Hernando County, Florida State Housing Initiatives Program (SHIP) Disaster 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 photocopy of birth certificate, legal guardianship documentation for each dependent household member
- Asset disclosure of all assets including IRA, 401K, stocks/bonds, life insurance
- Acknowledgement Statement
- Asset Addendum to Application
- Authorization for the Release of Information
- Affidavit of Insurance
- Proof of income for all household members, acceptable documentation includes:
 - 8 weeks paystubs
 - Social Security Benefit Statement
 - Social Security Disability Income Statement
 - Child Support (include court ordered support detail)
 - Self-Employed (provide two most recent IRS Form Schedule C Profit & Loss Statement)
 - Applicant Self Certification
- Most recent three months, consecutive bank statement for all bank accounts (checking and savings)





Disaster Application for Assistance

| | Applicant | | Co-Applicant | |
|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|
| Full Name | | | | |
| Social Security Number | | | | |
| Marital Status | Single [] Divorced [] | Married [] Widow [] | Single [] Divorced [] | Married [] Widow [] |
| 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 |
|------|--------------|-----|---------------|----------|
| | | | | |
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| Does the Applicant or Othe conditions? | er Household | l Membe | rs have | Special Nee | ds Resulting from | any of the below |
|--|-----------------|----------|---------|----------------|-------------------|------------------|
| Person with Developmenta | ıl Disability [|] YES | [] | NO | | |
| Disabling Condition [] Y | ES [] NO |) | Seriou | ıs Mental IIII | ness [] YES [|] NO |
| Chronic Physical Illness [|] YES [] I | NO | Receiv | ring SSDI [|] YES [] NO | |
| Receiving SSI [] YES [|] NO | | Receiv | ving Veterans | s Benefits [] Y | ES [] NO |
| Young Adult Formerly in Fo | ster Care [|] YES [|] NO | ſ | | |
| Survivor of Domestic Viole | nce[] YES | S [] N | 10 | | | |
| | | | | | | |
| | | | | | | |
| yes to any of the above cond | | example, | SSDI av | vard letter, C | Community Based | Agency provider. |
| | Applicant | | | Со | Applicant | |
| Employer Name | | | | | | |
| Employer Address | | | | | | |
| City, State and Zip Code | | | | | | |
| Employer Phone Number | | | | | | |
| | Additional | Househo | old Men | nbers | | |
| 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 | | | Other Household | |
|---------------------|-----------|--------------|-----------------|---------------|
| Income | Applicant | Co Applicant | 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 |
|----------------|---------------|-----------------------|-----------|-------------|
| | | | | |
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| Please provide a description of the damages incurred by the disaster: | | | | | |
|---|--|--|--|--|--|
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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 disaster? | 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 | |
| Are you related to any member of the County Commission, a yes, please explain below. | Advisory Committe | e or County Employee | ? If |
| | | | |





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 Dat | |
|----------------------------|------|----------------------------|------|
| Household Member Signature | Date | Household Member Signature | Date |
| Household Member Signature | Date | Household Member Signature | Date |





Authorization for Release of Information Must be signed by all household members over the age of 18

I/We consent to allow Hernando County Housing and Supportive Services to request and obtain employment, income, credit history and/or assets for the purpose of verifying information provided, as part of determining eligibility for assistance under the Owner-Occupied Rehabilitation Program. I/We understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

Past/Present Employers

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: Personal identity, employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposit (CD), payment from Social Security, annuities, insurance policies, retirement funds, pension, disability, or death benefits; unemployment, disability and/or worker's compensation; welfare assistance; net income from the operation of a business; and alimony or child support payments, etc.

Alimony/Child/Other Support Providers

Organization/Individuals that may be asked to provide written/oral verification are but not limited to:

| Banks or Financial Institutions State Unemployment Agency | Social Security Administration Veteran's Administration | | |
|---|---|-----------------------------------|--|
| Welfare Agency | Other | | |
| Agreement to Conditions: | | | |
| that my authorization will remain effe | authorization may be used for the purposective from the date of signature until the tially in compliance with all applicable fe | e project completion, and that th | |
| Signature of Applicant | Print Name | Date | |
| Social Security Number | DOB (| mm/dd/yyyy) | |
| Signature of Co-Applicant | Print Name | Date | |
| Social Security Number | DOB (| mm/dd/yyyy) | |
| Signature of Household Member | Print Name | Date | |
| Social Security Number | DOB (| mm/dd/yyyy) | |



