



Lee County Human and Veteran Services  
2440 Thompson St., Fort Myers, FL 33901  
**Homelessness Prevention Program Application**

E-mail your application to [INTAKEHS@leegov.com](mailto:INTAKEHS@leegov.com), using your first and last name in the subject line.  
You may also mail or fax your application to 239-533-7976.

Attached to this cover letter is your application for the Homelessness Prevention. Assistance with past due rent, mortgage or utilities may be provided if you have a qualifying unexpected, temporary loss of income due to domestic violence, loss of job, reduced work hours or a medical crisis; or an unexpected expense such as funeral costs (immediate family only), medical/dental bills or emergency home repairs. This application is intended to being the process of determining your eligibility and does not guarantee assistance. Please follow the directions and fill out the entire application.

*Si necesitas esta aplicación para la asistencia en español, por favor llamar al 239-533-7900.*

**The following information must be provided with your completed application:**

Please check once you have provided the required information. *Incomplete applications or missing information may result in a delay in processing or in the denial of your application.*

1		Photo ID: for all household members age 18 and over. ID must have a Date of Birth.
2		Social Security Card: for all household members
3		Income Information for all household members 18 and over Entire house's gross income within the last 30 days. Paystubs, Bank Statements, etc.
4		Social Security, SSI, VA: We need CURRENT award letters showing your gross award for all household members
5		Pension: Current benefit statement with gross benefit amount listed
6		Unemployment: Verify current gross rate online / Please provide Pin#: _____
7		Child Support: last 30 days, bank statements may be acceptable.
8		TANF: submit current month award notice
9		Food Stamp award letter showing your benefit & household members
10		Proof of loss or reduction income and/or unexpected medical or funeral expenses i.e. Receipts, paystubs, paid bills, exc.
11		Lease, shelter statement, or proof of homeownership
12		Past Due or Eviction Notice
13		Electric bill(current bill or deposit account number) <i>If your LCEC bill is in someone else's name, please provide PIN#: _____</i>
14		Water Bill (current bill or deposit account number)
15		Utility Allowance: if you are receiving Section 8 and a utility allowance. You must provide proof that you have paid this allowance to your utility bill each month before we can assist.

This application will be processed as soon as possible, if funds are available. You will receive updates regarding your application status via email and/or phone call. DO NOT come to Lee County Human and Veteran Services to check on the status of your application. Call 239-533-7900 if you have questions.

	Initial indicating that you have read all the necessary paperwork to process your application.
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Your application will be considered without regard to race, color, sex, age, handicap, religion, national origin, political belief, marital status, or sexual preference.





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**FOR OFFICE USE ONLY:**

Application Received Date: \_\_\_\_\_

Staff Assigned: \_\_\_\_\_

CARD ID # \_\_\_\_\_

**In order to process please note:**

- A copy of your most recent bank statement, and other supporting documentation (listed on coverpage) must be returned with your application.
- The application must be complete and correct **with all questions answered**. If you are unable to sign the last page, the application will still be processed.

FIRST NAME MIDDLE INITIAL LAST NAME	Relationship to Applicant	Date of Birth	Age	Social Security Number	Race	✓ Hispanic	Gender M/F	Last grade completed	Medical Insurance	✓ Veteran	✓ Disability	✓ US Citizen
1.	Self											
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												

Total number of people living in the household	# <input type="text"/>
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Home address:	Apt #	City & Zip:
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Home Phone:	Other Phone:	E-mail address:
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Mailing address if different:	Current Living Situation:
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Date you moved into your current residence:
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How did you hear about this program? <input type="checkbox"/> LCEC/FPL <input type="checkbox"/> Family/friend <input type="checkbox"/> Previously accessed <input type="checkbox"/> HVS Staff <input type="checkbox"/> United Way <input type="checkbox"/> Salvation Army <input type="checkbox"/> Other:
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### Self-Declaration of Income and Expenses

By signing below each household member over the age of 18 indicates that, to their knowledge, they are providing true and accurate information regarding their current income, last month and year worked, and how they manage their living expenses on a monthly basis. **Please print legibly if not filled out online.**

<b>For all individuals 18 and over</b> Names		Source of Income (1)	Employed full time or part time? If unemployed, select unemployed.	Enrolled in school?	How often paid?	Total Monthly Income Before Taxes/Gross	If unemployed, last month and year worked?	If you receive Family /friend help. Who, how often and how much?	If your budget does not meet your expenses what income source do you use pay for necessities, such as food, transportation and housing?
		Source of Income (if more than 1)			Hourly Rate?				
Name:	Self								
Signature:									
Date:									
Name:	18+								
Signature:									
Date:									
Name:	18+								
Signature:									
Date:									
Name:	18+								
Signature:									
Date:									
Name:	18+								
Signature:									
Date:									
Explain any other sources of income listed on page 1:									
Total Household Monthly Gross Income						\$	<input type="text"/>		

<p>Do the following situations apply to you? (Check  <b>the box that applies to you</b>)</p> <p><input type="checkbox"/> My rent is past due</p> <p><input type="checkbox"/> My mortgage is past due</p> <p><input type="checkbox"/> I have an eviction notice or a non-renewal notice</p> <p><input type="checkbox"/> I need assistance to move-in to a more affordable rental</p> <p><input type="checkbox"/> My water is past due or disconnected</p> <p><input type="checkbox"/> I need help finding a job</p> <p><input type="checkbox"/> I need assistance paying for my prescriptions</p> <p><input type="checkbox"/> My electricity has been disconnected</p> <p><input type="checkbox"/> My current electric bill is past due/delinquent</p> <p><input type="checkbox"/> I have a shut off notice from my electric company</p> <p><input type="checkbox"/> I need deposit assistance \$ _____</p> <p style="margin-left: 40px;"><i>If new account, we need the number here:</i> _____</p> <p style="margin-left: 40px;"><i>PIN:</i> _____</p>	<p>Do the following situations apply to you? (Check  <b>the box that applies to you</b>)</p> <p><input type="checkbox"/> My work hours were reduced</p> <p><input type="checkbox"/> I was laid off from my job</p> <p><input type="checkbox"/> A wage earner left my household</p> <p><input type="checkbox"/> Loss of child support</p> <p><input type="checkbox"/> Loss of TANF</p> <p><input type="checkbox"/> I have a pending SSI or SSD application</p> <p><input type="checkbox"/> I am fleeing domestic violence</p> <p><input type="checkbox"/> I am living in a car, outside, or other place not meant for human habitation.</p> <p><input type="checkbox"/> I had an unexpected medical or funeral expense</p> <p><input type="checkbox"/> My residence was burned in a fire</p> <p><input type="checkbox"/> Code enforcement issued notice that I had to leave my residence</p> <p><input type="checkbox"/> Other, please specify: _____</p>
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HOUSING INFORMATION (Complete if past due on rent/mortgage)				
How much is your rent/mortgage?	Are utilities included in your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have? <input type="checkbox"/> Subsidized housing or <input type="checkbox"/> Private housing		
Housing Type	<input type="checkbox"/> Apartment	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Private Home	<input type="checkbox"/> Shelter
Do you get a utility allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," you are required to provide a copy of your Section 8 award letter and you must have applied this benefit to your electric bill.				
Landlord Name	Address		Phone Number	
Landlord Email Address:				
UTILITY INFORMATION (Complete if past due on utilities)				
<b>Utility Provider:</b> <input type="checkbox"/> Lee County Utilities <input type="checkbox"/> FGUA <input type="checkbox"/> City of Fort Myers <input type="checkbox"/> City of Cape Coral <input type="checkbox"/> FPL <input type="checkbox"/> LCEC	Name on the Account	Relationship to applicant	Customer's Account Number	Pin if LCEC

Terms:

- I am responsible for providing accurate, complete and truthful information.
- I understand that if I provide incomplete or incorrect information or, if I falsify forms, I will have my benefits terminated, may be required to repay funds, and may be subject to a criminal investigation and possible prosecution.
- I understand information I provide is a public record according to the Florida Sunshine Law Chapter 119 & 668 (except for protected information like Social Security Numbers, etc.). This includes information sent electronically via email.
- I understand relevant information may be shared with or received from other agencies, including utility companies, my employer, the Work Number, landlords, mortgage companies, and the Clerk of Courts, to facilitate case management, referrals, and accurate financial records.
- Your signature below attests the information you provided in this application is truthful, complete, and accurate and that you understand and agree to the terms.
- Employees of Lee County Human and Veteran Services who know, or have reasonable cause to suspect, a child, vulnerable adult, and/or elder is being abused, neglected, abandoned, or exploited is mandated to report such knowledge or suspicion to the central abuse hotline (Florida Statute Chapters 39 and 415).
- Staff are mandatory reporters obligated by law to report any threat to self or others. This may include contacting law enforcement or The Department of Children and Families to keep you and others free from harm

**FRAUD STATEMENT:** The information above is true, accurate and complete. I understand that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medical needy or children reside. I authorize the agency to make benefit payments directly to my landlord, mortgage company, or utility supplier. I am aware that if my application is incomplete or supporting documentation is missing there may be a delay in process and/or my application may be denied. I am also aware that if I am approved or denied, or not approved for the correct amount, I have a right to file an appeal.

<b>Applicant Signature:</b> X	<b>Date:</b>
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<b>AUTHORIZED REPRESENTATIVE:</b> An "Authorized Representative" is someone you give permission (in writing) to act for you		<b>Relationship to client :</b>
<b>Representative Printed Name:</b>	<b>Best contact: Phone number or E-Mail</b>	

<b>FOR OFFICE USE ONLY</b>		HH ID# CSN:	<b>Date Stamp:</b>
Case Name:		HH ID # NewGen:	
Eligibility Staff Signature:		<b>Date</b>	
Funding Source:			
<input type="checkbox"/> Approved \$ _____ + \$ _____ <input type="checkbox"/> Denied <input type="checkbox"/> Over income <input type="checkbox"/> Received benefit <input type="checkbox"/> Need more info <input type="checkbox"/> Other			
Benefit received in last 12 mo.:    Date _____    Type _____    Amount _____			
Supervisor Review Signature:		<b>Date</b>	