cv Neighborhood Services

725 S. DeLeon Avenue

Titusville, FL 32780

321-567-3987

**CITY OF TITUSVILLE**

**COVID19**

 **EMERGENCY ASSISTANCE PROGRAM APPLICATION**

Have you received assistance or received a commitment for assistance from any other source for the requested assistance? \_\_\_\_ Yes \_\_\_\_ No

**If yes, be aware that you are not eligible to receive duplicate funding under this program.**

REQUESTED ASSISTANCE: Rent \_\_\_\_ Utility \_\_\_\_ Both \_\_\_\_

APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_

CO-APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD/FAMILY INFORMATION**

Please complete the following for ALL household members residing in the residence:

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Date of Birth** | **Relationship** | **Gender** |
|  |  |  |  |
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|  |  |  |  |

FOR OFFICE ONLY DATE STAMP

\_\_\_\_ CDBG-CV

\_\_\_\_ SHIP

**CHARACTERISTICS OF HEAD OF HOUSEHOLD MEMBER:**

\_\_\_\_ White \_\_\_\_ Black \_\_\_\_ Hispanic

\_\_\_\_ Native American (Indian) \_\_\_\_ Asian \_\_\_\_ Other

**MARITAL STATUS:**

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated

\_\_\_\_ Divorced \_\_\_\_ Widowed

**ESSENTIAL SERVICE PERSONNEL (please check one):**

\_\_\_\_ Medical personnel \_\_\_\_ First Responder \_\_\_\_Law Enforcement

\_\_\_\_ Educator \_\_\_\_ Active Military \_\_\_\_ Government Employee

**EMPLOYMENT:**

APPLICANT’S EMPLOYER (CURRENT)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEARS EMPLOYED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which of the following statements apply to the Applicant:

* I have experienced a reduction in salary as a result of the coronavirus (COVID19)

Explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have had my hours reduced as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have been furloughed as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have been laid off as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have been terminated as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CO-APPLICANT’S EMPLOYER (CURRENT)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEARS EMPLOYED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which of the following statements apply to the Co-Applicant:

* I have experienced a reduction in salary as a result of the coronavirus (COVID19)

Explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have had my hours reduced as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have been furloughed as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have been laid off as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have been terminated as a result of the coronavirus (COVID19)

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD INCOME:**

Please indicate an amount and if you are paid weekly (W), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE** | **APPLICANT** | **CO-APPLIANT** | **OTHER MEMBERS AGE 18+** |
| Gross Salary (before deductions) |  |  |  |
| Overtime, Tips, Bonuses, etc. |  |  |  |
| Social Security |  |  |  |
| Disability |  |  |  |
| Pensions, Veterans Benefits, etc. |  |  |  |
| **SOURCE** | **APPLICANT** | **CO-APPLICANT** | **OTHER MEMBERS AGE 18+** |
| Unemployment/Workers Comp |  |  |  |
| Alimony, Child Support |  |  |  |
| Business Net Income |  |  |  |
| Rental/Real Estate Income |  |  |  |
| Welfare Payments (TANF, Aid to Families with Dependent Children, etc.) |  |  |  |
| Other |  |  |  |
| **TOTALS** |  |  |  |

**ASSETS:**

**APPLICANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE** | **CASH VALUE** | **INCOME FROM ASSET** | **BANK OR****POLICY NAME** | **ACCOUNT NO.** |
| Checking |  |  |  |  |
| Savings |  |  |  |  |
| Cash/Bank Card |  |  |  |  |
| 401(k) Retirement |  |  |  |  |
| Stocks, Bonds, Mutual Funds |  |  |  |  |
| Money Market |  |  |  |  |
| Other Accounts |  |  |  |  |
| Other Property Owned |  |  |  |  |
| Collectibles |  |  |  |  |
| Whole Life Insurance |  |  |  |  |
| VEHICLES (other than main) |  |  |  |  |
| **TOTALS** |  |  |  |  |

**CO-APPLICANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE** | **CASH VALUE** | **INCOME FROM ASSET** | **BANK OR****POLICY NAME** | **ACCOUNT NO.** |
| Checking |  |  |  |  |
| Savings |  |  |  |  |
| Cash/Bank Card |  |  |  |  |
| 401(k) Retirement |  |  |  |  |
| Stocks, Bonds, Mutual Funds |  |  |  |  |
| Money Market |  |  |  |  |
| Other Accounts |  |  |  |  |
| Other Property Owned |  |  |  |  |
| Collectibles |  |  |  |  |
| Whole Life Insurance |  |  |  |  |
| VEHICLES (other than main) |  |  |  |  |
| **TOTALS** |  |  |  |  |

**ADULT MEMBER OF HOUSEHOLD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE** | **CASE VALUE** | **INCOME FROM ASSET** | **BANK OR****POLICY NAME** | **ACCOUNT NO.** |
| Checking |  |  |  |  |
| Savings |  |  |  |  |
| Cash/Bank Card |  |  |  |  |
| 401(k) Retirement |  |  |  |  |
| Stocks, Bonds, Mutual Funds |  |  |  |  |
| Money Market |  |  |  |  |
| Other Accounts |  |  |  |  |
| Other Property Owned |  |  |  |  |
| Collectibles |  |  |  |  |
| Whole Life Insurance |  |  |  |  |
| VEHICLES (other than main) |  |  |  |  |
| **TOTALS** |  |  |  |  |

**HOUSEHOLD LIABILITIES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE** | **CREDITOR’S NAME** | **MONTHLY PAYMENT** | **BALANCE** |
| Mortgage |  |  |  |
| 2nd Mortgage |  |  |  |
| Rent/Lease Payment |  |  |  |
| Car Loan |  |  |  |
| Credit Card |  |  |  |
| Credit Card |  |  |  |
| Vehicle Loan |  |  |  |
| Other |  |  |  |
| **TOTALS** |  |  |  |

Are you or the co-applicant on a waiting list for assistance from another agency? \_\_Yes \_\_No

**If you have answered yes, please list the agency and describe the requested assistance:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All of the following documents must be returned with this application:**

* Copy of valid identification card or driver’s license for every household member 18 years and older with a current Titusville address.
* Copy of Social Security Cards for all household members
* Paystubs showing employment status on or before February 29, 2020 or a statement from employer
* Most recent tax returns. If filing separately, copies for all members.
* Documentation of all income for all household members. For example, unemployment, social security, disability, pension, alimony, child support, etc.)
* Self-Declaration Form (Attachment A) for all adult household members if you report no income.
* Bank Statements (checking, savings, money market, annuities, cash cards, or other investment accounts) for Applicant, Co-Applicant, and all other adult members in the household
* Social Security Number Waiver Form (Attachment B)
* Release of Information From (Attachment C)

**The following documents must be attached to this application (as applicable for the type of assistance being sought:**

* Current Lease (showing monthly rent)
* Statement from Landlord showing arrearage/amount due
* Statement from Utility Provider (showing amount needed)

**Warning: Failure to provide all required documentation will delay assistance and may result in the denial of assistance**

**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 S 775.082 or 775.83.**

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. I/We understand that the information provided is needed to determine eligibility and in no way assures qualification for assistance. I/We also agree to provide any other documentation necessary to verify my/our eligibility.

I/We are aware that all non-exempt information is subject to Florida’s Public Records Law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Signature of Co-Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other 18+ Household Member Other 18+ Household Member

Neighborhood Services Department Staff

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rose Koenig, Housing Program Manager

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Terrie Franklin, Director

Date forwarded to service provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISASTER SELF- CERTIFICATION OF INCOME FORM ATTACHMENT A

 (To be completed by adult household members only, if appropriate.)

Household Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Government CITY OF TITUSVILLE

1. □ I hereby certify that I am a victim of **COVID-19 (coronavirus pandemic)**
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 because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I will be using the following sources of funds to pay for rent, food, transportation, utilities, 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

STATE OF FLORIDA

COUNTY OF BREVARD

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\_\_\_\_\_\_\_\_\_

**ATTACHMENT B**

**CITY OF TITUSVILLE**

**NEIGHBORHOOD SERVICES**

**COVID19 EMERGENCY ASSISTANCE PROGRAM**

**Social Security Number Waiver**

City of Titusville collects your Social Security Number for a number of different purposes. The Florida Public Records Law (Section 119.071(5), Florida Statute 2007) requires the City to give you this written Statement explaining the purpose and authority for collecting your Social Security Number.

Your Social Security Number is being collected only for the purpose of income certification for the above-referenced program. This information is used to verify Unemployment benefits, Social Security benefits, employment, and other related information. Your Social Security Number will NOT be used for any other intended purpose other than verifying your eligibility for the City’s program.

**Certification and Waiver of Privacy**

The applicant(s) certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding from City of Titusville’s Emergency COVID19 Assistance Program.

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentations concerning income, assets, or liability information relating to your financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Florida Statutes 775.082 and 775.083. I/We further understand that any willful misstatement of information will be grounds for disqualification and barring of any future assistance. I/We certify 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 aware that all information and documents provided are a matter of public record. I/We hereby waive my/our rights under the privacy and confidentiality provision act, and give my/our consent to City of Titusville, its agents, subrecipients, and contractors to examine any confidential information given herein.

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Signature of Applicant Date Signature of Co-Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Other Household Member Date Signature Other Household Member Date

**ATTACHMENT C**

**CITY OF TITUSVILLE**

**COVID19 EMERGENCY ASSISTANCE PROGRAM**

**RELEASE OF INFORMATION FORM**

I/We, , the undersigned do hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to release, without liability, information regarding my/our employment, income and/or assets to the City of Titusville for the purposes of verifying information provided as part of my application for assistance under the COVID19 Emergency Assistance Program.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers Welfare Agencies Veterans Administration

Previous Landlords (including State Unemployment Agencies Retirement Systems

Public Housing Agencies) Social Security Administration Banks and other Financial

Support and Alimony Providers Institutions

CONDITION

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that I/We can provide is incorrect.

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 Head of Household Social Security No. Date

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 Spouse Social Security No. Date

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 Adult Member Social Security No. Date

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 Adult Member Social Security No. Date

**NOTE: This General Consent may not be used to request a copy of a tax return. If a copy of a a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.**