

**APPLICATION FOR  
HEALTHY HOMES  
REHABILITATION ASSISTANCE**



**DOCUMENT CHECKLIST**

- Completed and signed application.
  - Authorization to Release Information for all household members over the age of 18 (or will turn 18 within 3 months of application).
  - The Privacy Policy for all household members over the age of 18 (or will turn 18 within 3 months of application).
- Identification for applicant and co-applicant.
- Proof of income from **ALL** sources for **ALL** household members
  - Paystubs (Last consecutive sixty (60) days))
  - Social Security Income
  - Child Support
  - Alimony, Pension, VA Benefits, etc.
- Most recent bank statements (3 months)
  - With bank name and account number) (**ALL PAGES**, even if blank) for all household members with accounts.
- Most recent statements from
  - CashApp, Zelle, GoFundMe, etc.
- If Self Employed:
  - Year-to-date profit and loss statement (see attached for additional requirements).
  - Last two year's Tax returns all pages, with all schedules and W-2s/1099(s).
- Current Mortgage Statement, if applicable.
- If applicable, bankruptcy, judgment, or lien release / satisfaction / discharge / dismissal
- Copy of current Homeowner's Insurance policy declaration page.
- Most recent Utility Statements (Electric & Water Bill)

**If any information is incomplete or missing, your application and documents will be returned until complete.**

Applications can be returned to:

**Housing & Community Development  
2555 E. Hanna Avenue  
Tampa, FL 33610**

Please contact Housing & Community Development at (813) 274-7954 if you have any questions or to make an appointment to return the application.

## APPLICATION FOR HEALTHY HOMES REHABILITATION ASSISTANCE



### GENERAL INFORMATION:

	APPLICANT (Head of Household)	CO-APPLICANT
Full Name		
Social Security Number		
Date of Birth / Age		
Race (Head of Household)	( ) Black ( ) White ( ) Asian ( ) American Indian ( ) Native Hawaiian ( ) Other ( ) Refuse to Answer	
Ethnicity (Head of Household)	( ) Hispanic ( ) Non-Hispanic ( ) Refuse to Answer	
Marital Status	( ) Married ( ) Unmarried	( ) Married ( ) Unmarried
Status	<input type="radio"/> Disabled <input type="radio"/> Elderly (over the age of 62) <input type="radio"/> Veteran <input type="radio"/> Full-time Student	<input type="radio"/> Disabled <input type="radio"/> Elderly (over the age of 62) <input type="radio"/> Veteran <input type="radio"/> Full-time Student
Phone (incl. Area Code)		
Alternate Phone (incl. Area Code)		
Email address		
Present Address (Street)		
City, State, Zip Code		
Year home purchased _____ Monthly Mortgage Payment \$ _____ Mortgage Company Name: _____ Phone: _____		

Homeowner's Insurance Company:
Policy No. _____ Expiration Date: _____

Other Household Members					
Name(s)	SS Number	Date of Birth/Age	Relationship to Applicant	Full Time Student?	Employed?
					( ) Y ( ) N
					( ) Y ( ) N
					( ) Y ( ) N
					( ) Y ( ) N
					( ) Y ( ) N
					( ) Y ( ) N

### REHABILITATION NEEDS:

(For reporting purposes only, please check all that apply):

#### Healthy Homes:

- Mold     Lead Paint     Window Replacement     Electrical systems  
 Leaking or failed roof system     HVAC     Smoke/Carbon Monoxide detectors

#### Other related items:

- Failing or lacking plumbing     Failed structural systems (walls and floors)  
 Exterior deterioration (Paint, Porch/Steps)     Water heater replacement  
 Fence Replacement (if currently exists)     Handicapped accessibility improvements

**SPECIAL NEEDS:** Special needs households include persons that are elderly, physically disabled, at risk of being or are homeless, and/or have extremely low incomes.



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(For reporting purposes only, please check all definitions that apply to any household member (must provide documentation that can be verified by a third party) (Identify person who meets criteria below)

<ul style="list-style-type: none"> <li>○ “Disabling condition” means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is:               <ul style="list-style-type: none"> <li>○ Expected to be of long-continued and indefinite duration; and</li> <li>○ Not expected to impair the ability of the person with special needs to live independently with appropriate supports.</li> </ul> </li> <li>○ “Person with special needs” means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition;</li> <li>○ A young adult formerly in foster care who is eligible for services under s. <u>409.1451(5)</u>;</li> <li>○ A survivor of domestic violence as defined in s. <u>741.28</u>;</li> <li>○ A person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans’ disability benefits.</li> </ul>		
Name(s)	SS Number	Documentation supporting (include with application)

### 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 for ALL EMPLOYED 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, etc.

Name of Recipient	Type of Income	Frequency of pay	Amount received (Income)
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$

### ASSETS AND ASSET INCOME: (For ALL Household Members)

List Checking and Savings Accounts, etc.



## APPLICATION FOR HEALTHY HOMES REHABILITATION ASSISTANCE



Account Owner	Type of Asset:	Asset Value	Bank/Ins. Co. Name	Account #
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

**Declarations:**

Do you own more than one property? ( ) Y ( ) N

Do you occupy the property as your primary residence? ( ) Y ( ) N

Have you owned the property for more than 5 years? ( ) Y ( ) N

Are your property taxes and mortgage current? ( ) Y ( ) N

Do you have a current homeowner's insurance policy on your home? ( ) Y ( ) N

How do you hold title to home – solely by yourself (S), jointly with your spouse (SP), or jointly with other (O)? \_\_\_\_\_

Are there any outstanding judgments against you? ( ) Y ( ) N

Are you court ordered to receive alimony or child support? ( ) Y ( ) N

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 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
Household Member Signature	Date	Household Member Signature	Date



**APPLICATION FOR  
HEALTHY HOMES  
REHABILITATION ASSISTANCE**



**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 Healthy Homes Rehab 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         | Alimony/Child/Other Support Providers |
| 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.

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Signature of Applicant	Print Name	Date
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Social Security Number	Date of Birth (mm/dd/yyyy)
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Organization/Individuals that may be asked to provide written/oral verification are but not limited to:

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

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Signature of Applicant Print Name Date

Social Security Number Date of Birth (mm/dd/yyyy)



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Social Security Administration  
Veteran's Administration  
Other \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant Print Name Date

\_\_\_\_\_  
Social Security Number Date of Birth (mm/dd/yyyy)



# APPLICATION FOR HEALTHY HOMES REHABILITATION ASSISTANCE



## 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, 306 E. Jackson Street, 3N, Tampa, FL 33602. 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.

\_\_\_\_\_  
Applicant:

\_\_\_\_\_  
Date

\_\_\_\_\_  
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.

\_\_\_\_\_  
Applicant:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Household Member:

\_\_\_\_\_  
Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title IV of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19), the Housing and Community Development Act of 1987 (42 U.S.C.3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six (6) years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.



# APPLICATION FOR HEALTHY HOMES REHABILITATION ASSISTANCE



## IDENTITY VERIFICATION FORM

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
- Social Security Card
- Other: \_\_\_\_\_  
(description)

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

\_\_\_\_\_  
DATE

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

.....

## LIEN ACKNOWLEDGMENT

**I/We** acknowledge the funds from the City of Tampa will be a 0% interest, Deferred Payment Loan (DPL). The term of this DPL is determined by the amount of funds expended:

- Less than \$15,000 = 5 years
- \$15,000 - \$30,000 = 10 years
- \$30,001 - \$50,000 = 15 years
- \$50,001 - \$75,000 = 20 years
- \$75,001 - \$100,000 = 30 years

**I/We** understand if **I/We** remain in the home as owner-occupant(s) for the term of the DPL, the DPL will be forgiven. However, if during the term of the DPL, the home is sold or **I/We** fail to comply with the owner occupancy requirements, the full amount of the DPL will be owed back to the City.

**I/We** acknowledge a lien will be placed on the property to insure the affordability period.

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE