

APPLICATION FOR HARDSHIP ASSISTANCE
Sanitary Sewer Impact Fee

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Name:		
Social Security #:		
Date of Birth/ Age:		
Street Address:		Phone:
City:		State/Zip:
Mailing Address:		Phone:
City		State/Zip:

Other Household Members:

Name(s)	Social Security #	Date of Birth/ Age	Relationship to Applicant

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?
 If Yes, please list: _____

Does Applicant/ Co-Applicant still have a mortgage on the home? Yes _____ No _____
 Monthly mortgage: \$ _____

Applicant/Co-Applicant Employment Information:

Employee Name:	Employer Name:
Employer Address:	Employer Phone:
Position:	Supervisor:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

Employee Name:	Employer Name:
Employer Address:	Employer Phone:
Position:	Supervisor:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

Note: Attached additional sheets as necessary for all household members 18 years and over.

Other Sources of Income (For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Name	Type of Income	Gross Annual Amount
1.		
2.		
3.		
4.		
		Total: \$ _____

Assets and Assets Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc)

Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
1.			
2.			
3.			
4.			
Total: \$ _____			Total: \$ _____

Liabilities (For ALL Household Members 18 and Over, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)

Type of Credit/Loan	Creditor Name	Balance Owed	Monthly Payment
1.			
2.			
3.			
4.			
Total Annual Payments: \$ _____			

Ethnicity/Special Needs (For reporting purposes only, please check all that apply for Head of Household Only): White _____ Black _____ Hispanic _____ Asian/Pacific Islander _____ Native Mexican: _____ Farm Worker _____ Disabled or Disabled Minor _____ Elderly _____ Other: _____

I/we understand that Florida Statue 817 provides that willful false statements or misrepresentation concerning income, assets or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statues 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicant Signature

Date

Co-Applicant 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 _____, for the purposes of verifying information provided as part of determining eligibility for assistance under the Hardship Assistance for Sanitary Sewer Impact Fee 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 maybe 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 | Alimony/Child Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration |
| State Unemployment Agency | Veteran’s Administration |
| Welfare Agency | Others:_____ |

Agreement to Conditions:

I agree that a photocopy of this authorization maybe 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/	Printed Name	Date
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Co- Applicant	Printed Name	Date
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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.