



HOUSING ASSISTANCE PROGRAMS



Application Checklist

1. Completed Application:

- a. All sections of the application must be completed. Please feel free to call us with any questions you may have but do not leave blank spaces.
- b. Application and disclosures must be the original signed documents.

Please Provide Photocopies of the Supporting Documentation Listed in Items 2 – 18, Below.

2. Proof of Hazard and Flood Insurance

- a. A copy of your homeowners' insurance policy. Policy must include flood insurance.
- b. If Flood Insurance is not required, please provide a Determination Letter from FEMA.

3. Current Mortgage Statements

- a. If you currently have a mortgage on your property, or a home equity line of credit please provide a copy of your most recent mortgage statement(s). Your mortgage(s) must be current to participate in the City's Residential Rehabilitation programs.

If You Do Not Have a Mortgage on Your Home: Please provide a Satisfaction of Mortgage, **or** Settlement Statement reflecting a cash purchase, **or** a Will transferring ownership of the property, as applicable.

4. Proof of Number of Dependents Claimed

Please Note: Dependent's **must** be listed on your federal tax return.

- a. Birth Certificate on which the parent/applicant's name is listed **or**
- b. School records which give the parents' names and address **or**
- c. Court-ordered letters of guardianship **or**
- d. Divorce decree **or**
- e. Letters of adoption
- f. If a dependent is 18 years of age or older, is a full time student, please submit a copy of their class schedule in addition to the above documents.

5. State Issued Photo ID (Driver's License, Florida Identification Card, etc.)

6. Divorce Decree with Settlement Statement, if Applicable.

7. Death Certificate, if Widowed



RESIDENTIAL REHABILITATION PROGRAMS
Application Checklist Continued



8. Proof of Employment Income:

- a. VOE (attached) **or**
- b. 2 months' most recent consecutive pay stubs or earning statements for all employed household members 18 years of age or older. (The pay stubs must show the employee's name, gross pay per period, deductions, and frequency of pay)

9. Self-Employment Income.

- a. Schedule C, E, or F must be included with your federal income tax return
AND
- b. A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months

10. Social Security, Supplemental Security Income (SSI), and Disability Benefits

- a. Current year award letter or benefit statement prepared and signed by the authorizing agency.

11. Unearned Income – Please Provide For All Applicable

- a. Unemployment Compensation - Unemployment benefit award notice with 2 months worth of unemployment check stubs.
- b. Disability Compensation (Excludes SSDI) - Notice of eligibility from employer or authorizing agency and 2 months worth copies of check stubs.
- c. Worker's Compensation - Notice of eligibility with amount awarded and 2 months' worth copies of check stubs
- d. Severance Pay - Notice of employer stating the amount received in severance pay.
- e. Welfare of other needs based payments given to any household members (This does not include SNAP/EBT or medical benefits)

12. Unemployed Household Member 18 Years of Age or Older, Not Receiving Unemployment Benefits or Other Sources of Income.

- a. Please provide a notarized, sworn statement from the household member stating that they are not receiving unemployment benefits, the individual is not receiving any form of income and does not anticipate receiving income in the next 12 months. A copy of a Certification of Zero Income is attached for your convenience, if applicable.

13. For Alimony or Child Support Payments

- a. A printout from the court or governmental agency through which payments are being made **or**
- b. An original notarized letter from the non-custodial parent stating the amount given weekly, bi-weekly, or monthly **or**
- c. An original notarized statement from custodial parent stating that child support is not received for each child.



RESIDENTIAL REHABILITATION PROGRAMS
Application Checklist Continued



14. For Veterans Administration Benefits

- a. Benefactor's written confirmation of amount of assistance for the next 12 months.

15. Most Current Six (6) Months Bank Statements for Every Adult Household Member.

- a. VOD (attached) **or**
- b. Please be sure to provide all pages, including those intentionally left blank.

Example: If the bank statement says page 1 of 4, Please provide all 4.

16. Assets

Please provide current statements for the below assets for each household member, as applicable. Kindly remember to include all pages of each statement submitted and list the applicable assets on your application form.

- a. 401(K) account statement
- b. Retirement statement
- c. Pension statement
- d. IRA statement
- e. Certificate of deposit (CD) statement
- f. Annuities

17. Whole Life Insurance policy with current cash value and the type

- a. Please provide all pages of the most current policy statement.

18. Recurring Contributions and Gifts.

Example: Non-household member paying part or all of your living expenses, insurance, maintenance, mortgages or contributing money on a regular basis.

- a. Notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts **or**
- b. A letter from a bank, attorney, or a trustee providing required verification.