RESIDENTIAL APPLICATION FOR HURRICANE LOSS MITIGATION PROGRAM

DOCUMENTATION REQUIRED WITH APPLICATION

|  |
| --- |
| ApplicationPhoto IDSocial Security Card- All household membersHome Ownership PaperworkIncome Documentation-Tax Forms, Pay Stubs, Social Security, Retirement Documents |
| Applicant/ Co-Applicant General Information | Applicant  | Co-Applicant |
| Full Name: |  |  |
| Social Security # |  |  |
| Date of Birth |  |  |
| Street Address |  |  |
| Mailing Address |  |  |
| City, State Zip |  |  |
| Phone  |  |  |
| Cell phone |  |  |

OTHER HOUSEHOLD MEMBERS

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) | Social Security # | Date of Birth | Relationship to Applicant |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PROPERTY INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** | **NO** |  |  |
| Is the property your primary residence? |  |  | Parcel# |  |
| Single Family Dwelling? |  |  | Year built? |  |
| Mobile Home? |  |  | **Program does not provide assistance to mobile homes** |
| Existing Liens on the Property? |  |  |  | Title search may be performed |
| Property Insured? |  |  |  |  |
| Insurance Company |
| Type of Insurance? |
| Have you received assistance from FEMA for this residence? |

APPLICANT EMPLOYMENT/ INCOME INFORMATION

|  |
| --- |
| **Employer/Company Name:** |
| Position |  | Supervisor Name |  |
| Address |  | City/State |  |
| Phone |  | Time Employed |  |
| Annual Income |   | Pay Rate/Pay Frequency |  |
| **Employer/Company Name:** |
| Position |  | Supervisor Name |  |
| Address |  | City/State |  |
| Phone |  | Time Employed |  |
| Annual Income |   | Pay Rate/Pay Frequency |  |

CO-APPLICANT EMPLOYMENT INFORMATION

|  |
| --- |
| **Employer/Company Name:** |
| Position |  | Supervisor Name |  |
| Address |  | City/State |  |
| Phone |  | Time Employed |  |
| Annual Income |   | Pay Rate/Pay Frequency |  |
| **Employer/Company Name:** |
| Position |  | Supervisor Name |  |
| Address |  | City/State |  |
| Phone |  | Time Employed |  |
| Annual Income |   | Pay Rate/Pay Frequency |  |

OTHER SOURCE OF INCOME/ASSETS INCOME (BUSINESS OR RENTAL NET INCOME, CHILD SUPPORT, ALIMONY, SOCIAL SECURITY, PENSIONS, UNEMPLOYMENT/ WORKERS COMPENSATION, WELFARE PAYMENTS, IRA, CD, BONDS, EQUITY IN PROPERTIES)

|  |  |  |
| --- | --- | --- |
| **TYPE OF INCOME/ASSET** | **NAME/BENEFACTOR** | **GROSS ANNUAL AMOUNT** |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |

***Terms, Recapture and Default: Eligible applicants who qualify for assistance and receive mitigation repair assistance will be in the form of a grant, with no recapture provision as long as the applicant does not sell or transfer the title for the period of 5 years. Eligible applicants who sell or transfer the title of the property within the 5-year time period, may be responsible for full or partial repayment of the mitigation repair assistance performed on the eligible property. Therefore, upon default the balance of the RCMP grant will be immediately due and repayable to Franklin County.***

I/we understand that Florida Statue 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 a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature** |  | **Date** |  |
| **Co-Applicant Signature** |  | **Date** |  |

|  |  |
| --- | --- |
| Date Received: | EM Initals:  |