



Seminole County Community Assistance Housing and Financial Assistance Application Signature Page

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 Signature

Date

Other Adult Member Signature

Date

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:	Date:
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Supervisor Signature:	Date:
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Service Approved:

Award Amount:

Denied:

Reason: