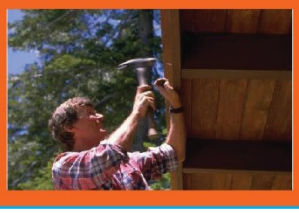
SEMINOLE COUNTY
FLORIDA'S NATURAL CHOICE

Community Services Department
Community Development Division

Immediate Needs Program



Seminole County is accepting applications for the ***Immediate Needs Program.*** This program is designed to provide funds in the form of a grant to qualified applicants with necessary repairs and/or alterations to affect the immediate livability of the home.

The five (5) trades in which assistance can be provided are roofing, electrical, plumbing, HVAC (heating and cooling systems), and accessibility/barrier removal.

At a minimum, the following criteria must be met in order to be determined eligible:

- ✔ Applicant must be the unit's owner by proof of a deed in their name;
- ✔ Home must be located within Seminole County;
- ✔ Occupying household must be at or below 80% of the median income level (see chart below);
- ✔ All mortgages, taxes, and special assessments on the home must be current and paid; and
- ✔ Home must have homeowner's insurance or notification from insurance company of inability to insure due to state of home (insurance must be attained prior to project completion).

80% of Median Income Level

Household Size	1	2	3	4	5	6	7	8
Income Level	$32,800	$37,450	$42,150	$46,800	$50,550	$54,300	$58,050	$61,800

How to Apply:

If you are interested, an application is available at the Seminole County Community Development Office or at www.seminolecountyfl.gov/comsrvs/commdev/. Once the application is completed you may submit it to the Seminole County Community Development Office, Monday thru Friday from 8:00 a.m. to 5:00 p.m. Applications are processed in the order in which they are received. They will also be accepted based on funding availability and the program can close without further notice. Assistance is provided based on eligibility and on a first-ready, first-served basis.

Seminole County Community Services Department
Community Development Division
534 W Lake Mary Blvd • Sanford, FL 32773 • Phone (407) 665-2300
www.seminolecountyfl.gov/comsrvs/commdev/

EQUAL HOUSING OPPORTUNITY

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)

	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:	☐ Spouse ☐ Partner ☐ Roommate ☐ Relative ☐ Non-relative	

Ethnicity/Special Needs: (For reporting purposes only, please check all that apply for Head of the Household Only)

White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American ☐

Farm Worker ☐ Disabled or Disabled Minor ☐ Elderly ☐ Homeless ☐
Other_____

Applicant Street & Mailing Address:

Street Address:					City:
State:	Zip:	Rent ☐	Own ☐	City Limit ☐	Unincorporated ☐
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:

Rev. April 2017

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

Please read and answer all questions below:	Yes	No
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?		
Are copies of Social Security Cards and birth certificates for all household members attached to application?		
Did all adult household members (18 years and older) sign the Signature Page and 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 has one or more checking account(s)?		
Do you or anyone in your household has one or more savings account(s)?		
Do you or anyone in your household have an IRA account?		
Do you or anyone in your household has a 401(k), stocks, bonds, or any other investment account?		

CITIZENSHIP/RESIDENCY:

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

VETERAN:

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

REASONABLE ACCOMMODATIONS:

Please read and answer all questions below:	Yes	No
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

Roofing	Yes	No
Electrical	Yes	No
Plumbing	Yes	No
HVAC	Yes	No
Accessibility	Yes	No

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. 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)

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 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, 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*

Documentation Required
Seminole County Community Development Division
Immediate Needs Program

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. If an adult household member is not working and receives no income from any source, the household member must provide a completed Verification of No Monthly Income form.
   - ❑ 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. A notarized letter or statement from each adult household member that does not have an open bank account, stating such.
   - ❑ 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 case value statement for any Whole Life Policy insurance.
   - ❑ Copy of last year's tax return.
   - ❑ Authorization for the Release of Information forms for all adult household members.
   - ❑ Verification of Self employment income: provide last 6 months of business bank accounts, last 3 months of profit/loss statement, and last 2 year's tax return.

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.

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
- Past and Present Landlords *(including Public Housing Agencies-TBRA/Section 8)*
- Support and Alimony Providers
- Hospitals/Doctors/Pharmacies/Clinics
- Funeral Homes and Crematories
- Welfare Agencies/Other Social Service Agencies and Non Profit Agencies
- State Unemployment Agencies
- Social Security Administration
- Utility Companies
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- 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
AUTHORIZATION FOR RELEASE OF INFORMATION AND PRIVACY ACT NOTICE

The undersigned authorize the Seminole County Community Services and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or SHIP Programs, including authorization to obtain a consumer credit report.

This includes but is not limited to the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Florida Department of Human Services programs. Seminole County may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to Seminole County on household members, income, net family assets, allowances, and deductions is accurate.

PRIVACY ACT NOTICE STATEMENT: The Department of Housing and Urban Development (HUD) and Florida Housing Finance Authority require the collection of this information to determine an applicant's eligibility and the amount of assistance necessary. This information will be used to establish level of benefit, to protect the government's financial interest and to verify the accuracy of the information furnished. It may be released to appropriate federal, state and local agencies when relevant to civil, criminal or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. HUD is authorized to ask for this information by the National Affordable Act of 1990.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I acknowledge that: (1) a photocopy of this form is as valid as the original, (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me), (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 12 months from the date signed.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to $5,000 and grounds for termination of housing assistance under State and Federal Law.

Signature of Head of Household	Social Security Number	Date
Signature of Spouse/other Adult	Social Security Number	Date
Other Adult Signature	Social Security Number	Date
Other Adult Signature	Social Security Number	Date

Revised 11/2016

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:_____

CONFLICT OF INTEREST
Seminole County

No persons who is an employee, agent, consultant, officer, or elected official or appointed official of Seminole County Government who exercise or have exercised any functions or responsibilities with respect to activities assisted with state or federal funds or who are in a position to participate in a decision making process or gain inside information with regards to these activities, may obtain a financial interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

NOTIFICATION ABOUT POTENTIAL CONFLICT OF INTEREST

I, _____ (Applicant) certify that:

- ☐ I am employed with Seminole County Government or
- ☐ I have a family member employed with Seminole County Government or
- ☐ I am not employed nor do I have a family member employed with Seminole County Government.

_____
Signature of Applicant/Date

I, _____ (Co-Applicant) certify that:

- ☐ I am employed with Seminole County Government or
- ☐ I have a family member employed with Seminole County Government or
- ☐ I am not employed nor do I have a family member employed with Seminole County Government.

_____
Signature of Co-Applicant/Date

Immediate Needs Program Applicants: Please complete the highlighted portions of this form. Include one form for each adult household member. Additional forms are available at the Seminole County Community Services Office.

CRIMINAL HISTORY REQUEST

Program Coordinator: Date: _____

Seminole County Government
Community Development Office
534 West Lake Mary Blvd.
Sanford, Florida 32771

Reason for Request: Client has applied for assistance with a Federally Funded Program

Client Name: _____ Date of Birth: _____
Address: _____ Race: _____
_____ Sex: _____

Social Security Number: _____
Driver's License State: _____ Number: _____
Vehicle License State: _____ Number: _____

Please Sign at Applicant's Signature, date and return:

Applicants Signature _____ Date: _____

DEPARTMENT USE ONLY

	CHECK APPLICABLE	RECORD FOUND
GPD-CRIMINAL		
TRAFFIC		
PARKING		
CRIMINAL JACKET		
ACCJIS		
ASO-RECORDS		
WARRENTS		
DHSMV-QD		
FDLE-QI		
FS		
NCIC-QH		
CH		

Request received by: _____ Date: _____

Request Completed by: _____ Date: _____