input type="checkbox"/> Widow <input type="checkbox"/>
Phone Number	() _____	() _____
Alternate Phone Number	() _____	() _____
Email Address		
Address:		
City, State and Zip Code		
Mailing Address:		
City, State and Zip Code		

Other Household Members:

Name	Relationship	Age	Date of Birth	Employed



Special Needs Households:

Does the Applicant or Other Household Members have Special Needs Resulting from any of the below conditions?	
Person with Developmental Disability [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO	
Disabling Condition [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO	Serious Mental Illness [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO
Chronic Physical Illness [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO	Receiving SSDI [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO
Receiving SSI [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO	Receiving Veterans Benefits [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO
Young Adult Formerly in Foster Care [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO	
Survivor of Domestic Violence [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO	

Please provide supporting documentation from the agency services are provided from if you answered yes to any of the above conditions. For example, SSDI award letter, Community Based Agency provider.

Employment Information:

	Applicant	Co Applicant
Employer Name		
Employer Address		
City, State and Zip Code		
Employer Phone Number		

	Additional Household Members
Employer Name	
Employer Address	
City, State and Zip Code	
Employer Phone Number	

	Additional Household Members
Employer Name	
Employer Address	
City, State and Zip Code	
Employer Phone Number	



Sources of Income for all Household Members:

Monthly Source of Income	Applicant	Co Applicant	Other Household Members	Monthly Total
Employment				
Social Security/SSI				
Unemployment Wages				
Retirement				
Rental Income				
Child Support				
Alimony				
Rental Income				
Other				

Asset Information:

Account Holder	Type of Asset	Financial Institution	Account #	Asset Value

Please provide a description of the damages incurred by the disaster and remaining repairs needed on your home. If repairs are complete, please indicate if applying only for reimbursement of paid insurance deductible:



Disclosures:

Do you own more than one property? _____

Do you occupy the property as your primary residence? _____

Have you lived at the property for one year or longer? _____

Was the home damaged as a direct result of Hurricane Idalia? _____ Yes _____ No

Have you applied for FEMA Assistance? _____ Yes _____ No

Do you have homeowners' insurance? _____ Yes _____ No

Do you have flood insurance? _____ Yes _____ No

Did you file a claim with your insurance company? _____ Yes _____ No

Have your repairs been completed? _____ Yes _____ No

Do you have unmet repairs? _____ Yes _____ No

Are you related to any member of the County Commission, Advisory Committee or County Employee? If yes, please explain below.



I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/We further understand that any willful misstatement of information will be grounds for disqualification.

I/We certify that the application information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making an determination of my/our eligibility for program assistance. I/We agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

I/We understand that Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds. If you knowingly and willingly make fraudulent statement or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

I/We understand that all documents are subject to Florida’s public records laws.

I/We understand that by entering into an agreement for the rehabilitation of my home; a deferred payment mortgage lien will be placed on my property for the amount of assistance provided to be forgiven at the end of the term and no repayment will be required as long as the loan is in good standing.

Applicant Signature	Date	Co Applicant Signature	Date
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Household Member Signature	Date	Household Member Signature	Date
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Household Member Signature	Date	Household Member Signature	Date
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NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

24 CFR (Part 5 (General HUD Program Requirements; Waivers) 5.216 specifically states the following:

(b) Disclosure required of assistance applicants. Each assistance applicant must submit the following information to the processing entity when the assistance applicant’s eligibility under the program involved is being determined.

(1) The complete and accurate SSN assigned to the assistance applicant and to each member of the assistance applicant’s household; and

(2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(c) Disclosure required of individual owner applicants. Each individual owner applicant must submit the following information to the processing entity when the individual owner applicant’s eligibility under the program involved is being determined:

(1) The complete and accurate SSN assigned to the individual owner applicant and to each member of the individual owner applicant’s household who will be obligated to pay the debt evidenced by the mortgage or loan documents; and

(2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

The social security number is needed to determine eligibility under federal and state programs such as HOME, CDBG and SHIP that are determined eligible using 24 CFR part 5.

The applicant and household member hereby agree to allow the County to use the SSN to verify the following information:

Employment	Unemployment
Pension	Benefits
Social Security	Child Support
Assets	

Signed by all adult household members:

RECEIVED BY: _____

DATE:

Signature

RECEIVED BY: _____

DATE:

Signature



AFFIDAVIT OF INSURANCE
DISASTER RECOVERY

By signing this affidavit, you attest to the fact that you have:

- _____ Submitted a claim for damages to your insurance company, but damages are not covered
- _____ You do not have flood and/or property insurance for damages to your home
- _____ You have property insurance and need financial assistance to pay for the deductible and commence repairs

1. Does the insurance company estimate the repair cost, subtract the deductible amount and send a claim check for the remainder? _____
2. Is the insurance company's check made out to the policy holder only? Is the homeowner's first mortgage provider also listed on the check? _____
3. Does the insurance company require you to use their approved contractor, or may the homeowner find a contractor? _____
4. May the homeowner find a contractor now to start the repairs? Is there anything that must happen before repair work can start? _____

State 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 S775.082 or 775.083.

I/We have read, understand and acknowledge the above disclosure.

Print Name and Applicant's Signature

Date

Print Name and Co-Applicant's Signature

Date

Property Insurance			
Policy Holder		Address	
Policy Number		Expiration date	
Coverage Maximum		Deductible	

Flood Insurance			
Policy Holder		Address	
Policy Number		Expiration date	
Coverage Maximum		Deductible	