



**City of Tampa**

*Jane Castor, Mayor*

**Development & Growth Management  
Housing & Community Development Division**

4900 W. Lemon St.  
Tampa, FL 33609

Office: (813) 274-7940  
Fax: (813) 274-7941

## **Application Requirements/Checklist**

Please complete all applicable boxes on the application along with copies of the applicable documents. Applications can be submitted to:

**Housing & Community Development Division**

**4900 W. Lemon Street**

**Tampa, FL 33609**

**Or Faxed to 813-274-7941**

- Water/Wastewater Completed and Signed Application
- Certification Statement
- Privacy Policy
  - The Privacy Policy for all household members over the age of 18
- Authorization to release information
  - Authorization to Release Information for all household members over the age of 18
- Identity Verification Form
- Proof of income from **ALL** sources for **ALL** accounts:
  - Paystubs
  - Social Security/SSI Disability Benefit Letter (most recent)  
**(To request a new Benefit Letter, contact Social Security Administration at 1- (800) 772-2317)**
  - Pension Statements
  - Profit & Loss Statements Year-to-Date **AND** Last 2 years tax returns (self-employed)
- Government issued photo ID (If applicable- once ID is verified the copy will be destroyed)
- Most recent Water/Wastewater water bill or new account information

**If you have any questions, concerns or need an accommodation please contact Housing & Community Development Division at (813) 274-7954**



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### WATER/WASTEWATER ASSISTANCE PROGRAM

### APPLICATION

#### GENERAL INFORMATION:

	APPLICANT	CO-APPLICANT
Full Name (include Jr. or Sr. if applicable)		
Social Security Number		
Date of Birth / Age		
Home Phone (incl. Area Code)		
Present Address (Street)		
City, State, Zip Code		
Homeowner/Renter		
Email Address		
Water and/or Wastewater Account No.		

Other Household Members		No. of Dependents: _____		
Name(s)	Social Security	Date of Birth/Age	Relationship to Applicant	Employed?
				( ) Y ( )
				( ) Y ( )
				( ) Y ( )
				( ) Y ( )
				( ) Y ( )
				( ) Y ( )



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**EMPLOYMENT INFORMATION:**

	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
City/State/Zip Code		
Employer Phone #	( )	( )
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/#		

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

EMPLOYMENT INFORMATION:	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
City/State/Zip Code		
Employer Phone #		
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

*NOTE: Attach additional sheets as necessary for ALL EMPLOYED household members 18 years and over, (including signed authorization form for each member).*



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### 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 of Recipient	Type of Income	Amount (Hourly, Weekly, Bi-weekly, Bi-Monthly, Monthly)
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
		Total \$

Household elects to not						(Initials of Household Head)			
<b>Head of Household Data</b>									
By Race / Ethnicity						By Age			
White	Black	Hispanic	Asian	American Indian	Other	0 - 25	26 - 40	41 - 61	62+
<b>Household Members Data</b>									
<b>Special Target / Special needs</b> (Check all that apply to any member)									
Farm worker	Developmentally Disabled	Homeless	Elderly	Special Needs (define)					
<p>Information in this Section is being gathered for statistical use only. No resident is required to give such information unless they desire to do so. Refusal to provide information in this Section will not affect any right household has as residents. There is no penalty for households that do not complete <b>this portion of the application.</b></p> <p>NOTE:</p>									



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**CERTIFICATION STATEMENTS**

Sign below certifying that you have read the following statements and understand each one:

- The information in this application is truthful and accurate.
- I understand there is an annual re-certification requirement for this program.
- I understand that I must participate in one of the four water conservation measures:
  - I will receive a water conservation kit in the mail;
  - I must complete the conservation requirement within 90 days of receiving the kit to retain the base charge waiver;
  - The kit will provide the information I need to complete this step.
  - I can complete the conservation requirement using one of these options: online, mail, workshop or in-home assistance.
- I will notify the City of Tampa should any of the required eligibility information change.
- I understand if my property address changes a new application will be required.

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 775.83. 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 understand that Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds. If you knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

I/We understand that the all documents are subject to Florida’s public records laws.

Applicant Signature	Date	Co-Applicant Signature	Date
Household Member Signature	Date	Household Member Signature	Date
Household Member Signature	Date	Household Member Signature	Date



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### Privacy Policy

The City of Tampa is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations.

Additionally, we want you to understand how we use the personal information we collect about you. The type of information that we collect about you is:

- Information we receive from you orally, on applications, or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balances, payment history, parties to transactions and credit card usage, tax statements, bank statements, etc.
- Information we receive from a credit reporting agency, such as your credit history.

#### What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes and/or any other pre-authorized individuals and/or organization. The types of information we disclose is as follows:

- Information you provide on application/forms or other forms of communication. This may include your name, address, social security number, employer, occupation, account numbers, assets, expensed, and income.
- Information about your transactions with us, our affiliates, or others: such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency: such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.

- We may also disclose personal information about you to third parties as permitted by law.

#### Florida's Public Records Law

Florida's Public Records Law provides a right to access the records of the state and local governments as well as private entities acting on their behalf. The information you provide to the City of Tampa and its contracted third parties, through writing and email, is considered public record. This information may be disclosed in response to a public records request. **Fl. Stat. 119.07(1)**. Although this information is public record, Chapter 119 of the Florida Statutes provides several disclosure exemptions. The information provided below will not become public record and will remain confidential.

- Social Security numbers - Fl. Stat. 119.071(5)(a)(5)
- Medical history records - Fl. Stat. 119.071(5)(f)
- Bank account numbers - Fl. Stat. 119.071(5)(b)
- Debit/Credit card numbers - Fl. Stat. 119.071(5)(b)
- Information related to health and property insurances - Fl. Stat. 119.071(5)(f)

You must notify the City of Tampa if you qualify for additional public record exemptions provided in the Florida Statutes.

#### How is your personal information secured?

We restrict access to your nonpublic personal information provided to the City of Tampa employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

#### Opting-Out of Certain Disclosures

You may direct the City of Tampa to not disclose your nonpublic personal information to third parties (such as your creditors). However, if you choose to "opt-out" we will not be able to answer any questions from your creditors, which may limit the City of Tampa's ability to provide services. If you choose to "opt-out" please check the box next to the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, please check the box next to the "Release" clause. You may change your decision any time by contacting our office in writing at the City of Tampa, Housing & Community Development, 4900 W. Lemon St., Tampa, FL 33609. The "Opt-Out" clause does not include information that is public record under Fl. Stat. 119.011.

**OPT-OUT:** I request that the City of Tampa, make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that the City of Tampa will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting the City of Tampa.

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

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**Applicant/Household Member:** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE:** I hereby authorize the City of Tampa to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

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

---

**Applicant/Household Member:** \_\_\_\_\_ **Date** \_\_\_\_\_







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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I consent to allow the City of Tampa, to request and obtain employment, income, credit history, and/or assets to for the purpose of verifying information provided, as part of determining eligibility for assistance under the Customer Assistance Program. I understand that only information necessary for determining eligibility can be requested.

**Types of information to be verified:**

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: personal identity; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposit (CD), payment from Social Security, annuities, insurance policies, retirement funds, pension, disability or death benefits; unemployment, disability and/or worker’s compensation; welfare assistance; net income from the operation of a business; and, alimony or child support payments, etc.

**Organization/Individuals that may be asked to provide written/oral verification are but not limited to:**

Past /Present Employers Providers	Alimony/Child/Other Support
Banks or Financial Institutions State Unemployment Agency Welfare Agency	Social Security Administration Veteran’s Administration Other _____

**Agreement to Conditions:**

I agree that a photocopy of this authorization may be used for the purpose stated above. I understand that my authorization will remain effective from the date of my signature until, and that the information will be handled confidentially in compliance with all applicable federal laws.

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Signature of Co-Applicant	Print Name	Date
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Social Security number	DOB (mm/dd/yyyy)
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#### Types of information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: personal identity; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposit (CD), payment from Social Security, annuities, insurance policies, retirement funds, pension, disability or death benefits; unemployment, disability and/or worker's compensation; welfare assistance; net income from the operation of a business; and, alimony or child support payments, etc.

#### Organization/Individuals that may be asked to provide written/oral verification are but not limited to:

Past /Present Employers Providers	Alimony/Child/Other	Support
Banks or Financial Institutions	Social Security Administration	
State Unemployment Agency	Veteran's Administration	
Welfare Agency	Other _____	

#### Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purpose stated above. I understand that my authorization will remain effective from the date of my signature until, and that the information will be handled confidentially in compliance with all applicable federal laws.

---

Signature of Household Member (Age 18 and older)      Print Name      Date

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Social Security number      DOB (mm/dd/yyyy)



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**IDENTITY VERIFICATION**

APPLICANT NAME: \_\_\_\_\_

CO-APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

I HEREBY REPRESENT THAT ALL ABOVE INFORMATION IS TRUE AND ACCURATE.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

The above personally appeared before me the signer and subject of the above form, who signed and attested to the same in my presence, and presented the following form of identification as proof of his/her identity:

- Driver's License or Government Identification Card
- U.S. Passport
- U.S. Military ID Card
- State Identification Card
- Other: \_\_\_\_\_  
(description)

\_\_\_\_\_  
CITY OF TAMPA REPRESENTATIVE (Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY OF TAMPA REPRESENTATIVE (Signature)