

Applicant # \_\_\_\_\_

WINTER HAVEN SHIP PROGRAM  
APPLICATION FOR ASSISTANCE

DATE: \_\_\_\_\_

HOME PHONE# \_\_\_\_\_

WORK PHONE# \_\_\_\_\_

**APPLICANT GENERAL INFORMATION**

Applicant Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

D.O.B. / / \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone (Cell/Other) \_\_\_\_\_

Email \_\_\_\_\_

**Check One:** Single  Married  Divorced  Widow

**Type of Assistance Requested**

Down-Payment Assistance

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**ALL OF THE FOLLOWING INFORMATION WILL BE VERIFIED, PLEASE PROVIDE THE CORRECT ADDRESSES.**

**MAILING ADDRESS:** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**How long have you lived at the present address?** \_\_\_\_\_

**Do you:**  Own  Rent  Other

**MEMBERS OF HOUSEHOLD TO INCLUDE:**

(Applicant, individual, family, or group of individuals living together in the house).

**Other Household Members/Dependents living in the home (under 18 years of age or legally disabled/dependent with proof):**

**HOUSEHOLD COMPOSITION:**

**(LIST EVERY PERSON THAT IS CURRENTLY LIVING IN YOUR HOME INCLUDING YOURSELF.)**

	<b>NAME</b>	<b>RELATIONSHIP</b>	<b>AGE</b>	<b>DATE OF BIRTH</b>	<b>RACE</b> (Caucasian, Black, Hispanic, Asian, Native American, Other)
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					

**Handicap Status** (Please list any household member(s) who has a developmental disability or other handicap/special need.)

*Note: Any applicant or HH member claiming handicapped must complete this section. If this section is left incomplete the applicant or HH member may not be assumed automatically handicapped by the individual(s) reviewing the application. **Only** the applicant may complete this section.*

1.
2.

**APPLICANT**

**List present employer first and go back two years from Date of Application**

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Title/Type of Work: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Change: \_\_\_\_\_

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Title/Type of Work: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Change: \_\_\_\_\_

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Title/Type of Work: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Change: \_\_\_\_\_

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*If more than one form is required because there is more than one household member over age 18, please use a photocopy of the following pages.*

**CO-APPLICANT and/or HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER:**

**List present employer first and go back two years from Date of Application**

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Title/Type of Work: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City and State : \_\_\_\_\_

Title/Type of Work: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Date of Employment: Beginning \_\_\_\_\_ thru \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City and State: \_\_\_\_\_

Title/Type of Work: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

**APPLICANT**

**Bank Accounts:**

Name and Address of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Other Account Info: \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Other Account Info: \_\_\_\_\_

**CO-APPLICANT and/or HOUSHOLD MEMBER 18 YEARS OF AGE OR OVER:**

**Bank Accounts:**

Name and Address of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Other Account Info: \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Other Account Info: \_\_\_\_\_

CASH HOUSEHOLD INCOME SUMMARY:

Applicant

2024 Estimated Earnings \_\_\_\_\_

Co-Applicant's/Household Members 18 years of Age or Over

2024 Estimated Earnings \_\_\_\_\_

Does anyone in the household receive any of the following sources of income (please provide monthly amount):

- \_\_\_\_\_ Interest and/or Dividends
- \_\_\_\_\_ Net Income from Business (Please, include a quarterly loss and profit statement and an affidavit of anticipated net income for the next twelve months.)
- \_\_\_\_\_ Rental Income (Please provide the property tax statement and indicate if there is a mortgage on the property.)
- \_\_\_\_\_ Social Security, Pensions, Retirement Funds
- \_\_\_\_\_ Unemployment Benefits, Workers Compensation, etc.
- \_\_\_\_\_ Alimony, Child Support (Please, include a copy of your divorce decree'.)
- \_\_\_\_\_ Welfare Payments (Please include your case worker's name and phone number.)
- \_\_\_\_\_ Regular gifts from family and friends (Please include a statement from family and/or friends of the amount given to you)
- \_\_\_\_\_ Other. Please explain: \_\_\_\_\_

**Total Source of Income Received:** \_\_\_\_\_

**ASSETS:**

**LIST CURRENT ASSETS OF ALL HOUSEHOLD MEMBERS:**

Real Estate: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Individual Retirement Account (IRA, 401K): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Whole life or universal life insurance policy: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

( ) Checking ( ) Savings: Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

( ) Checking ( ) Savings: Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

( ) Checking ( ) Savings: Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other  
Describe: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

All applicants and co-applicants must be credit-worthy. This is defined as follows:

- Any bankruptcy must be discharged and at least 8 months must have passed.
- The applicant must have a 6 month history of timely payments on at least 2 obligations.
- All judgments must be paid off.
- No property taxes or other County assessments may be in arrears.  
*(This does not include payments that do not have to be paid immediately)*
- All medical collections and debts will be ignored.
- Any bad debt more than 36 months old will be ignored.
- Applicant must be current with mortgage payments.

I/we certify that the applicant and co-applicant meet the Credit-Worthy Definition:

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If the answer is no, please explain: \_\_\_\_\_

*The Housing Manager can review individual credit situations and waive these requirements. This may be done in cases where applicant is making an effort to pay back the bad debt or has worked out an agreement with a counseling agency.*

All applications are subject to the Public Records laws of Florida, SF Chapter 119.

**Applicant Statement:** The information on this form is to be used to determine maximum income for eligibility. I/we have provided for each person 18 and over acceptable verification of current anticipated annual income. I/we certify that the statements are true and compete to the best of my/our knowledge and belief under penalty of perjury.

**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 S775.082 or 775.83

**Applicant**

Signature Box:

_____	_____
Applicant's Signature	Date
_____	_____
Co-Applicant's Signature	Date
_____	_____
Household Member 18 or Over	Date



# Economic Opportunity & Community Investment

CITY OF WINTER HAVEN  
HOUSING REHABILITATION PROGRAM  
UNEMPLOYMENT AFFIDAVIT

**(A separate form is required for any unemployed person over the age of 18, residing in the household)**

[1] I, \_\_\_\_\_, verify that I am presently unemployed and have no other source(s) of income at this time.

**OR:**

[2] I, \_\_\_\_\_, verify that I am presently unemployed and have other source(s) of income at this time.

*If box 2 is signed please list other sources of income. And provide all official supporting documentation that verifies the sources of the stated income.*

**SOURCE(S) OF INCOME DERIVED FROM MEANS OTHER THAN EMPLOYMENT**

1. _____
2. _____
3. _____

**APPLICANT/CO-APPLICANT/ADULT HOUSEHOLD MEMBER SIGNATURE**

**PRINT NAME**

WARNING: Florida Statute 817 provides that willful false statements of misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment under Statutes 775.082 or 775.83.

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Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print Name of Notary Public

\_\_\_\_\_  
Personally Known

\_\_\_\_\_  
Produced Identification

Type of Identification \_\_\_\_\_



## WINTER HAVEN

### AUTHORIZATION FOR THE RELEASE OF INFORMATION

The undersigned hereby authorizes you to release without liability, information regarding employment, credit, income and/or assets to the Martin County Housing Program for purposes of verifying information provided as part of the Housing Assistance.

**Privacy Act Notice:** *This information is to be used by the agency collecting it or its assignees in determining whether you qualify as an applicant for the SHIP Program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval may be delayed or rejected for SHIP Funds.*

**INFORMATION COVERED:** I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity: employment, credit, income and assets, criminal history, 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/our eligibility for the Martin County NSP Program.

**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	Social Security Admin.
Veterans Administration	Banks and Financial Institutions	Credit Reporting Agencies
Unemployment Agencies	Retirement Systems	Background Check
Internal Revenue Service	Public Housing Agencies	Support & Alimony

**CONDITIONS:**

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

\_\_\_\_\_  
Household Member 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member 3 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member 4 Signature

\_\_\_\_\_  
Date

**Notice of Collecting Social Security Numbers:**

The County collects your Social Security Number for a number of different purposes. The Florida Public Records Law (specifically Section 119.071 (5), Florida Statutes 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 for the purposes of income certification for the City’s Residential Rehabilitation or Down Payment Assistance Program, which requires third-party verification of assets, employment, and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits, and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, federal, and/or state program dollars. 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) certifies that all information in this application and all information furnished in support of this application, is given for the purpose of obtaining funding under the City of Winter Haven Residential Rehabilitation or Down Payment Assistance Program.

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to 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. 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/we hereby waive my/our rights under the privacy and confidentiality provision act, and give my/our consent to the City of Winter Haven Residential Rehabilitation or Down Payment Assistance Program, its agents, and contractors to examine any confidential information given herein. I/we further grant permission and authorize any bank, employer, or public or private agency to disclose information deemed necessary to complete this application.

_____	_____	_____
Signature of Applicant	Printed Name of Applicant	Date

_____	_____	_____
Signature of Applicant	Printed Name of Applicant	Date

_____	_____	_____
Signature of Applicant	Printed Name of Applicant	Date

