



**COMMUNITY SERVICES DEPARTMENT  
COMMUNITY ASSISTANCE DIVISION  
Emergency Solutions Prevention Grant  
(ESG) Program**

**Seminole County Community Assistance Division will begin accepting applications for the **Emergency Solutions Prevention Grant (ESG) Program** which provides Rental Assistance and Case Management services for eligible households in Seminole County. Applications will only be accepted June 9 – 11, 2015 **8:00-5:00 pm Only****

**Seminole County Community Assistance, c/o ESG**

**534 W. Lake Mary Blvd. • Sanford, FL 32773**

**Please Note:** A limited number of slots are currently available. Applications will be reviewed based on the date/time stamped; first come basis; and based on eligibility. Eligible applicants who are not approved for assistance will be placed on a waiting list. Please read the eligibility requirements below carefully before applying.

**To apply for this program your household must meet all of the requirements listed below:**

**ESG ELIGIBILITY REQUIREMENTS:**

- A. Current Seminole County Resident
- B. Must be at risk of Homelessness based on HUD Homeless definition.
- C. Household income must be at or below 30% of the Median Income Levels listed below
- D. Head of Household or co-head must participate in 90 day follow up assessment with case manager.

**REQUIRED DOCUMENTS TO SUBMIT WITH APPLICATION:**

- A. Valid Florida ID of all adult household members
- B. Social Security Cards of all household members
- C. Birth Certificates of all household members
- D. Documentation to verify risk of homelessness must include all of the following:
  - Formal eviction notice or documentation of pending foreclosure
  - Documentation of inability to pay rent/mortgage due to a sudden loss of income
  - Documentation that payments will resume in the near future (on-going management)
- E. Documentation of all household income (includes earnings, social security, veteran benefits, pensions, retirement, child support, cash assistance, food stamps)

**\*Application submitted without the documents noted above will not be reviewed.**

**30% OF MEDIAN INCOME**

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<b>12,250</b>	<b>14,000</b>	<b>15,750</b>	<b>17,500</b>	<b>18,900</b>	<b>20,300</b>	<b>21,700</b>	<b>23,100</b>

**\*Households do not qualify if they own or live in subsidized housing; receive Section 8, or other Tenant Based Rental Assistance (TBRA).**

Seminole County Community Services Department

**Community Assistance Division**

534 W. Lake Mary Blvd. • Sanford, FL 32773 • Phone (407) 665-2300 • [www.seminolecountyfl.gov/commsrvs/](http://www.seminolecountyfl.gov/commsrvs/)



## 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 the flyer must be enclosed with the application.  
 Emergency Solutions Prevention Grant (ESG) Program

(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	
<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"/>	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 _____
<b>Applicant Street &amp; Mailing Address:</b>		
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 <b>3<sup>rd</sup> Party Verification</b> 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 <b>3<sup>rd</sup> Party Verifications</b> . <b><i>The Deposit and Dental Programs require 3<sup>rd</sup> party verifications.</i></b>
Employment	\$	<b>Provide Pay Stubs.</b> All adults (18 years of age or older) in the household who are currently claiming no income, must sign and notarize a <b>Verification of No Monthly Income</b> 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. <b>Provide Decision Notice or Printout</b>
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 <b>DEO/AWI</b> (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; <u>only if the support is not court ordered</u>; <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> <b>A Verification of Recurring Cash Contributions</b> (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: \_\_\_\_\_



