

# Code Enforcement Rehabilitation Program Application

This program is to remove potentially dangerous health and/or safety hazards from homes owned by very low income persons as their primary residence. The repairs could also include adding accessibility improvements or removing obstacles for qualified persons with disabilities.

**Mobile Home Rule:** If this home is a mobile home, it will not qualify for this program.

Are you a qualified applicant? Please answer these questions.

Today's Date: \_\_\_\_\_

1. I am listed as an owner of this property

	Yes
	No

4. I live within the City limits

	Yes
	No

2. I permanently live at this residence

	Yes
	No

5. I am homesteading or have applied for the homestead exemption

	Yes
	No

3 My property taxes are up-to-date.

	Yes
	No

6. If my property is in a Flood Zone, I have proof of current Flood Insurance

	Yes		N/A - I do not live in a Flood Zone
	No		I don't know

**If you answered 'no' to any questions above, STOP, as you will NOT CURRENTLY QUALIFY for this program**

Please fill in ALL information completely where applicable. Incomplete applications will slow down the process.

**A. Applicant/Owner Information**

Name: _____	Street Address: _____	Zip Code: _____
Mailing Address if different than above: _____		Zip Code: _____
Contact Info.:	Home: _____	Cell: _____
	Email: _____	
Emergency contact:	Name: _____	Phone(s) _____
Date of Birth: _____	Age: _____	Social Security No.: _____
Note: your date of birth and social security information is required for income verification purposes ONLY.		

**B. Co-Applicant/Owner Information**

Name: _____	Street Address: _____	Zip Code: _____
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Mailing Address if different than applicant: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Info.: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Note: your date of birth and social security information is required for income verification purposes ONLY.

Have you received Emergency Home Repair assistance in the past five years?  Yes  No

Have you received Homeowner Rehabilitation assistance in the past 10 years?  Yes  No

Have you received any Code Enforcement Violations in the past five years?  Yes  No

Note: by checking 'Yes' to the above, you are not necessarily disqualified from the program, but each program has monetary limitations.

**C. List of Emergency Repairs Needed (please check all that apply):**

Sewage back up  Roof repair or replace  No hot water  Severe plumbing leak

Faulty electrical wiring  No heat in winter  No running water  Accessibility problems

Other emergency health or safety problems not listed above: \_\_\_\_\_

**D. Household Information.**

Provide the following information for all members of your household beginning with yourself.

Member	Name	Relationship	Age	Social Security #	Disabled: Y/N
1		Self			
2					
3					
4					
5					
6					
7					
8					

**E. Income Information -- Provide income information for all household members 18 years of age and older:**

I expect changes to income listed below over the next 12 months:  Yes  No

Income examples:

Pension	Working Wages	Social Security	Unemployment	Disability	Rental Income	Friends/Family
Household Member Name	Income earned from working and/or self-employment	Social Security, disability, veteran, unemployment, public assistance benefits	Retirement payments from your pension and/or 401K	Child Support Income	Any Other Income	
TOTAL INCOME:	\$	\$	\$	\$	\$	\$

**F. Asset Information -- Provide asset information for ALL household members listed above.**

**Examples of assets:** checking and savings accounts, land, other homes, 401K accounts, IRAs, certificates of deposit, and/or stocks.

Does anyone in the household, age 18 or older, own real estate?  Yes  No

Household Member Name	Bank or Financial Institution	Asset Type (checking, savings, etc. see examples)	Asset Account Number	Cash Value	Anticipated Income from Assets

Asset Income Cont'd:

Household Member Name	Bank or Financial Institution	Asset Type (checking, savings, etc.)	Asset Account Number	Cash Value	Anticipated Income from Assets
TOTAL VALUE OF ASSETS:				\$	\$

**G. Employment Information**

Applicant:

Are you unemployed?

Yes

No

Place of Employment:	Length of employment:	Position:
Supervisor's Name:	Supervisor's Phone:	Fax:

Co-Applicant or household member 18 years of age or older:

Are you unemployed?

Yes

No

Place of Employment:	Length of employment:	Position:
Supervisor's Name:	Supervisor's Phone:	Fax:

*Attach additional pages for employment information of other household members 18 years of age or older.*

**H. Retirement Pension Information**

Applicant:

Former Place of Employment:	Contact Information:
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Co-applicant:

Former Place of Employment:	Contact Information:
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**I. Statistical Household Data.**

*The following information being requested is NOT required and will NOT effect your application one way or the other. The information is used for statistical data reporting and applies to the APPLICANT ONLY.*

1.	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
2.	Do you file your taxes as the head of the household?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	How many bedrooms are in your home?		<input type="text"/>	
4.	Are you of hispanic decent?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Race/Ethnicity			
	White		<input type="text"/>	
	African American		<input type="text"/>	
	Asian		<input type="text"/>	
	American Indian or Alaska Native		<input type="text"/>	
	Native Hawaiian or Other Pacific Islander		<input type="text"/>	
	Asian & White		<input type="text"/>	
	African American & White		<input type="text"/>	
	American Indian or Alaska Native & African American		<input type="text"/>	
	Other multi-racial		<input type="text"/>	
7.	<input type="checkbox"/> Married	<input type="checkbox"/> Single		
8.	Do you currently carry home owner's insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	If yes, contact information of insurance carrier: Name: _____			
10.	Do any of the following apply to you? (check all that apply)			
	<input type="checkbox"/>	Farm Worker		
	<input type="checkbox"/>	Developmentally Disabled		
	<input type="checkbox"/>	Physically Disabled		
	<input type="checkbox"/>	Homeless		
	<input type="checkbox"/>	Elderly (62 yrs and up)		
11.	City of Tallahassee Utility Account Number:		<input type="text"/>	

**CERTIFICATION BY CLIENT(S)**

I/We understand that Chapter 817, F.S. 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 sections 775.082, F.S. and 775.83, F.S. 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 purposes of income and home ownership verification related to this application for financial 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 understand that the repairs are intended to benefit my/our household, and I/we shall own and occupy the property for the duration of the repair work and after the repairs are complete. By my/our signature below, I/we hereby certify that the property to be repaired is my/our homestead and affirm that I/we will continue maintain the property as homestead unless otherwise approved by the City.

I/we understand that for roof replacement, heat replacement, water system and sewer system as determined by the Housing Division, a forgivable 5-year lien will be placed on my/our property for the cost of the repairs.

Applicant Signature

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Date

**PLEASE MAIL COMPLETED APPLICATION TO:  
ECONOMIC & COMMUNITY DEVELOPMENT (ECD)**

**HOUSING DIVISION, Emergency Repair Program  
300 SOUTH ADAMS STREET, BOX B-27  
TALLAHASSEE, FLORIDA 32301-1731**

**OR**

**HAND DELIVER TO:  
435 N. MACOMB STREET, TALLAHASSEE  
3rd Floor, Housing Division**

## DOCUMENTATION TO SUBMIT WITH THE APPLICATION

### Social Security

If you receive Social Security Benefits or Social Security Disability, please provide us a copy of your benefit statement or letter.

Contact Information for your use:

Social Security Office: 866-248-2089

Social Security Website: [www.ssa.gov/](http://www.ssa.gov/)

### Ownership, Income, and Assets

Proof of income, assets and home ownership is required. The copies you provide with this application will speed up the initial eligibility determination process. All information will be verified by a third party.

Where applicable, please provide the following documents with your application:
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<input type="checkbox"/>	Three consecutive months of employment pay stubs
<input type="checkbox"/>	Three consecutive months of bank statements for both checking and savings accounts
<input type="checkbox"/>	Pension Statements
<input type="checkbox"/>	Government Payment Statements (Unemployment, Veterans benefit)
<input type="checkbox"/>	Child Support documents
<input type="checkbox"/>	Alimony documents
<input type="checkbox"/>	Rental Income Receipts
<input type="checkbox"/>	Worker's Compensation statements
<input type="checkbox"/>	Self-employment Income documentation

Contact the Housing Division with questions: (850) 891-6500

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, the undersigned, hereby authorize the  
(Print Name of Applicant)  
\_\_\_\_\_ to release, without liability,  
(Name of Employer, Bank, Retirement System, Welfare Agency, etc.)  
information regarding my employment, income, and/or assets, to the City of Tallahassee for the purposes of verifying information provided as part of determining eligibility for assistance under the Emergency Home Repair 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 include, but are not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, certificates of deposit, stocks, bonds, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker’s alimony or child support payments. It is intended that this authorization be used to obtain any and all of my financial information.

**Organizations/Individuals that may be asked to provide written/oral verifications include, but are not limited to:**

- |   |                                 |
|---|---------------------------------|
| Past/Present Employers                      | Alimony/Child Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration  |
| State Unemployment Agencies                 | Veteran’s Administration        |
| Welfare Agencies                            |                                 |

**Agreement to Conditions**

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

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Signature \_\_\_\_\_ 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 for Form 4506, “Request for Copy of Tax Return” and prepare and sign separately from this document.

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I, \_\_\_\_\_, the undersigned, hereby authorize the  
(Print Name of Applicant)  
\_\_\_\_\_ to release, without liability,  
(Name of Employer, Bank, Retirement System, Welfare Agency, etc.)  
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