

LEE COUNTY SHIP PROGRAM DISASTER APPLICATION

This application must be completed in it's entirely, signed, dated and notarized where applicable.

Program Restrictions

- ✓ The home must be located in Lee County. If you are a resident of Cape Coral you may inquire about their program at housing@capecoral.gov.
- ✓ The home must be the owner's primary residence as documented by homestead exemption status. Mobile homes on leased lots are not eligible for assistance.
- ✓ The maximum amount of assistance will be \$10,000 and is dependent upon proof of a homeowner's insurance policy showing the deductible amount.
- ✓ All Lee County taxes on the property must be current.
- ✓ If awarded assistance, payments will be made to the contractor hired to fix the damage once all inspections have passed, the permit is closed and the Certificate of Compliance is issued. Payments will not be made directly to the applicant. Note: Contractors must be licensed and insured.
- ✓ Income eligibility restrictions apply. The household annual income cannot exceed 80% of the Area Median Income (AMI) as listed below and priority will be given to applicants who are very low-income (50% of AMI) and/or special needs households.
- ✓ Other restrictions may apply.

Number of Persons in Household	Maximum Annual Gross Income for Eligibility (120% AMI)
1	\$78,600
2	\$89,880
3	\$101,040
4	\$112,320
5	\$121,320
6	\$130,320
7	\$139,320
8	\$148,320

**Once the applications if fully completed, you may email it to SHIPhousing@leegov.com
(Include "LAST NAME, FIRST INITIAL Disaster Assistance" in subject line)**

If you are unable to return all this information by e-mail you my drop the application off to our office at the Community Development/Public works building located at 1500 Monroe Street, 2nd Floor, Downtown Fort Myers.

Please keep in mind that we will not be able to make copies of your documents.

INSTRUCTIONS FOR APPLICATION

Application Check-list

The application must be completed in its entirety, signed, dated, and witnessed/notarized where applicable.

A completed application package must include the following:

- Completed Application, which includes:** *(Application must be signed)*
 - Acknowledgment of Lee County Community Development SHIP Policies** *(must be signed)*
 - Special Needs Support Paperwork** *(if applicable)*
 - Authorization for the Release of Information** - Must be completed by each adult household member *(must be signed)*
 - Duplication of Disaster Benefits Affidavit** *(must be signed & notarized)*
 - Disaster Self-Certification of Income Form** - Must be completed by each adult household member (must be signed, notarized or have two (2) witnesses.
 - FEMA Consent Form** *(must be signed)*
- Supporting Documents, including:**
 - Copy of Driver's License (or State ID) for all household members age 18 or older.
 - Copy of Birth Certificates for all household members under the age of 18.
 - Copy of Benefits Letter dated within the last 120 days, for all household members who receive one of the following: **(Note: 1099 forms are not acceptable)**
 - Social Security
 - SSI
 - SSDI
 - VA
 - Long Term Disability
 - Unemployment
 - TANF
 - Paystubs from the most recent past two (2) months for all employed household members. **(Note: Self-Employed persons must submit the last two (2) years tax returns)**
 - Most current bank statements for all household members who have a Checking or Savings account, 401(k), Pension, IRA, or Investment Account. All pages are required.
 - Proof of FEMA Application filing and result.
 - Copy of your Homeowner's Insurance Declaration page that shows your homeowner's insured deductible and payment instructions.
 - Proof of insurance claim OR copy of settlement, if received from insurance.
 - Copy of estimate, contract, license, and invoice from Contractor that will be doing the work on the home. **(Note: Vendor information from the Contractor will be required for payment)**

If you are unable to return all of this information by email, you may drop the completed application package off to our office at the Community Development/Public Works building located at 1500 Monroe St, 2nd floor, Downtown Fort Myers.

Please keep in mind that we will not be able to make copies of your documents

Application Form Itemized Instructions

- 1. APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail, an e-mail address (if applicable), your date of birth, and your marital status and other fields.
 - 2. CO-APPLICANT/OTHER HOUSEHOLD MEMBER INFORMATION:** List all other members of the household residing in the unit. Attach additional sheets if necessary.
 - 3. ALTERNATE CONTACTS INFORMATION:** List contacts who are helping you through this process, if applicable.
 - 4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, gender, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.
 - 5. RACE AND ETHNICITY FOR HEAD OF HOUSEHOLD:** This information is collected for reporting purposes only.
 - 6. INCOME INFORMATION:** Provide information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, unemployment income, temporary income, TANF, Social Security, other benefits, and other income for all household members over age 18. Food benefits are NOT considered income.
 - 7. ASSET INFORMATION:** Provide the requested information on assets for all household members. Examples of what constitutes assets are listed below:
 - Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;**
 - Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
 - Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
 - Cash value of life insurance policies available to the holder before death;
 - Personal property that is held for investment purposes;
 - Equity in real property;
 - Retirement and pension funds;
 - Mortgage or deeds of trust held by the applicant
- Some items of personal property are **NOT** counted as assets for the purposes of determining annual income include automobiles; jewelry; and/or term life insurance policies.
- 8. DISCLOSURE OF INFORMATION FOR INCOME VERIFICATION:** Sign to authorize Lee County to verify the past and present employment records, bank statements, stock holdings and any other asset balances that are needed to process of all household members listed on this application.
 - 9. ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the (name of non-profit), Lee County to request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

HOUSING INTAKE APPLICATION

Application Number:	
Application Received By:	Date/Time Application Received:

1. TO BE COMPLETED BY APPLICANT: (Head of Household)		2. TO BE COMPLETED BY CO-APPLICANT: (If Applicable)	
Head of Household		List relationship type to Head of Household, e.g. spouse, sister, mother	
Last Name:		Last Name:	
Middle Name:		Middle Name:	
First Name:		First Name:	
Current Address:		Current Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Mailing Address:		Mailing Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Home Phone:		Home Phone:	
Daytime phone:		Daytime Phone:	
Mobile Phone:		Mobile Phone:	
E-mail Address:		E-mail Address:	
Date of Birth:		Date of Birth	
Gender:		Gender:	
Marital Status:		Marital Status:	

3. ALTERNATE CONTACTS INFORMATION: - You may list a contact(s) that is helping you through this process.

Contact Name (first):	
Contact Phone No.:	Address:
Contact Name (second):	
Contact Phone No.:	Address:

4. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS: - As of today, list the Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household.

Household Member Name	Relationship to Head of HH	Gender M/F	Date of Birth	Marital Status	Is household member listed disabled? Y/N	Additional Members in the next (12) Months? If yes, explain, e.g. birth of a child, adoption, legal custody.
	Head of Household					

5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one): -This information is being collected for reporting purposes only.

RACE (Check all that apply):

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Multi-Racial

ETHNICITY (Check one):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

6. INCOME INFORMATION: Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, unemployment income, TANF, Social Security, other benefits, other income for all household members over age 18. List ALL household members and their incomes. Attach a separate sheet if you need more space.

FOOD STAMPS ARE NOT CONSIDERED INCOME- do not list food stamps.

Household Member Name	Full Time Student? Y/N	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

7. ASSET INFORMATION: Provide the requested information on any property you may own or assets you may have.

i. List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.)

Household Member Name	Type & Source of Asset	Cash Value of Asset	Annual Income from Asset

iv. How long have you lived in this address as your primary residence?

Warning: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

8. APPLICANT CERTIFICATION: Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the (name of non-profit) and or Lee County or any of its duly authorized representatives to verify the information listed herein.

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the State Housing Initiatives Partnership Program (SHIP) for the disaster.
 I/We hereby certify that all the information provided herein is true and correct.
 I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under state and local law.
 I/We authorize the above-referenced Subrecipient and any of its duly authorized representatives to verify all information provided in this application.
 I/We understand that additional information will likely be required to move forward with this program.

Signature of Applicant:	Date
Signature of Co-Applicant:	Date
Household member:	Date
Household member:	Date
Household member:	Date
Household member:	Date

Warning: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

9. ELIGIBILITY RELEASE: It is required that you sign this form, which allows the (non-profit) or Lee County to request information from Third Parties concerning your eligibility and participation in this program.

Applicant Name:	
Applicant Address:	

Information Covered: Inquiries may be made about items initialed below by the applicant.

Instructions to Applicant: Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the (non profit) or Lee County or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the SHIP Program for disaster assistance. Each adult member of the household must sign this Eligibility Release.

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form", must be prepared and signed separately.

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Acknowledgement of Lee County Community Development SHIP Policies

1. **Fraud Policy:** "Fraud" means a single act or pattern of actions carried out with the intent to deceive or mislead, such as a false statement, omission, or concealment of a substantive fact. This occurs when an applicant or an applicant's household member intentionally fails to report required information or reports false or misleading information to obtain benefits to which they are not entitled. Fraud can be detected both involving active and closed cases and can involve benefits received under a single program as well as multiple programs. A "household" is defined as anyone living in the home at the time the fraud was committed.

a. **Penalties for Fraud**

- All household members will be ineligible for any Human Services' programs for a period of two years from the date the fraud is discovered if no benefits are received.
- Applicant will be required to pay back any funds received, and all household members will be ineligible for any Human Services' programs for a period of two years from the date the debt was repaid in full. Members will be permanently ineligible from Human Services' programs if the debt is not repaid.
- Fraudulent receipt of a benefit of \$300 or greater may lead to felony prosecution up to and including Grand Theft charges.

2. **Confidentiality of Social Security Numbers:** Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Lee County SHIP Program to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income.

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and Lee County (subgrantee) for the purposes specified above.

Social security numbers will not be disclosed to others unless required or authorized by Florida law per Section 119.071(5), Florida Statutes

3. **Public Records Disclosure:** The applicant understands that all information and documents provided are public records and such are subject to Chapter 119 of the State of Florida's public records law, with limited exemption for information deemed confidential under Florida law.

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 Florida Statutes §§ 775.082 or 775.083.

Title 18, § 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds.

Information provided by the applicant that is not protected by Florida Statute can be requested by any individual for their review. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

I Certify that the above policies were reviewed with the applicant, and they agree to them. Any policies which the applicant requests have been emailed or sent postal mail.

Applicant Name: _____ Signature: _____ Date: _____

Intake Manager Name: _____ Signature: _____ Date: _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to Lee County, for the purposes of verifying information provided as part of determining eligibility for assistance under the SHIP program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me 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, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, 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 that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers
Banks, Financial or Retirement Institutions
Unemployment Agency
Welfare Agency

Alimony/Child Support Providers
Social Security Administration State
Veteran's Administration
Other: _____

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant/
Co-applicant

Printed Name

Date

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office or go online for Form 4506-T, "Request for Copy of Tax Return" and prepare and sign separately.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to Lee County, for the purposes of verifying information provided as part of determining eligibility for assistance under the SHIP program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me 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, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, 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 that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers
Banks, Financial or Retirement Institutions
Unemployment Agency
Welfare Agency

Alimony/Child Support Providers
Social Security Administration State
Veteran's Administration
Other: _____

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant/
Co-applicant

Printed Name

Date

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LEE COUNTY

SHIP AFFORDABLE HOUSING FUNDS

INSTRUCTIONS FOR DOCUMENTING THE SPECIAL NEEDS

Instructions

At least 20 percent of the SHIP funding must be used to serve persons with special needs (as defined in 420.0004 Florida Statutes) with first priority to serve persons with developmental disabilities by providing home modifications, including technological enhancements and devices which will allow persons to remain independent in their own homes and maintain their homeownership.

Although there is a priority for persons with developmental disabilities, the fundamental requirement is to document that SHIP funds are used to provide rental or homeownership assistance to households that include one or more household members with special needs.

In order to track how the funds are targeted the agency receiving SHIP funds must:

- Identify applicants who are persons with special needs and
- Require supporting written documentation related to those households with persons with special needs. If the household is receiving financial assistance connected to the special needs that financial assistance must be counted when determining income eligibility.

All financial assistance related to any of the special needs categories must be reported as income and should be documented appropriately as part of the application process.

Remember to ask lots of questions:

Is the applicant receiving Family and Supported Living or the Developmental Disabilities Home and Community-Based Services Waiver? If so, please request documentation of the eligibility determination from the Agency for Persons with Disabilities.

Definition:

393.063F.S. - "Developmental disability" means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

420.0004 (13)F.S.- "Person with special needs" means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; a young adult formerly in foster care who is eligible for services under s. [409.1451\(5\)](#); a survivor of domestic violence as defined in s. [741.28](#); or a person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans' disability benefits.

420.0004 (7)F.S.- "Disabling condition" means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is:

(a)Expected to be of long-continued and indefinite duration; and

(b)Not expected to impair the ability of the person with special needs to live independently with appropriate supports.

INCOME CERTIFICATION: Special Needs Yes ___ No ___*****A survivor of domestic violence***Contact Lee County prior to submitting any information.*

- ✓ **See form below and fill in the household name, address and SHIP contract number. Attach this form with the appropriate supplement form to the income certification form and to the request for reimbursement forms**
- ✓ **Check** the appropriate category and then refer to the attached supplement forms for the recommended questions and related information and supporting documentation to be obtained. (If you need additional information please contact Antia Richards, Planner Phone: (239) 533-8547 E-mail: richarah@leegov.com Lee Co. DCD/Planning Div. 1500 Monroe St. Ft Myers, FL 33901 or P.O. Box 398, Ft Myers, FL 33902.)

Head of Household Name: _____

Property Address: _____

SHIP Contract Number _____

 Person with Developmental Disability *See Page 2 for supplement form**Prioritize funding for persons with developmental disabilities* **Receives Social Security Disability Insurance (SSDI)** *See Page 3 for supplement form* **Receives Supplemental Security Income (SSI)** *See Page 3 for supplement form* **Receives Veteran's Disability** *See Page 3 for supplement form* **A young adult formerly in foster care** *See Page 4 for supplement form* **Person with a disabling condition** *See Page 5 for supplement form 5***Diagnosable substance abuse disorder****Serious mental illness****Chronic physical illness or disability** **None of the above – not a person with special needs****Provide the Appropriate Support Documentation**

Supplement form: Person with Developmental Disability

Prioritize funding for persons with developmental disabilities

Head of Household Name: _____

Property Address: _____

SHIP Contract Number _____

Is one or more household members a person with a Developmental Disability* as defined in 393.063, F.S.?

Definition:

*393.063F.S.- *"Developmental disability" means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.*

Supporting documentation: Request written documentation from the agency from which they have been determined eligible to receive services. This is expected to be the Agency for Persons with Disabilities in most cases, or in some cases, the Department of Children and Families.

If they are not currently receiving services, they will have to have been "determined eligible" to be placed on a waiting list. They must provide the written documentation.

For all others not receiving services and not on a waiting list, request written documentation that the person was referred by the following agency that serves persons with Developmental Disabilities (i.e. local APDs, ARCs and CILs).

Name of Agency: _____

- **Describe below the documentation obtained and contained in the agency's case file**

Provide the Appropriate Support Documentation

- Supplement form: Person Receives Social Security Disability Insurance (SSDI)**
- Supplement form: Person Receives Supplemental Security Income (SSI)**
- Supplement form: Person Receives Veteran's Disability**

Head of Household Name: _____

Property Address: _____

SHIP Contract Number _____

A person receiving disability benefits from Social Security Disability Insurance (SSDI), the Supplemental Security Income (SSI) program or the Veterans Administration – Request an award letter from the Social Security Administration or the Veterans Administration indicating the monthly amount of disability benefits.

- **Describe below the documentation obtained and contained in the agency's case file**

Provide the Appropriate Support Documentation

Supplement form: A young adult formerly in foster care

Head of Household Name: _____

Property Address: _____

SHIP Contract Number _____

These applicants should be asked to provide written documentation that they are referred by their local Community-Based Care program and are receiving a stipend under the Road to Independence Program.

- **Describe below the documentation obtained and contained in the agency's case file**

Provide the Appropriate Support Documentation

Supplement form Person with a disabling condition – per 420.0004(7) FS

Head of Household Name: _____

Property Address: _____

SHIP Contract Number _____

Diagnosable substance abuse disorder

Request written documentation from the agency from which they have been determined eligible to receive services. This will be a local service provider or Managing Entity that is under contract with Dept. of Children and Families.

Serious mental illness

Request written documentation from the agency from which they have been determined eligible to receive services. This will be a local service provider or Managing Entity that is under contract with Dept. of Children and Families.

Chronic physical illness or disability

Request written documentation from the agency from which they have been determined eligible to receive services. This is expected to be a community service provider or Managing Entity that is under contract with Dept. of Children and Families or a Local Center for Independent Living (CIL).

An Applicant may also receive services designed for frail elders that have a chronic physical illness or disability.

Is the Applicant receiving services under the following programs?

- Home Care for Disabled Adults;
- Community Care for Disabled Adults;
- Aged and Disabled Adult Medicaid Waiver;
- Alzheimer's Disease Initiative Respite/Special Projects;
- Alzheimer's Disease Initiative Memory Disorder Clinics;
- Channeling Waiver;
- Community Care for the Elderly;
- Home Care for the Elderly;
- Long-Term Care Community Diversion Pilot Program (Nursing Home Diversion);
- Older Americans Act Title III B Supportive Services;
- Older Americans Act Title III D Preventive Health Services;
- Older Americans Act Title III E Caregiver Support;
- Program of All-Inclusive Care for the Elderly (PACE);

Please request written documentation of the eligibility determination for these programs from the following:

- Department of Elder Affairs;
- Area Agency on Aging (Regional);
- Council on Aging (County);

- **Go to the next page**

- **Describe below the documentation obtained and contained in the agency's case file**

DISASTER SELF- CERTIFICATION OF INCOME FORM
 (Provided for use by Florida Housing Finance Corporation)
 (To be completed by adult household members only, if appropriate.)

Household Name _____ Local Government _____

1. I hereby certify that I am a victim of _____
2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):
- Y N Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - Y N Income from operation of a business;
 - Y N Rental income from real or personal property;
 - Y N Interest or dividends from assets;
 - Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - Y N Unemployment or disability payments;
 - Y N Public assistance payments;
 - Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - Y N Sales from self-employed resources (For example: Avon, Mary Kay, Shaklee, etc.);
 - Y N Any other source not named above.
 - Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Please explain any Y (yes) answers and list the annual amounts: _____

3. I certify that I have provided income documentation for all income sources (For example: W-2 Forms, paycheck stubs, earnings statements, etc); or
- I certify that I am unable to provide complete: 3rd party verification or income documentation.
4. I will be using the following sources of funds to pay for rent and other necessities: _____

Therefore I certify my anticipated gross annual income for the next 12 months to be: \$_____.
 Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

 Signature of Applicant Printed Name of Applicant Date

Witness _____ Witness _____
 or

FOR AN OATH OR AFFIRMATION:
 STATE OF FLORIDA
 COUNTY OF _____

Sworn to (or affirmed) and described before me this ____ day of _____, 20____, by _____.

(NOTARY SEAL) Signature _____

 Name of Notary (Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
 Type of Identification Produced _____

DISASTER SELF- CERTIFICATION OF INCOME FORM
 (Provided for use by Florida Housing Finance Corporation)
 (To be completed by adult household members only, if appropriate.)

Household Name _____ Local Government _____

1. I hereby certify that I am a victim of _____
2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):
- Y N Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - Y N Income from operation of a business;
 - Y N Rental income from real or personal property;
 - Y N Interest or dividends from assets;
 - Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - Y N Unemployment or disability payments;
 - Y N Public assistance payments;
 - Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - Y N Sales from self-employed resources (For example: Avon, Mary Kay, Shaklee, etc.);
 - Y N Any other source not named above.
 - Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Please explain any Y (yes) answers and list the annual amounts: _____

3. I certify that I have provided income documentation for all income sources (For example: W-2 Forms, paycheck stubs, earnings statements, etc); or
- I certify that I am unable to provide complete: 3rd party verification or income documentation.
4. I will be using the following sources of funds to pay for rent and other necessities: _____

Therefore I certify my anticipated gross annual income for the next 12 months to be: \$_____.
 Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

 Signature of Applicant Printed Name of Applicant Date

Witness _____ Witness _____
 or

FOR AN OATH OR AFFIRMATION:
 STATE OF FLORIDA
 COUNTY OF _____

Sworn to (or affirmed) and described before me this ____ day of _____, 20____, by _____.

(NOTARY SEAL) Signature _____

 Name of Notary (Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
 Type of Identification Produced _____

Duplication of Disaster Benefits Affidavit

OTHER ASSISTANCE RECEIVED: - Assistance provided under the SHIP Program for disaster may not exceed a household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). Receiving other benefits does not prevent you from receiving Lee County benefits.		
Did you register with FEMA or other disaster related assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you applied for any event related assistance from any source (local, state, federal, private)? If yes, proceed with this section.		<input type="checkbox"/> Yes <input type="checkbox"/> No
A. FEMA		
Have you received any disaster related assistance from FEMA?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Approved?	Amount Received to date:	\$
What is your FEMA Registration Number?		
B. Small Business Administration (SBA)		
Have you received any event-related assistance from the SBA?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Approved?	Amount Received to date:	\$
What is your SBA Application Number?		
What is your SBA Loan Number?		
What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc.		
C. Home Owner Insurance (or Renter Insurance)		
Have you filed a claim with your insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Approved?	Amount received to date:	\$
D. Did you receive any other assistance due to disaster?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal, state, or local assistance (SHIP, CSBG, HFSP, TANF, or other Human Services programs).		

Recipient Statement: The information on this form is to be used to determine eligibility. I/we certify that the statements are true and complete to the best of my/our knowledge and belief under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree.

Signature (head of Household) _____
Date

Signature (Co-head of Household) _____
Date

FOR AN OATH OR AFFIRMATION:	
STATE OF FLORIDA	
COUNTY OF _____	
Sworn to (or affirmed) and described before me this ____ day of _____, 20____, by _____.	
(NOTARY SEAL)	
	Signature _____
_____ Name of Notary (Typed, Printed, or Stamped)	
Personally Known _____ OR Produced Identification _____	
Type of Identification Produced _____	

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

OMB No.1660-0061
Expires January 31, 2024

AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT

The purpose of this form is to allow you to direct the Department of Homeland Security/Federal Emergency Management Agency (FEMA) to release information collected for your disaster assistance application to any entity you choose. In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, FEMA cannot release your information without your written consent (or an exception provided by law). Please return the completed form to your FEMA point of contact or:

Mail to: FEMA P.O. Box 10055 Hyattsville, MD 20782-8055	Fax to: 800-827-8112 Attn: FEMA	Upload to: www.DisasterAssistance.gov Click "Check Status" on the Home Page and follow the instructions
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IMPORTANT: You are not obliged to give anyone access to information regarding you, but failure to provide the information requested on this form may make it more difficult for FEMA to share your information with other disaster relief entities to assist you.

Your Full Name (Last, First, MI)	FEMA Applicant Number (OPTIONAL)
Born At: Place of Birth (City, State/Province, Country)	On: Date of Birth (mm-dd-yyyy)

SECTION A (OPTIONAL)

I authorize FEMA to release information selected in Section B below to the following individuals:

Name (Last, First)	Telephone Number	Address	Relationship
(To send your file to yourself, list your name.) Angela Dietrich / Lee County BoCC	239-533-8585	1500 Monroe Street, 2nd Floor, Fort Myers, FL 33901	SHIP Program Coordinator

SECTION B

I authorize FEMA to release to the individuals in Section A and/or the entities in Section C below the following information:

- Yes No 1. My case file, including inspection reports, amounts of awards, contact information, banking information, Social Security Number, etc. (Cross out information you do not want to share or list under "Other" and check NO.)
- Yes No 2. My contact information, including address, phone number, e-mail address, work contact information, FEMA application number, etc. (Cross out information you do not want to share or list under "Other" and check NO.)
- Yes No 3. Other:

SECTION C (OPTIONAL)

If additional disaster resources may be available to me, or if other persons request information regarding my case, I authorize the information listed in Section B above to be released to:

- Yes No 1. State agencies offering disaster assistance
- Yes No 2. Local, Regional, State or National Voluntary Organizations Active in Disaster (NVOAD) and their partners
- Yes No 3. Members of Congress and their staff
- Yes No 4. Media representatives
- Yes No 5. Other: _____

This verification of identity and authorization to release records is made pursuant to and consistent with 28 U.S.C. § 1746. I declare under penalty of perjury under the laws of the United States that all of my information on this form is true and correct. This authorization to release records expires one year from the date of signing.

Signature of the Applicant

Current Address

Print Your Name

Date (mm-dd-yyyy)

PRIVACY ACT STATEMENT

PURPOSE: FEMA is requesting the information written on this form to establish your identity and your consent to share your information with you or parties you have named in this form.

AUTHORITY: Written consent is requested pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a(b). The program for which this form may be used is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. §§ 5121 -5207; The Homeland Security Act of 2002, 6 U.S.C. §§ 311-321j; Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193); and Exec. Order No. 13411.

ROUTINE USES: FEMA may externally share the information you write in the fields on this form as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, and as a "routine use" to facilitate information sharing with other government agencies, voluntary agencies, and private entities. A complete list of the routine uses can be found in the system of records notice DHS/FEMA-008 Disaster Recovery Assistance Files Notice of System of Records, 78 Fed. Reg. 25,282 (Apr.30, 2013). The Department's full list of systems of record notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

AFFIDAVIT OF INSURANCE

Disaster Recovery

By signing this affidavit, you attest to the fact that you have:

- _____ Submitted a claim for damages to your insurance company, but damages are not covered.
- _____ You have property insurance and need financial assistance to pay for the deductible and commence repairs.
- _____ You do not have flood and/or property insurance for damages to your home.
1. Does the insurance company estimate the repair cost, subtract the deductible amount, and send a claim check for the remainder? _____
 2. Is the insurance company's check made out to the policy holder only? Is the homeowner's first mortgage provider also listed on the check? _____
 3. Does the insurance company require you to use their approved contractor, or may the homeowner find a contractor? _____
 4. May the homeowner find a contractor now to start the repairs? Is there anything that must happen before repair work can start? _____

State warning: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S775.082 or 775.083.

I/We have read, understand, and acknowledge the above disclosure.

Print Name and Applicant's Signature

Date

Print Name and Co-Applicant's Signature

Date

Property Insurance			
Policy Holder		Address	
Policy No.		Expiration date	
Coverage maximum		Deductible	

Flood Insurance (Specific for property loss due to flooding)			
Policy Holder		Address	
Policy No.		Expiration date	
Coverage maximum		Deductible	