



SEMINOLE COUNTY COMMUNITY ASSISTANCE APPLICATION FOR ASSISTANCE

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

PLEASE CHECK ASSISTANCE APPLYING FOR

All documents listed on pages 7 through 10 that correspond with the assistance you are applying for must be enclosed with the application.

- | | | | |
|---------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Good Neighbor | <input type="checkbox"/> Training |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Utility | <input type="checkbox"/> EHEAP | <input type="checkbox"/> Deposit |
- Other: _____

(Please Print Clearly)

| | Applicant | Co-Applicant (Spouse or member 18 & older) |
|---|--|--|
| 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 | |
| Ethnicity/Special Needs: | (For reporting purposes only, please check all that apply for Head of the Household Only) | |
| White <input type="checkbox"/> | Black <input type="checkbox"/> | Hispanic <input type="checkbox"/> |
| Asian/Pacific Islander <input type="checkbox"/> | Native American <input type="checkbox"/> | Other <input type="checkbox"/> |
| Farm Worker <input type="checkbox"/> | Disabled <input type="checkbox"/> | or Disabled Minor <input type="checkbox"/> |
| Elderly <input type="checkbox"/> | Homeless <input type="checkbox"/> | Other _____ |
| Applicant Street & Mailing Address: | | |
| Street Address: | Rent <input type="checkbox"/> Own <input type="checkbox"/> | 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.

INCOME RECEIVED MONTHLY

List the amount of income received monthly in column two by the source of income listed in column one. If income is listed in column one then the documents listed in column three are required if applicable. Column three lists the required documents of the various income sources listed in column one. **Forms**, in bold, are available in the Community Assistance Office or online with the application. The Community Assistance Office can notarize required documents below.

| Column One | Column Two | Column Three |
|---|------------|--|
| | | Client will also have the option to use 3rd Party Verification if source is not available or more information is required to clarify income and assets. The client is responsible for any costs associated with the completion of 3rd Party Verifications . <i>The Deposit and Dental Programs require 3rd party verifications.</i> |
| Employment | \$ | Provide Pay Stubs. All adults (18 years of age or older) in the household who are currently claiming no income, must sign and notarize a Verification of No Monthly Income form |
| AFDC/TANF/ (Cash Assistance) | \$ | AFDC/TANF (Aid to Families with Dependent Children/Temporary Assistance for Needy Families) Printout or current decision letter from the Department of Children and Families. Provide Decision Notice or Printout |
| Social Security, SSI, SSDI, Pensions (VA, Military, Retirement) | \$ | Provide a copy of current year Award or Benefit Statement. <i>A statement is required for <u>each</u> household member receiving benefits. (Provide current year award letters)</i> |
| Unemployment Compensation | \$ | All adults (18 years of age or older) in the household who are currently receiving unemployment, must sign and have notarized a DEO/AWI (form). |
| Alimony/ Child Support | \$ | Divorce Decree or Court Order and child support and/or <i>alimony payment schedule if applicable, (must show Child Support); <u>or</u> Provide a notarized letter from the person paying support; <i>only if the support is not court ordered;</i> <u>or</u> Provide a printout from the court or government agency through which payments are being made. (Last 6 months print out is required for deposits and dental programs).</i> |
| FOOD STAMP ASSISTANCE | \$ | Monthly food stamp assistance from the State of Florida for single adults and families. |
| Business or Rental Net Income | \$ | Provide a copy of profit and loss statement; <u>and</u> provide the business bank statements. |
| Workmen's Compensation | \$ | Provide documentation from employer of amount and frequency of workmen's compensation. |
| Short- or Long- Term Disability | \$ | Provide documentation from employer of amount and frequency of disability compensation. |
| Recurring Contributions and Gifts | \$ | Provide a letter stating the amount and frequency of payment from the bank, attorney, or a trustee providing required verification; <u>or</u> A Verification of Recurring Cash Contributions (form) must be completed by the payee. |
| Other | \$ | Please provide documents of all other source of income in the household. |

EXPENSES PAID MONTHLY

| | | | |
|---|----|-----------------------|----|
| Childcare or Child Support Payments | \$ | 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. All adults (18 years of age or older) in the household who do not have a financial account, must sign a **Verification of No Financial Accounts** (form). **(Please provide the last 6 months of Bank Statements or benefit statements for Deposit and Dental cases only)**

| 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.

ADDITIONAL QUESTIONS

Please read and answer all questions below, additional documents are required for questions with an asterisk *. **Forms**, in bold, are available in the Community Assistance Office or online with the application.

*Are copies of valid Florida Photo ID or valid Florida Drivers License for all adult household members (18 years of age or older) attached to the application? Yes No

*Are copies of Social Security Cards **and** birth certificates for all household members attached to application? Yes No

*Are you an employee or related to an employee of Seminole County Government? If yes, please list the relationship: _____ Yes No

CITIZENSHIP/RESIDENCY:

Are you a U.S. citizen? Yes No

*If no, are you a permanent resident of the U.S.? (If yes, a copy of the resident card must be provided.) Yes No

LIVING ARRANGEMENTS:

*Is this a Section 8, Subsidized, TBRA or Public Housing Rental? Yes No

***Note: Rent and Utility assistance cannot be provided to customers who have Section 8, TBRA, Shelter Plus Care or are with a Housing Authority**

Are you homeless? Yes No

If yes, what are your current living arrangements? homeless shelter/facility other, please state: _____

HEALTH:

Do you have Dental Insurance or a discount plan/policy? Yes No

Do you have Vision Insurance or a discount plan/policy? Yes No

Do you have Medicaid Insurance? Yes No

Do you have Medicare Insurance? Yes No

EDUCATION:

Are you a high school graduate? Yes No

If yes, year of graduation: _____ If no, highest grade completed: _____

Please list any college degrees or vocational training you have completed: _____

Is Applicant, Co-Applicant, or any other household member 18 or older a full-time student? Yes No

*If yes, please list member(s) and provide supporting documentation if applying for Self-Sufficiency Program: _____

EMPLOYMENT:

Are you currently seeking employment? Yes No

If no, explain: _____

VETERAN:

Are you a Veteran or Spouse/Dependent of a Veteran? Yes No

If yes to either question, may our Veteran Service Officer contact you?

Yes No

REASONABLE ACCOMODATIONS:

Hearing impaired: Do you need TTD/TDY access to our staff?

Yes No

Do you require accommodations for a disability?

Yes No

If yes, what accommodations do you need? _____

Please complete if applying for the Training Program only:

| | | | | | | |
|--|----|-----------------------|----|-------------------------------------|----|--|
| Institution Name: | | | | Program Name: | | |
| This Program will enable me to (circle one): Attain Employment Maintain Employment Increase Income and/or Benefits | | | | | | |
| Anticipated Enrollment Date: | | | | Anticipated Graduation Date: | | |
| Tuition Amount: | \$ | Cost of Books: | \$ | Cost of Training Supplies: | \$ | |

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, to improve services for homeless individuals, and to better understand the need of homeless individuals. 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

| THIS SECTION FOR OFFICIAL USE ONLY | | | | | |
|--|-------------------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|
| PROGRAM | <input type="checkbox"/> SHIP | <input type="checkbox"/> EHEAP | <input type="checkbox"/> ESGP | <input type="checkbox"/> SCU | <input type="checkbox"/> ADDI |
| | <input type="checkbox"/> BCC | <input type="checkbox"/> CDBG | <input type="checkbox"/> CSBG | <input type="checkbox"/> EFSP | <input type="checkbox"/> TBRA |
| Staff Signature: | | | | | |
| Approved: | | | | | |
| Denied: | | | | | |
| Award Amount: | | | | | |
| Reason: | | | | | |
| | | | | | |
| Appealed: NO <input type="checkbox"/> YES <input type="checkbox"/> | | | | | |

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

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.



Community Assistance Web In-House

Application Document Check List



Name: _____ Case #: _____ Orientation / Web App Date: _____

Address: _____ Screened Date: _____

Mailing: _____

Case Manager: _____ Rescreened Date: _____

Last Date Customer has to Return Highlighted Pending Documents

Return Date: _____

Case Manager has 10 Business Days (not including weekends and holidays) to respond to customer with status of case.

Response Date: _____

Basic Documents Required for ALL Services

- All sections of application completed and signed.
- Valid Florida Picture ID or Valid Florida Driver's License of all adult household members (ages 18 and older)
 - Please note: Out of state IDs, expired IDs, Passports, Military IDs are not acceptable forms of identification
- Social Security cards or two page letter from SSA indicating your name and social security number for all household members
- All household members must provide a U.S. Birth Certificate (a valid U.S. Passport, Voter's Registration card, or a Naturalization Certificate may be substituted if a U.S. birth certificate is not available)
- If any household member is not a US Citizen, you must provide a copy of the Valid Permanent Resident Card

Documentation of Residency

- Current Mortgage Statement/or Proof of Ownership or
- Current Valid Lease Agreement and utility addendum if water payment included with the rent
- Current Utility Bill within last 30 days (electric, water or gas showing name and address)
- Homeless customers must provide signed, affidavit of homeless status in Seminole County AND
 - Letter from agency/church or facility on signed company letterhead verifying homeless situation OR
 - Court eviction within the last 12 months to show homelessness

Income

- Proof of All Household Income-**Please provide all that apply to your household**
Please note: The CSBG Program (Training, Day Camp and Extended Day) require the last 90 days of income for the household. The Deposit and Dental Program required Third (3rd) party verifications. If third party verifications are unavailable, proof of the last 6 months of income and assets are required for these programs. Rent, Mortgage, and Utility assistance programs requires the last 90 days of income.
 - Verification of Employment Income: Paystubs for the last **90 days** for all household members currently employed
 - Verification of Assets: Bank Statements for the last **6 months** for all bank accounts all pages (**transaction histories are not acceptable-statement must show beginning and ending balance for period covered*) if applying for Dental and Deposit only.
 - Verification of Unemployment Benefits: Provide an approval letter from unemployment compensation with a printout of benefits being paid from local or out of State benefits.
 - Verification of Social Security Income: Current year Social Security Awards letter for all SSDI, SSI, and Social Security benefits for all household members receiving the income
 - Verification of Self employment income: provide last 3 months of business bank accounts, last 3 months of profit/loss statement, and last year tax return
 - Verification of child Support (**Required for all households with minor children not living with both biological parents**)
Print out from Child Support Enforcement, Clerk of the Court, or Department of Revenue website showing the last **90** days of payments or Court Order or if support is not court order, payee provides a notarized statement of monthly support paid or proof from Child Support Enforcement or the Clerk of the Court that you are not currently receiving child support. Last 6 months print out is required for Dental and Deposit Program if Court Order is not available.
 - Verification of Alimony or Separation Payments-court order or check stubs showing the last 90 days of payment
 - Verification of Pension, Retirement and Annuities-last 90 days of check stubs or letter from company on signed company letterhead verifying the monthly benefit received.
 - Verification of Income from Military Service-LES (Leave & Earning Statement)
 - Verification of Veterans Administration Benefits-letter from VA verifying monthly benefit received.
 - Verification of Recurring Cash Contributions-form must be completed by person providing household with monthly support
 - Verification of No Monthly Income (**Must be completed and notarized by all household members 18 and older claiming no monthly income**)
 - Verification of No Financial Accounts (**Must be completed and notarized by all household members 18 and older claiming no financial/bank account**)

Community Assistance Web In-House

Application Document Check List

- Cash Assistance Verification: TANF (cash assistance) / Food Stamps Decision Letter or print out from DCF showing last 90 days of payments (benefits history page) or 6 months for Deposit and Dental Programs
- Verification of Worker's Comp or Short/Long Term Disability-last 90 days of paystubs or paperwork on signed company letterhead verifying the amount of the weekly benefit and how long the benefit will last

Third Party Verification Forms:

- Verification of Employment (VOE) Form
- Verification of Deposit (VOD) Form
- Verification of Pension and Annuities Form
- Verification of Child Support
- Recurring Cash Payment

Documentation of Financial Hardship (Required for Rent, Mortgage or Utility Assistance) within the last 6 months

- Please provide proof of a documented financial hardship within the last 6 months that is not the result of a criminal activity.

Documentation of On-going Management (Sustainability- Required for Rent, Mortgage, Deposit and Utility Assistance)

- Proof of new or continued employment-** Statement from new or current employer on signed company letterhead verifying date you will start employment or return to employment, rate of pay, and hours worked weekly.
- Unemployment Approval-** Unemployment approval decision letter verifying weekly benefits amount, and print out of benefits paid (Bank statements or pay card printout)

Additional Documents Required for Specific Service Requested

Mortgage

- Current Mortgage Statement
- Completed mortgage release form authorizing Seminole County to contact Mortgage Company.

Rent

- If applying for 1st month's rent, the eviction must have occurred in Seminole County and show copy of Court Eviction Notice within the last 12 months.

Utility (must be in the name of customer or other adult in household)-Electric, Water, and Gas Only

- Past Due or Current Utility Bill (original or electronic bill required **note*: account/statement summaries not accepted)
- Cut Off Notice (Disconnection notice not acceptable)

Dental

- Original Written Dental Referral from Licensed Dentist within the last 6 months

Deposit Program

- Household must provide documentation of either being homeless or in danger of becoming homeless as a result of the inability to pay security and/or utility deposits when seeking residence in rental housing by providing one of the following documents;
 - o Court eviction within the last year; **or**
 - o Foreclosure notification within the last year; **or**
 - o Documentation from City or County Code Enforcement stating current housing is substandard housing; **or**
 - o Notice of no lease renewal from landlord; **or**
 - o Proof the household has been residing in an extended stay hotel/motel for 7 days; **or**
 - o Referral from a homeless shelter or agency/church on signed agency letterhead;
 - In addition, domestic violence shelter referrals must provide a denial letter for victims crime compensation funding
- Rental unit must be located within Seminole County;
- Monthly rent charged on the unit cannot exceed the current fair market rent (FMR) for Seminole County;
- Monthly rent charged on the unit must be at or below 30% of the household's maximum income level.

Training Program

- Provide acceptance letter for an Approved Workforce Central Florida Training Program dated within the last 30 days; and
- Provide a copy of class schedule; and
- Provide a copy of financial aid documentation from school; and
- Provide an invoice for program tuition, books and training supplies (Please note: Seminole County will pay the vendor directly).

Other Documents:

Other Documents: _____