City of Tampa
Jane Castor, Mayor

Housing & Community Development
2555 E Hanna Ave, 2nd Floor
Tampa, FL 33610

Office (813) 274-7954
Fax: (813) 274-7945

STORMWATER HARDSHIP PROGRAM

Dear Homeowner,

Enclosed is an application for the Stormwater Hardship Program. Supplemental documents have been included to assist you with completing the application. Please submit the following documentation with your application. The last day to submit an application for the Stormwater Hardship Program is March 31st.

PLEASE NOTE:
You must be 65 years old as of January 1st of the tax assessment year or have a disability exemption filed with the Hillsborough County Property Appraiser to qualify for the Stormwater Hardship Program.

These documents are needed to determine your eligibility for the Stormwater Hardship Program:

- Stormwater Intake Application (**All Pages**)
- Certification Statements
- Privacy Policy (**Select only one of the options**)
- Authorization for Release of Information for the applicant and co-applicant (if applicable)
- Identity Verification Form
- One type of government issued photo ID below (Once the ID is verified; it will be destroyed). **(REQUIRED)**
    - Driver's license
    - State ID
    - Military ID
    - Passport
- Proof of Income from **ALL** sources for **ALL** household members 18 years or older including but not limited to:
    - Consecutive paystubs for the last sixty days (If applicable)
    - Social Security Award Letter (This must be a current letter from this year and **ALL PAGES** are required).
    - Retirement and/or Pension Letter (This must be a **current** statement).
    - Child support and/or Alimony documentation (This must be a court document).
    - Year to Date Profit and Loss Statement for self-employment income (if applicable)
    - Certification of Zero Income (To be completed by the applicant and/or household member age 18 years and older who **DOES NOT** have any income source).
- **DO NOT PROVIDE PERSONAL BANKING STATEMENTS**

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STORMWATER INTAKE APPLICATION

(Please fill out all blocks. If something does not apply, write N/A)

GENERAL INFORMATION:

	APPLICANT	CO-APPLICANT
Full Name (include Jr. or Sr. if applicable)		
Date of Birth / Age		
Marital Status	( ) Married ( ) Unmarried	( ) Married ( ) Unmarried
	( ) Separated	( ) Separated
Home Phone (incl. Area Code)	( ) -	
E-mail Address		
Present Address (Street)		
City, State, Zip Code		
Disabled ( ) Yes ( ) No (A disability exemption must have been filed with the Hillsborough County Property Appraisers Office).		
Is property Homestead ( ) Yes ( ) No		

Please ensure that this application includes a current copy of your identification and proof of all household income. We cannot process your application without these items.

If there are no household members, please write N/A under the name(s) column.

Name(s)	Date of Birth/Age	Relationship to Applicant	Employed?
			( ) Y ( ) N
			( ) Y ( ) N
			( ) Y ( ) N
			( ) Y ( ) N
			( ) Y ( ) N
			( ) Y ( ) N

Are any household members aged 18 or older a full-time student? ( ) Y ( ) N

If yes, please list Names:_____

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EMPLOYMENT INFORMATION:

(Please include all types of income. If something does not apply, write N/A)

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

If you are currently employed in more than one capacity, please complete the following section:

EMPLOYMENT	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
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).

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.		$
6.		
		Total $

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CERTIFICATION STATEMENTS

(This must be signed by all household members 18 years or older)

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 for this program.**
- **I understand that I must resubmit my application for assistance every 3 years with current documentation.**
- **I will notify the City of Tampa should any of the required eligibility information changes.**
- **I understand if property ownership 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 (18 Years of age or older)	**Date**	**Household Member Signature (18 Years of age or older)**	**Date**
Household Member Signature (18 Years of age or older)	**Date**	**Household Member Signature (18 Years of age or older)**	**Date**
Household Member Signature (18 Years of age or older)	**Date**	**Household Member Signature (18 Years of age or older)**	**Date**

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Privacy Policy

(This must be signed by all household members 18 years or older)

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 Statues 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.

Please only select one option

☐ **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.**

☐ **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**
Applicant/Household Member:	**Date**

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APPLICANT
AUTHORIZATION FOR RELEASE OF INFORMATION

I consent to allow The City of Tampa , to request and obtain employment and income for the purpose of verifying information provided, as part of determining eligibility for assistance under the Stormwater Hardship 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; payment from Social Security, annuities, 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
Banks or Financial Institutions
State Unemployment Agency
Welfare Agency
Alimony/Child/Other Support Providers
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.

_____
Printed Name of Applicant Date

_____
Signature of Applicant

_____
DOB (mm/dd/yyyy)

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CO-APPLICANT / HOUSEHOLD MEMBER

AUTHORIZATION FOR RELEASE OF INFORMATION

(Must be signed by household members 18 or older other than the applicant)

I consent to allow The City of Tampa , to request and obtain employment and income for the purpose of verifying information provided, as part of determining eligibility for assistance under the Stormwater Hardship 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; payment from Social Security, annuities, 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
Banks or Financial Institutions
State Unemployment Agency
Welfare Agency
Alimony/Child/Other Support Providers
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.

_____

Printed Name of Household Member Date

_____

Signature of Household Member

_____

DOB (mm/dd/yyyy)

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IDENTITY VERIFICATION

(Please fill out and sign the form, and attach a copy of one type of identification)

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

TO BE COMPLETED BY CITY OF TAMPA REPRESENTATIVE

The signee above has provided a copy of the type of identification selected below. Identity will be confirmed based on the information provided in this identity document and the signature and attestation provided above.

- ☐ Driver's License or Government Identification Card
- ☐ State Identification Card
- ☐ U.S. Passport
- ☐ U.S. Military ID Card

APPLICANT'S DATE OF BIRTH ____/____/____

_____ _____
CITY OF TAMPA REPRESENTATIVE (Print) DATE

_____
CITY OF TAMPA REPRESENTATIVE (Signature)