

OTHER INCOME: (List for All Occupants Who Will Reside in the Home)

TYPE OF INCOME	Monthly Income	Name of Person Receiving Income
Unemployment Benefits	\$ _____	_____
Social Security Benefits	\$ _____	_____
AFDC	\$ _____	_____
Child Support	\$ _____	_____
Other (Identify)	\$ _____	_____

ASSETS AND ASSET INCOME: (List for All Who Will Reside in the Home)

Do You Own Any Other Property? (House, Vacant Lot, etc.) YES _____ NO _____

If yes, Please List the Location of Your Property(s).

ADDRESS	EQUITY
1. _____ _____	Market Value (A) \$ _____ Unpaid Balance (B) \$ _____
2. _____ _____	Equity (A minus B) \$ _____

List Mortgage Carrier for Above Properties: _____

BANK REFERENCES: (List Checking and Savings Account for Everyone Who Will Reside in the Home)

Name of Company	Account Number	Checking Acct. #	Savings Acct. #	Balance
				\$ _____
				\$ _____
				\$ _____

Are you currently in process of filing for bankruptcy? Yes _____ No _____

Are you currently in foreclosure? Yes _____ No _____

INSURANCE INFORMATION:

Name of Insurer & Agent	Address	Dates/Amounts of Coverage	Policy Number	Type(s) of Insurance

****CO-APPLICANT'S INFORMATION****

Full Name (Last , First, MI) _____ DOB: _____
Social Security Number: _____ - _____ - _____ Marital Status _____

PRESENT ADDRESS:

Address _____ Apt. # _____
City _____ State _____ Zip _____
Telephone-home: (____) _____ - _____ Work # (____) _____ - _____
Do you: Own _____ Rent _____ How long _____ Monthly Payment \$ _____
Landlord/Lenders Name: _____ Address: _____
City _____ State _____ Zip _____ Phone _____

CURRENT EMPLOYER:

Company Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
No. Years _____ Job Title _____ Supervisor _____
Yearly Income \$ _____

PREVIOUS EMPLOYER:

Company Name _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____ - _____
No. Years _____ Job Title _____ Supervisor _____
Yearly Income \$ _____

COMPLETE ONLY IF YOU ARE REQUESTING ASSISTANCE TO REHABILITATE YOUR HOME OR IMPROVE THE EXTERIOR OF YOUR HOME.

FIXED HOUSING EXPENSES:

HAZARD INSURANCE \$ _____
REAL PROPERTY TAXES/SPECIAL ASSESSMENTS \$ _____
ELECTRICITY \$ _____
WATER, SEWAGE, GARBAGE \$ _____
GAS \$ _____
TELEPHONE \$ _____
OTHER _____ \$ _____
TOTAL FIXED MONTHLY EXPENSES \$ _____

LIST THE MAJOR IMPROVEMENTS NEEDED:

HURRICANE WILMA CERTIFICATION

1. Did your home incur damages due to Hurricane Wilma?

Yes ____ No ____

2. Are any of the major improvements listed on page three of this application a result of Hurricane Wilma?

Yes ____ No ____

If answered "yes" to above questions please proceed to the next section:

3. As a result of Hurricane Wilma did you contact your insurance company?

Yes ____ No ____

If yes, claim # _____

Description of repairs completed based on insurance claim:

4. As a result of Hurricane Wilma did you contact FEMA or SBA?

Yes ____ No ____

If yes, claim # _____

Description of repairs completed based on FEMA claim:

5. Did your household receive any other Local, State, or Federal funding based on damages from Hurricane Wilma?

Yes ____ No ____

If yes, please describe:

CERTIFICATION AND WAIVER OF PRIVACY:

The applicant(s) certify that all information regarding Hurricane Wilma certification, and all information furnished in support of this certification, is given for the purpose of obtaining a grant under the City of Delray Beach Affordable Housing Program, and is true and complete to the best of the applicant(s) knowledge and belief. The applicant(s) further certify that he/she is aware of the fact that he/she can be penalized by fine and/or imprisonment for making false statements. I hereby waive my rights under the privacy and confidentiality provision act, and give my consent to the City of Delray Beach Affordable Housing Program, its agents and contractors to examine any confidential information given herein. I further grant permission, and authorize any bank, employer or other public or private agency to disclose information deemed necessary to complete this application.

DATE

SIGNATURE OF APPLICANT

RELATIVES/EMERGENCY CONTACT: (Not Residing with You)

Name: _____ Relationship _____ Phone: _____
Address: _____ City: _____ State _____ Zip _____

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 a grant under the City of Delray Beach Affordable Housing Program.

I/we understand that Florida Statute 817 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 Statutes 775.082 and 775.083. 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. I hereby waive my rights under the privacy and confidentiality provision act, and give my consent to the City of Delray Beach Affordable Housing Program, its agents and contractors to examine any confidential information given herein. I further grant permission, and authorize any bank, employer or other public or private agency to disclose information deemed necessary to complete this application.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT:

Pursuant to Section 119.071(5), Florida Statutes, your social security number is requested for the purposes of determining eligibility for employment, retirement, pension and insurance benefits, and receipt of Federal and State funded grant programs; performing identification verification and background checks; W-2 and W-9 filing; filing of worker's compensation claims; payment of independent contractors and vendors without a Tax Identification number; payment of EMS transport services; and filing of Paramedic and EMT license renewals. Social security numbers will be used solely for one or more of these purposes.

The following information is requested in order to monitor compliance with equal credit opportunity fair housing and home mortgage disclosure laws. You are not required to furnish this information. If you do not wish to furnish the above information, please check the box below.

APPLICANT
 American Indian or Alaskan Native
 Black, not of Hispanic origin
 Asian or Pacific Islander
 Hispanic
 White, not of Hispanic origin
 Other (specify) _____

CO-APPLICANT
 American Indian or Alaskan Native
 Black, not of Hispanic origin
 Asian or Pacific Islander
 Hispanic
 White, not of Hispanic origin
 Other (specify) _____

SEX: Male Female

SEX: Male Female

I do not wish to furnish this information

I do not wish to furnish this information

RETURN TO:

NEIGHBORHOOD SERVICES DIVISION
100 NORTHWEST 1ST AVENUE
DELRAY BEACH, FLORIDA 33444
Office: (561) 243-7280 Fax: (561) 243-7221

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