

## **PASCO COUNTY COMMUNITY DEVELOPMENT**

### **HURRICANE IDALIA DISASTER RELIEF PROGRAM**

Pasco County Community Development is accepting applications for Hurricane Idalia Disaster Relief for low- and moderate-income citizens who have suffered loss or damage of their primary residence due to the storm. Applications will be accepted in person or through U.S. Postal service at: 8610 Galen Wilson Blvd., Port Richey, FL 34668, or via email at: [communitydev@pascocountyfl.net](mailto:communitydev@pascocountyfl.net)

Citizens needing assistance in completing and/or notarizing any forms within the application should contact our office at (727) 834-3447, and a team member will make arrangements to help. **Please note this process is specifically restricted to eligible activities. Must be a Pasco County Citizen whose home has received damage due to Hurricane Idalia.**

This strategy will only be implemented following a disaster as declared by the President of the United States or the Governor of Florida. Funds may be used for items such as, but not limited to:

- A. Rental Assistance to include rent payments, deposits, and utility deposits.
- B. Home Repairs – to include roofs, floors, walls, electrical, and other items as needed. Please note mobile homes older than 1994 are NOT ELIGIBLE.

Income must be at or below 120% Area Median Income

- 1 Person \$ 80,280
- 2 Persons \$ 91,680
- 3 Persons \$103,200
- 4 Persons \$114,600
- 5 persons \$123,840
- 6 persons \$132,960

## **IMPORTANT:**

**All required materials must be turned in with the application. Your application will be considered incomplete and will not be approved without the required documentation. Turning in an incomplete application does not "hold your spot" or reserve any funds.**

**If we do not receive a completed application, we will notify you. If we do not receive all your documentation within a prescribed time frame, your application may be denied.**

### Applicant Checklist

Please ensure that you complete each item below:

- ☐ Housing Intake **Completed** Application signed by all household members 18 years of age or over
- ☐ Signed **Completed and Notarized** Self Certification of income for each household member 18 years of age or over. Please call and make an appointment
- ☐ Proof of income from all sources for all household members as declared on the Self Certification of Income form for the last sixty (60) days.
- ☐ Bank Statements for the last thirty (30) days for all household members.
- ☐ Copy of driver's license, ID, or birth certificate for all household members
- ☐ Copy of all pages of current signed lease if requesting rental assistance
- ☐ Copy of monthly mortgage payment for homeowners
- ☐ Copy of Homeowner's Insurance Declaration page
- ☐ Property value cannot exceed \$330,000, as determined by the Property Appraiser's Office, assessed value (**Homeowner's only**).

**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 Pasco County, Florida

1. ☐ I hereby certify that I am a victim of Hurricane Idalia
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: 3<sup>rd</sup> 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 \_\_\_\_\_

# HURRICANE IDALIA DISASTER RELIEF HOUSING INTAKE APPLICATION

## INSTRUCTIONS FOR APPLICATION

### General Instructions

Read the instructions for this application.

Please type or use **BLUE** ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.

All household members 18 years of age or older must sign and date the application.

Mail or drop off the application with all the required documentation to:

8610 Galen Wilson Blvd., Port Richey, FL. 34668

**\*If you drop off the materials, please use the red drop box outside the building which is available 24/7.\***

### Itemized Instructions

- 1. APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail, an e-mail address (if applicable), your date of birth, and your marital status and other fields.
- 2. CO-APPLICANT/OTHER HOUSEHOLD MEMBER INFORMATION:** List all other members of the household residing in the unit. Attach additional sheets if necessary.
- 3. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.
- 4. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** This information is collected for reporting purposes only.
- 5. ELIGIBILITY INFORMATION:** The information collected here is important to determine eligibility as it relates to disaster relief assistance.
- 6. OTHER ASSISTANCE RECEIVED:** Provide all information any other type of related assistance to the disaster.
- 7. INCOME INFORMATION:** Provide information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members. Food benefits are NOT considered income.
- 8. ASSET INFORMATION:** Provide the requested information on assets for all household members. Examples of what constitutes assets are listed below:  
Typical assets include:
  - Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
  - Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
  - Individual retirement accounts, 401(k), Keogh accounts, annuities, and other similar retirement savings accounts;
  - Cash value of life insurance policies available to the holder before death;
  - Personal property that is held for investment purposes;

- Equity in real property;
- Retirement and pension funds;
- Mortgage or deeds of trust held by the applicant

Some items of personal property are **NOT** counted as assets for the purposes of determining annual income:

- Automobiles;
- Jewelry; and/or
- Term life insurance policies

**9. ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the Subrecipient, State or Vendor to request information from Third Parties if it chooses to do so, concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

#### **10. FALSE STATEMENTS**

Chapter 817 of the Florida Statutes 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 §775.082 or 775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

#### **11. PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT**

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify the County, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the County does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the County in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that the County does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the County or any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

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Applicant's Signature

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Date

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## HURRICANE IDALIA SHIP Disaster Relief Application

| OFFICE USE ONLY:  |                                     |
|---|-------------------------------------|
| Application Number:   |                                     |
|   |                                     |
| Application Received By:  | Date/Time Application Received:     |
| <b>1. TO BE COMPLETED BY APPLICANT: (Head of Household)</b>               |                                     |
| What type of housing assistance are you requesting? Circle all that apply |                                     |
| <b>Rental</b>   | <b>Move-In/Rental</b>               |
|   | <b>Home Repair</b>                  |
| Provide additional Information regarding assistance needed:               |                                     |
|   |                                     |
| Full Name:  |                                     |
| Current Address:  | Apt#                                |
| City, State Zip:  |                                     |
| Daytime phone:  | Mobile Phone:                       |
| E-mail Address:   | Date of Birth:                      |
| Marital Status:   | Age:                                |
| Employed?    Yes            No  | Self Employed?    Yes            No |
| <b>2. TO BE COMPLETED BY CO-APPLICANT:</b>                                |                                     |
| Full Name:  |                                     |
| Daytime phone:  | Mobile Phone:                       |
| E-mail Address:   | Date of Birth:                      |
| Marital Status:   | Age:                                |
| Employed?    Yes            No  | Self Employed?    Yes            No |

**3. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:** - As of today, all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household.

| Household Member Name | Relationship To Head | Age | Date of Birth | Marital Status | Is household member listed disabled? Y/N | Employed? Y/N |
|-----------------------|----------------------|-----|---------------|----------------|--|---------------|
|                       |                      |     |               |                |  |               |
|                       |                      |     |               |                |  |               |
|                       |                      |     |               |                |  |               |
|                       |                      |     |               |                |  |               |
|                       |                      |     |               |                |  |               |
|                       |                      |     |               |                |  |               |

**4. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD ONLY(Check all that apply):** -This information is being collected for reporting purposes only.

|  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Asian              |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White              |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Other Multi-Racial |

**ETHNICITY (Check one):**

☐ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

☐ Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**5. ELIGIBILITY INFORMATION:**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>5. ELIGIBILITY INFORMATION:</b>                                      |                              |                             |
| Was the unit damaged or destroyed by Hurricane Idalia?                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Was the unit a single-family residence (includes Manufactured housing)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| At the time of the disaster, were you the Homeowner of this residence?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the primary residence Homesteaded? (For Homeowners only)             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Damaged Property Address:   |                              |                             |
| Did you occupy the property at the time of damage?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



|  |                              |                             |
|--|------------------------------|-----------------------------|
| Are you currently living in the damaged property?                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If no, please explain current living situation:                                |                              |                             |
| Is the Property in a flood zone?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you seeking assistance for a manufactured home?<br>If Yes Year built _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you own the land?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the deed in your name?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If No, what other names are on the deed?                                       |                              |                             |

**6. OTHER ASSISTANCE:**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you registered with FEMA for assistance?         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| What is your registration Number: _____               |                              |                             |
| Have you received any financial assistance from FEMA? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, what amount: _____                            |                              |                             |
| Did you have homeowners' / flood insurance?           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you filed a claim?                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Claim number: _____                                   |                              |                             |
| Insurance Company: _____ Policy Number: _____         |                              |                             |

**7. INCOME INFORMATION:** Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, unemployment benefits, other benefits for all household members. List ALL household members and their incomes. Attach a separate sheet if you need more space.

**FOOD STAMPS ARE NOT CONSIDERED INCOME- do not list food stamps.**

[illegible]

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
| <b>8. ASSET INFORMATION:</b> Provide the requested information on any property you may own or assets you may have. |  |  |  |  |
| Do you own any real estate?  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, provide address, city, and state of property(s):   |  |  |  |  |

| What is the tax roll value of the property?  |                        |                     |  |
|--|------------------------|---------------------|--|
| What is the current balance owed on the mortgage (if any)?   |                        |                     |  |
| Do you have income from the property? (Rental income)  |                        |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered yes, provide amount of annual income   |                        |                     | \$   |
| Is your primary residence currently in foreclosure?  |                        |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.) Provide this information for all household members. |                        |                     |  |
| Household Member Name  | Type & Source of Asset | Cash Value of Asset | Annual Income from Asset                                 |
|  |                        |                     |  |
|  |                        |                     |  |
|  |                        |                     |  |
|  |                        |                     |  |
|  |                        |                     |  |
|  |                        |                     |  |
|  |                        |                     |  |

|   |
|---|
| <b>9. ELIGIBILITY RELEASE:</b> It is required that you sign this form, which allows the County to request information from Third Parties concerning your eligibility and participation in this program.   |
| Information Covered: Inquiries may be made about items initialed below by the applicant.  |
| Instructions to Applicant: Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the County or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the Idalia Disaster Relief Program. Each adult member of the household must sign this Eligibility Release. |
| Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.   |

**10. APPLICANT CERTIFICATION:** Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the County or any of its duly authorized representatives to verify the information listed herein.

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the SHIP program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information for the purpose of obtaining assistance is grounds for termination of housing assistance and is punishable under Chapter 817 of the Florida Statutes as a first-degree misdemeanor.

I/We authorize the above-referenced County and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

**11. Applicant's Authorization:**

I authorize the above-named Subrecipient, Sponsor, State or Vendor to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the Subrecipient and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the Subrecipient in the eligibility verification process.
- (5) If the applicant falsified information to obtain assistance, all funds paid on behalf of the applicant must be repaid to the program.

|  |             |
|--|-------------|
| <b>Signature of Applicant:</b>           | <b>Date</b> |
| <b>Signature of Co-Applicant:</b>        | <b>Date</b> |
| <b>Signature Adult Household member:</b> | <b>Date</b> |
| <b>Signature Adult Household member:</b> | <b>Date</b> |
| <b>Signature Adult Household member:</b> | <b>Date</b> |

**Warning: Chapter 817 of the Florida Statutes 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 §775.082 or 775.083.**