

**EMERGENCY HOME REPAIR PROGRAM  
APPLICATION FOR ASSISTANCE  
Housing Division, Economic and Community Development**

**Note: Repairs to mobile homes are not permitted under this program.**

**Date:** \_\_\_\_\_

**A. Applicant Information**

Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Family/Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you OWN your home? \_\_\_\_\_ Is it your permanent residence? \_\_\_\_\_

Do you have Homeowner's Insurance? \_\_\_\_\_ If so, name of insurer: \_\_\_\_\_

**B. List Emergency Repairs Needed.** Note: An emergency repair is the removal of potentially dangerous health and safety hazards from the homes of very low-income persons. It can also include the removal of any structural barriers or the inclusion of structures to aid free movement in the homes of disabled persons. This program does not provide "home improvements".

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Have you received a Notice of Violation from the City's Code Enforcement Department? \_\_\_\_\_

Have you received home repairs through the Emergency Home Repair Program in the past?

Circle One: Yes No If yes, when? \_\_\_\_\_

Have you received home repairs through the Homeowner Rehabilitation Program?

Circle One: Yes No If yes, when? \_\_\_\_\_

**C. Household Information**

Provide the following information for all members of your household including yourself:

Member	Name	Relationship	Age	Social Security #
1				
2				
3				
4				
5				
6				
7				

**D. Household Data for Statistical Use Only.** Failure to provide this information will not affect any rights of the applicant.

Head of Household									
Race/Ethnicity						Age			
African-American	White	Hispanic	Asian	American Indian	Other	Up to 25	26-40	41-61	62+

Special Targeting/Special Needs (check all that apply)					
Farm worker	Developmentally Disabled	Physically Disabled	Homeless	Elderly	Other

Is there someone in the household who is disabled?    Yes    No

**E. Assets.**

Please list the assets of all household members, including yourself **and minors**. Assets include checking and savings account balances; retirement, 401K, IRA and Keogh accounts; Certificates of Deposit; and other investments, including land or other homes that you own. Assets do not include clothes or personal items, the cars you drive, the home you live in, or the land your home is located on.

Member	Asset Description (Include Bank Name)	Account Number	Cash Value	Income From Assets
1				
2				
3				
4				
5				
6				
<b>Total Cash Value of Assets =</b>				

**F. Anticipated Annual Income:**

In the table below, list all sources of income for yourself and all other household members over 18:

Member	Wages & Salaries. Include tips, commissions and bonuses	Social Security benefits, disability, retirement and pensions	Public Assistance	Other Income, including child support
1				
2				
3				
4				
5				
6				
<b>Totals</b>				

Do you anticipate any changes to your income or household in the next 12 months?    Yes    No

**Proof of income and assets is required.** The Housing Division will attempt to obtain third-party verifications of all income sources. However, if you provide copies of one or more of the following documents, as applicable, your application can be processed more quickly:

- Pay stubs
- Last two bank statements
- Statement of retirement or pension benefits, or copy of retirement or pension check
- Proof of interest or dividends from real or personal property, such as a 401K or savings account
- Statement of Social Security, disability, worker’s compensation, welfare or unemployment benefits
- Proof of net income from a business
- Court documents showing child support payment and/or alimony payment
- Any other documents showing periodic and determinable income

**G. Applicant’s Employer:**

Place of Employment: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Current Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**H. Co-Applicant’s Employer:**

Place of Employment: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Position: \_\_\_\_\_ Phone: \_\_\_\_\_

**I. Homeownership Information.** Applicant and Co-applicant’s proof of homeownership must be verified. The Housing Division will use the information on file in the Property Appraiser’s Office. However, if you can provide copies of one of the following documents, it will allow your application to be processed more quickly:

- Property deed or purchase agreement in Applicant and Co-Applicant’s name(s);
- Property tax documents in Applicant and Co-Applicant’s name(s); or
- Homestead exemption card in Applicant and Co-Applicant’s name(s).

**NOTE THAT THE HOUSE TO BE REPAIRED MUST BE OWNED BY THE APPLICANT AND BE THE APPLICANT’S PERMANENT, FULL TIME PLACE OF RESIDENCE.**

**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: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAIL COMPLETED APPLICATION TO:**

Economic & Community Development (ECD)  
Housing Division, Emergency Repair Program  
300 South Adams Street, Box B-27  
Tallahassee, FL 32301-1731

**OR**

Hand Deliver to:

435 N. Macomb Street, Renaissance Center - 3<sup>rd</sup> Floor  
Tallahassee, Florida