



## SEMINOLE COUNTY IMMEDIATE NEEDS PROGRAM APPLICATION FOR ASSISTANCE

All sections of the application **must** be completed; if a section does not apply to your household, enter "N/A."

**(Please Print Clearly)**

	<b>Applicant</b>	<b>Co-Applicant (Spouse or member 18 &amp; older)</b>
Full Name:		
Age & Date of Birth:		
Social Security #:		
Gender: Circle One	Male or Female	Male or Female
Relationship of Co-Applicant to Applicant:	<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Roommate <input type="checkbox"/> Relative <input type="checkbox"/> Non-relative	
<b>Ethnicity/Special Needs: (For reporting purposes only, please check all that apply for Head of the Household Only)</b>		
White <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>
Asian/Pacific Islander <input type="checkbox"/>	Native American <input type="checkbox"/>	
Farm Worker <input type="checkbox"/>	Disabled or Disabled Minor <input type="checkbox"/>	Elderly <input type="checkbox"/>
Homeless <input type="checkbox"/>	Other _____	
<b>Applicant Street &amp; Mailing Address:</b>		
Street Address:		State:
City:	City Limit <input type="checkbox"/> Unincorporated <input type="checkbox"/>	Zip:
Mailing Address (if different):		State:
City:		Zip:

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Marital Status:  Married  Separated  Single  Divorced  Widowed

**OTHER MEMBERS IN THE HOUSEHOLD**

Name	Date of Birth	Age	Relationship to Applicant	Social Security Number

\*If additional space to list household members is needed please attach information to the back of this application.

**Applicant Employment Information:**

Current/Last Employer Name:	Phone Number:	
Address:		
Supervisor:	Fax Number:	
Position:	Start Date:	End Date:

**Co-Applicant Employment Information:**

Current/Last Employer Name:	Phone Number:	
Address:		
Supervisor:	Fax Number:	
Position:	Start Date:	End Date:

\*If additional space to list employment information is needed please attach information to the back of this application.

**ADDITIONAL QUESTIONS**

<b>Please read and answer all questions below:</b>	<b>Yes</b>	<b>No</b>
Are copies of <u>valid</u> Florida Photo ID or <u>valid</u> Florida Drivers License for all adult household members (18 years of age or older) attached to the application?		
Are copies of Social Security Cards <u>and</u> birth certificates for all household members attached to application?		
Did all adult household members (18 years and older) sign the Signature Page <u>and</u> the Authorization of Release (form) and attach to the application?		
Do you or anyone in your household receive alimony/child support?		
Do you or anyone in your household receive Social Security, SSI, SSDI?		
Do you or anyone in your household receive any pensions (VA, military, retirement)?		
Do you or anyone in your household receive unemployment compensation?		
Do you or anyone in your household receive Business or Rental Income?		
Do you or anyone in your household receive Workmen’s Compensation?		
Do you or anyone in your household receive short or long term disability?		
Do you or anyone in your household receive recurring contributions and gifts?		
Do you or anyone in your household receive any other type of income?		
Do you or anyone in your household have one or more checking account(s)?		
Do you or anyone in your household have one or more savings account(s)?		
Do you or anyone in your household have an IRA account?		
Do you or anyone in your household have a 401(k), stocks, bonds, or any other investment account?		

**CITIZENSHIP/RESIDENCY:**

<b>Please read and answer all questions below:</b>	<b>Yes</b>	<b>No</b>
Are you a U.S. citizen?		
*If no, are you a permanent resident of the U.S.? <i>(If yes, a copy of the resident card must be provided.)</i>		

**VETERAN:**

<b>Please read and answer all questions below:</b>	<b>Yes</b>	<b>No</b>
Are you a Veteran or Spouse/Dependent of a Veteran?		
If yes to either question, may our Veteran Service Officer contact you?		

**REASONABLE ACCOMMODATIONS:**

<b>Please read and answer all questions below:</b>	<b>Yes</b>	<b>No</b>
Hearing impaired: Do you need TTD/TDY access to our staff?		
Do you require accommodations for handicap accessibility?		
If yes, what accommodations do you need?		

ASSISTANCE REQUESTED - Scope of work may include, but is not limited to:

<p><b>Roofing:</b></p> <ul style="list-style-type: none"> <li>• Repairing leaking systems;</li> <li>• Roof replacement due to severely deterioration and/or being structurally dangerous.</li> </ul>	<u>Yes</u>	<u>No</u>
<p><b>Electrical:</b></p> <ul style="list-style-type: none"> <li>• Restoring electricity (whole or partial);</li> <li>• Repairing exposed or dangerous electrical wiring.</li> </ul>	<u>Yes</u>	<u>No</u>
<p><b>Plumbing:</b></p> <ul style="list-style-type: none"> <li>• Restoring the lack of hot and cold running water;</li> <li>• Repairing or replacing a defective sewage disposal system;</li> <li>• Repairing or replacing leaking water lines and/or gas lines or dangerous conditions in plumbing and gas systems;</li> <li>• Repairing or replacing leaking or improperly functioning bathroom or kitchen plumbing fixtures (toilets, sink faucets, tubs/showers);</li> <li>• Repairing or replacing leaking or inoperable water heaters.</li> </ul>	<u>Yes</u>	<u>No</u>
<p><b>HVAC:</b></p> <ul style="list-style-type: none"> <li>• Restoring the lack of or inadequate heating or cooling (HVAC system shall currently exist);</li> <li>• Repairing or replacing a hazardous or defective system;</li> <li>• Upgrading electrical subpanel for operation of the HVAC unit.</li> </ul>	<u>Yes</u>	<u>No</u>
<p><b>Accessibility:</b></p> <ul style="list-style-type: none"> <li>• Installation of wood framed walk/ramps to elevated homes entry point locations for wheelchair or ambulatory accessibility, approximately 20 linear feet;</li> <li>• Demolition of existing shower and installation of ADA accessible shower unit/system;</li> <li>• Install grab bars for shower locations;</li> <li>• Install grab bars for toilet locations;</li> <li>• Install 6-foot long shower fixture extension hose for easy reach/use;</li> <li>• Remove and replace bathroom door with 36-inch wide unit for wheelchair access;</li> <li>• Remove and replace bedroom door with 36-inch wide unit for wheelchair access;</li> <li>• Install comfort height toilet and/or lift seat for wheelchair accessibility;</li> <li>• Installing portable shower seats;</li> <li>• Installation of a lever handle door knobs for easy operation.</li> </ul>	<u>Yes</u>	<u>No</u>



## SEMINOLE COUNTY IMMEDIATE NEEDS PROGRAM CERTIFICATION STATEMENT

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs. We only collect information that we consider to be appropriate.

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 and 775.083. 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 and are aware that all information and documents provided are a matter of public record. I/we further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided, the County will demand and pursue through all legal remedies available, repayment of the funds provided for the assistance that was provided. The undersigned further understands that providing false representations herein constitutes an act of fraud. **Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office.**

**\*The Applicant and Co-Applicant must sign below.**

---

**Applicant Signature**

**Date**

---

**Co-Applicant Signature**

**Date**

---

**Other Adult Member Sign Your Name**

---

**Other Adult Member Sign Your Name**



**SEMINOLE COUNTY IMMEDIATE NEEDS PROGRAM**  
**INCOME RECEIVED MONTHLY**

List the amount of income received monthly.			
Employment	\$	Business or Rental Net Income	\$
AFDC/TANF/ (Cash Assistance)	\$	Workmen's Compensation	\$
Social Security, SSI, SSDI, Pensions (VA, Military, Retirement)	\$	Short- or Long-Term Disability	\$
Unemployment Compensation	\$	Recurring Contributions and Gifts	\$
Alimony/ Child Support	\$	Other: _____	\$
Food Stamp Assistance	\$	Other: _____	\$

**EXPENSES PAID MONTHLY**

Childcare or Child Support	\$	Car Insurance	\$
All Loan(s) other than Car, Real Estate, Mortgage and Student Loans	\$	Medical	\$
Rent, Real Estate & Mortgage Loans	\$	Food	\$
Electric & Water & Gas	\$	Gas (Automobile)	\$
Phone – (Including Cell Phone & Cable)	\$	All Credit Cards	\$
Car Payment(s)	\$	Student Loan(s) Other	\$

**ASSETS AND ASSET INCOME**

For ALL household members, including minors, list checking and savings accounts, IRA, CD, bonds, stocks, equity in properties, whole life insurance, pensions, etc. **(Please provide the last 6 months of bank statements or benefit statements)**

Type of Asset	Financial Institution	Account #
1.		
2.		
3.		
4.		

\*If additional space to list assets is needed please attach information to the back of this application.

# SEMINOLE COUNTY IMMEDIATE NEEDS PROGRAM AUTHORIZATION FOR THE RELEASE OF INFORMATION

Please print information, **do not use white-out.**

I \_\_\_\_\_, the undersigned, hereby authorize  
\_\_\_\_\_ to release by third party, without liability, information

*(Leave this line blank, agency to complete)*

in regards to employment, income, residency, dependency, or claims of loss or other confidential information pertaining to me and/or assets to the Seminole County Community Development Office, for the purposes of verifying information provided as part of determining eligibility for assistance under this application for assistance. I understand that only information necessary for determining eligibility can be requested. **This authorization is valid up to one year from date signed.**

**TYPES OF INFORMATION TO BE VERIFIED:**

I/We understand that previous or current information regarding me/us 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, certificates of deposit, Individual Retirement Accounts, interest, dividends; payments from Social Security/SSI, 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 who may be asked to provide written/oral verifications are, but not limited to:**

- |  |  |  |
|--|--|--|
| Past and Present Employers<br>Past and Present Landlords <i>(including Public Housing Agencies-TBRA/Section 8)</i><br>Support and Alimony Providers<br>Hospitals/Doctors/Pharmacies/Clinics<br>Funeral Homes and Crematories | Welfare Agencies/Other Social Service Agencies and Non Profit Agencies<br>State Unemployment Agencies<br>Social Security Administration<br>Utility Companies | Veterans Administration<br>Retirement Systems<br>Banks and other Financial Institutions<br>Religious Organizations |
|--|--|--|

**CONDITIONS:**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand I/we have a right to review this file and correct any information found to be incorrect.

Applicant Sign Your Name	Print Your Name	Date
--------------------------	-----------------	------

Co-Applicant Sign Your Name	Print Your Name	Date
-----------------------------	-----------------	------

Other Adult Member Sign Your Name	Print Your Name	Date
-----------------------------------	-----------------	------

Other Adult Member Sign Your Name	Print Your Name	Date
-----------------------------------	-----------------	------

Note: This general consent may not be used to request a copy of a tax return or medical records.



## SEMINOLE COUNTY IMMEDIATE NEEDS PROGRAM MEMORANDUM OF UNDERSTANDING

I/We, \_\_\_\_\_ (Applicant) and \_\_\_\_\_ (Co-Applicant) understand the following:

- I/We am/are applying for the Immediate Needs Program through Seminole County to address an immediate need in my home.
- My household income must not exceed the income levels determined by the applicable funding program.
- I/We understand that my/our home must be located within Seminole County, outside of the City limits of Sanford.
- I/We must currently occupy the Property as my/our principal residence.
- This assistance is provided to me as a grant.
- The property taxes and the insurance must be up to date to qualify for the program.
- My home must be a site-built home.
- My manufactured/mobile housing is only eligible if it meets the standards established by the Florida Department of Community Affairs (DCA) which requires a DCA decal/emblem to be displayed in the home.
- My home and land assessed value cannot exceed \$160,000.
- Only one trade (i.e. roofing, plumbing, electricity, HVAC, accessibility) will be addressed by this program. Homes in need of rehabilitation/reconstruction are not eligible.
- Repairing leaking roofs take precedence over anything else.

### APPLICANT(S)' ACKNOWLEDGMENT

I/we acknowledge that I/we have received a copy of the foregoing fully executed Memorandum of Understanding by my Lender and that the terms and requirements thereof were explained to me/us.

APPLICANT:

APPLICANT:

By: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Seminole County  
Community Development Division  
Immediate Needs Program  
Additional Documentation Required\***

The following documents must be included with your application:

- a. All household members 18 years of age or older:
  - Valid Florida Photo ID or Florida Drivers License
  
- b. All household members:
  - Social Security Number Verification
  
  - Copy of Birth Certificate
  
  - Last ninety (90) days of most recent pay stubs.
  
  - For each household member that is working, provide the following: Name of employer, Name of Supervisor / Manager, Address of employer, Phone Number of employer, and fax number of employer.
  
  - If applicable, a benefit statement for Social Security or SSI benefits.
  
  - If applicable, proof of other income received by any household member, such as: Alimony, Unemployment benefits, or any other income you receive regularly.
  
  - If applicable, court ordered child support or direct payment agreement from the natural parent not residing in the household.
  
  - If applicable, a copy of Divorce Decree.
  
  - Last (6) six months bank statements, for all accounts that are open for each household member regardless of the current balances.
  
  - If applicable, a copy of most recent statement for 401k, retirement funds, IRA, stocks, bonds or other funds.
  
  - If applicable, a copy of the current cash value statement for any Whole Life Policy insurance.
  
  - Copy of last year's tax return.
  
  - Authorization for the Release of Information form for all adult household members.
  
- c. Pertaining to the property:
  - Copy of current deed or title to the property.
  - Copy of current mortgage statement.
  - Copy of current property tax status.
  - Copy of current homeowner's insurance.

**\*Updated documents may be required at the time your application is reviewed for assistance by the Project Coordinator.**