



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 that correspond with the assistance you are applying for must be provided with the application.

Rent Mortgage Deposit Utility Other: _____

| | 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: |

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. 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 Program requires 3rd party verifications.</i> |
| Employment | \$ | Provide last 90 days of 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 | \$ | 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. (Provide last 90 days of stubs or printout) |
| 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 for the last 90 days.</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 the 3 months profit and loss statement; <u>and</u> provide last three (3) months/ninety (90) days of the business bank statements. |
| Workmen's Compensation | \$ | Provide documentation from employer of amount and frequency of workmen's compensation. (Provide last 90 days of pay stubs) |
| Short- or Long- Term Disability | \$ | Provide documentation from employer of amount and frequency of disability compensation. (Provide last 90 days of pay stubs) |
| 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 Assistance)**

| 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 *.

*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 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

EMPLOYMENT:

Are you currently seeking employment? Yes No

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? _____

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 Sign Your Name Date

Other Adult Sign Your Name Date

Co-Applicant Sign Your Name Date

Other Adult Sign Your Name Date

| THIS SECTION FOR OFFICIAL USE ONLY | | | | |
|------------------------------------|-------------------------------|-------------------------------|------------------------------|-------------------------------|
| PROGRAM | <input type="checkbox"/> SHIP | <input type="checkbox"/> CSBG | <input type="checkbox"/> BCC | <input type="checkbox"/> CDBG |
| Staff Signature: | | | | |
| Supervisor Signature: | | | | |
| Approved: | | | | |
| Denied: | | | | |
| Award Amount: | | | | |
| Reason: | | | | |

Assistance will be provided according to the program eligibility requirements and the availability of funding; some restrictions apply.

This program is open to all without regard to race, color, national origin, sex, handicap, familial status, or religion. All Seminole County programs are on a first come, first completed basis. Those who supply the Program with all the information needed to process their application while funds are available will be processed first.

HOURS OF OPERATION:

Our office is open **Monday thru Friday from 8 a.m. – 5 p.m.**

Applications can be dropped off during normal business hours or after-hours at our onsite drop box. Applications cannot be faxed, emailed, or mailed in to the office. If you would like to sit with a Case Manager to apply for assistance, please call to make an appointment or go to <https://www.seminolecountyfl.gov/departments-services/community-services/divisions.stml#CA>.

SEMINOLE COUNTY COMMUNITY ASSISTANCE AUTHORIZATION FOR THE RELEASE OF INFORMATION

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

I _____, the undersigned, hereby authorize Seminole County Government Community Services Department to obtain by third party, without liability, information in regards to employment, income, residency, dependency, or claims of loss or other confidential information pertaining to me and/or assets 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.



HARDSHIP LETTER

(Explanation of Need)

Applicant Signature

Date

Unexpected financial hardships for rent/mortgage and utility assistance may include, but are not limited to the following:

Financial Hardship is listed in **bold and required document is listed underneath*

NOTE: Unexpected expenses paid with a credit card will not be considered.

- ◆ **Job loss due to a circumstance out of your control.**
 - Letter from employer verifying last date worked and reason for termination on signed company letterhead.
- ◆ **Reduction in employment hours by employer (not a result of client actions/requests).**
 - Written documentation from employer on letterhead signed stating effective date of reduction and reason for reduction with pay stubs within the last 6 months to verify statement from employer.
- ◆ **Family breakup can be considered if the previous household member's name is listed on the lease.**
 - Written and signed verification from landlord that person is no longer at residence and date they left the household or verification of incarceration (in jail) and documentation that person was a contributing member of the household – example: recent check stubs.
**Note: previous resident must have been on the lease agreement for loss to be considered.*
- ◆ **Expenses due to taking guardianship of a minor child(ren) due to abuse/abandonment or neglect.**
 - Court Order with customer and child's name showing date order became effective and receipts showing additional expenses paid out for child.
- ◆ **Documented on-going loss of child support payment.**
 - Current child support print out showing gap in payments
- ◆ **Unemployment benefits approval that results from appeal by customer (must show appeal letter and supporting documentation).**
 - Unemployment appeal decision letter showing you have been approved for benefits.
- ◆ **Out of work due to medical – without pay or reduced pay**
 - Medical excuse from licensed physician stating dates out of work under doctor's care and expected date of return (no medical records accepted).
- ◆ **Unexpected car or home repairs- routine maintenance not considered**
 - Receipt in customer's name from licensed vendor within the last 6 months (car repairs also require current car registration)
- ◆ **Lapse in payment for extended benefits for unemployment, short term disability or workmen's compensation-**Cannot be due to customer's actions***
 - Print out or letter from agency verifying gap in payments and reason (if STD or workman's comp)

- ◆ **Seniors or disabled customers that receive the unexpected garnishment of multiple Medicare per diems from their social security check.**
 - Social Security Awards letter verifying the lump sum Medicare Premium being taken out
- ◆ **Consideration may be given for those employees whose hours normally and routinely fluctuate; such as, pool employees, temp or part-time personnel, commission sales personnel or home health care workers only once and with approval from the Case Manager Supervisor but not in the future if client continues to work such employment.**
 - Must have documentation from employer on signed company letterhead indicating the start date and the situation, such as temporary assignment ending, layoff, decrease in hours or sales etc.
- ◆ **Burglary/Theft of funds**
 - Must have police report filed within 30 days of incident occurring
- ◆ **Unexpected expenses/or loss of income due to death of family member (spouse, domestic partner, father, mother, child, siblings, grandchild, grandparents).**
 - Receipt from funeral home showing amount paid or receipt for plane ticket/travel expenses along with death certification, obituary, and/or funeral program for deceased
- ◆ **Fire/Arson resulting in relocation and/or loss of income/property *Note: Cannot assist if losses covered by homeowners/renter insurance**
 - Written report from Fire Marshall indicating occurrence was at the household

Unexpected financial hardships do not include the following:

- ◆ Job loss due to household member's own actions.
- ◆ Customers showing sufficient income even with a loss of income.
- ◆ Customers with liquid assets balance of \$5,000.00 or more (examples: checking, saving, money market)
- ◆ Quitting employment without documentation of just cause.
- ◆ Over drawn bank accounts/ exhausting savings accounts.
- ◆ Family members ceasing financial assistance.
- ◆ Arrests, payment of legal fees, probation, or traffic violations.
- ◆ Social Security payments ending and/or stopping due to failure to report income, over payments, or benefits ending due to children reaching age limit.
- ◆ Higher utility bills (not able to supplement customer's income refer to LIHEAP)
- ◆ Salaries that are paid "under the table" or not filed on yearly taxes.
- ◆ Customers that have a co-signer who has signed a guarantee to pay their rent.
- ◆ Loans/credit debt or any garnishment of wages due to a loan or debt.
- ◆ Gaps in financial aid payments or delays are not considered a loss.
- ◆ Loss of income for individuals not listed on the lease agreement.
- ◆ Loss of income due to gambling or losses in the stock market.
- ◆ Customers living off of credit cards that are "maxed out" or interest rate increases on charges or cash advances will not be considered.

Document Checklist

Seminole County Community Assistance Division Housing & Financial Assistance

Forms, in bold, are available in the Community Assistance Office or online with the application.

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*
- All household members must provide their social security card (copied accepted), print out from SSA with number listed OR last year's tax return with household member and social security number listed.
- All children in the household must have ONE of the following:
 - Birth certificate, court ordered custody paperwork, school records showing parent and child's name, or immunization records.
- 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
- Current Utility Bill within last 30 days (electric, water or gas showing name and address)

Proof of Household Income

- Please provide all that apply to your household. Please note: The Deposit Program requires third (3rd) party verifications.***
- Employment Income: Paystubs for the last 90 days for all household members currently employed
- Unemployment Benefits: Department of Economic Development (DEO) form completed and notarized. If unemployment is from another State, must provide check stubs or print out for the last 90 days.
- Social Security Income: Current year Social Security Awards letter for all SSDI, SSI, and Social Security benefits for all household members receiving the income
- Self employment income: provide last 3 months of business bank accounts, last 3 months of profit/loss statement, and last year tax return
- 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** if not receiving child support, complete **Verification of No Child Support** form
- Alimony or Separation Payments-court order or check stubs showing the last 90 days of payment
- Pension, Retirement and Annuities- last 90 days of check stubs or letter from company on signed company letterhead verifying the monthly benefit received.
- Income from Military Service-LES (Leave & Earning Statement)
- Veterans Administration Benefits- letter from VA verifying monthly benefit received.
- Recurring Cash Contributions-form must be completed by person providing household with monthly support
- Verification of No Monthly Income Form** (*Must be completed and notarized by all household members 18 and older claiming no monthly income*)
- Cash Assistance: TANF (cash assistance) / Food Stamps Decision Letter or print out from DCF showing last 90 days of payments
- 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

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

- Please see attached Hardship letter for listing of required documentation to prove your hardship

Proof of Homeless for Deposit/First Month's Rent Assistance

- 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;
 - Court eviction within the last year; **or**
 - Foreclosure notification within the last year; **or**
 - Documentation from City or County Code Enforcement stating current housing is substandard housing; **or**
 - Notice of no lease renewal from landlord; **or**
 - Proof the household has been residing in an extended stay hotel/motel for 14 days; **AND**
 - Referral from a homeless shelter or agency/church on signed agency letterhead;

Documentation of On-going Management

- Proof of Income to sustain the rent/mortgage and utilities _____

Additional Documents Required for Specific Service Requested

- Mortgage**
 - Completed mortgage release form authorizing Seminole County to contact Mortgage Company.
- Utility (must be in the name of customer or other adult in household)-Electric, Water, and Gas Only**
- Deposit Program**
 - Verification of Assets: Bank Statements for the last 6 months days for all bank accounts (**transaction histories are not acceptable-statement must show beginning and ending balance for period covered*)
 - Verification of No Financial Accounts** (*Must be completed and notarized by all household members 18 and older claiming no financial/bank account*)
 - 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;