



HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICES

5240 BABCOCK ST. N.E. STE 212
PALM BAY, FL 32905
321-952-3429 (OFFICE) 321-733-3087 (FAX)

APPLICATION FOR HOUSING ASSISTANCE

Type of Assistance: _____

Annual Income: _____
Income Category (ELI, VL, LI, MI): _____

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

Other Household Members:

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

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?

If yes, please list: _____

Must provide enrollment schedule or proof of full-time status.

Does Applicant/Co-Applicant own a home? Yes ___ No ___ Monthly rent/mortgage: \$ _____

If No, type of unit to be purchased? _____ Existing unit _____ newly constructed unit

Applicant/Co-Applicant Employment Information:

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

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

NOTE: Attach 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(s)	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:\$

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

	Type Credit/Loan	Creditors 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 American ___ Farm Worker ___ Disabled or Disabled Minor ___ Elderly ___ Homeless ___ Other: _____

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 or 775.083.

I/we further understand that any willful misstatement of information will be grounds for disqualification. 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



APPLICANT/TENANT RELEASE OF INFORMATION FORM

I/We _____, the undersigned hereby authorize to release without liability, information regarding my/our employment, income and/or assets to the **City of Palm Bay** for purposes of verifying information provided as part of the owners' assistance under the CDBG, SHIP and/or HOME programs.

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, 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 for the SHIP 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 | Veterans Administration |
| Previous Landlords | State Unemployment Agencies | Retirement Systems |
| Public Housing Agencies | Social Security Administration | Banks/Financial |
| Institutions | | |
| Support and Alimony Providers | | |

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 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.

SIGNATURE

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Spouse	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.



*CITY OF PALM BAY
HOUSING & NEIGHBORHOOD DEVELOPMENT SERVICES
HOUSING ASSISTANCE PROGRAMS*

If you are interested in participating in the City of Palm Bay's Housing Assistance Programs, please submit the following information with the attached application. Please call 321-952-3429 to make an appointment for an application intake.

- **WARRANTY DEED:** (Not Security Deed) The Warranty Deed of your home shows that the property is in your name and gives a legal description of the property and exhibits where the Deed was recorded. Must provide proof that the property is the applicant's primary residence.
- **HOMEOWNER'S INSURANCE:** A copy of your current policy showing amount of coverage, name of company, etc. This should also include the amount of fire insurance on your home. Please remember, this needs to be for the current year.
- **PROOF OF PROPERTY TAXES AND HOMESTEAD EXEMPTION:** Property taxes must be paid up to date. If not exempt, must show proof of filing for homestead exemption. (Print out Property Appraiser's Report and tax information).
- **PROOF OF INCOME:** Most recent pay stubs (last 3 months) for each member of the household over 18 years of age (showing amount of pay and amount of all deductions). Also, please include the correct mailing address and if possible a contact person with your personnel department.
- **PROOF OF OTHER INCOME:** This also includes, AFDC, Social Security, Pension, Child Support, Veterans benefits, rental income, etc. Food Stamps are not counted as income.
- **SELF-EMPLOYMENT:** Provide a copy of your last two (2) years income tax returns along with schedule C (profit & loss report).
- **PROOF OF ASSETS:**
 - (a) Recent Mortgage Statement
 - (b) Checking/Savings Accounts and name of Bank, along with correct account numbers (provide at least 3 months bank statements)
 - (c) Certificate of Deposit or Money Market Accounts, IRA's, 401K, Stocks, bonds, and additional real estate owned. Please provide for each member of the household that may have active accounts.
- Proof of number of dependents claimed by bringing your Federal Income Tax Return and one of the following if applicable:
 - (a) Birth Certificate
 - (b) School Record
 - (c) Social Security Card
 - (d) Letter of adoption
 - (e) Divorce decree