



## INCOME CHART

Household Size	Very Low Income (30% to 50% of AMI)	Low Income (51% to 80% of AMI)
<b>1</b>	*Up to - \$22,750	Up to - \$36,350
<b>2</b>	* Up to - \$26,000	Up to - \$41,550
<b>3</b>	* Up to - \$29,250	Up to - \$46,750
<b>4</b>	*Up to - \$32,450	Up to - \$51,900
<b>5</b>	*Up to - \$35,050	Up to - \$56,100
<b>6</b>	*Up to - \$37,650	Up to - \$60,250
<b>7</b>	*Up to - \$40,250	Up to - \$64,400
<b>8 or more</b>	*Up to - \$42,850	Up to - \$68,550

List the names, ages, relationship to head of household, and income of ALL persons living in the household:

INCLUDE ANNUAL GROSS INCOME FOR ALL PERSONS 18 YEARS OLD OR OVER.

\*Types of Income: SSI, SSD, “R” for retirement, “E” for employment, “SE” self-employed, “UNE” unemployed

NAME	AGE	RELATIONSHIP	TYPE OF INCOME*	GROSS INCOME
		Applicant/ HOH		

**APPLICANT'S EMPLOYER INFORMATION (if applicable)**

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

HR CONTACT \_\_\_\_\_ PHONE: \_\_\_\_\_

**OTHER HOUSHOLD MEMBER'S EMPLOYER INFORMATION**

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

HR CONTACT \_\_\_\_\_ PHONE: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBER'S EMPLOYER INFORMATION**

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

HR CONTACT \_\_\_\_\_ PHONE: \_\_\_\_\_

**IF A HOUSEHOLD MEMBER IS 18 OR OVER AND NOT EMPLOYED,  
THEY MUST COMPLETE AN UNEMPLOYMENT AFFIDAVIT**

**ASSET INFORMATION**

List all assets with the current value (checking, savings, retirement account, cash on hand) for all persons living in the household:

Type of Asset (checking Savings) With last 4 digits of account number	Cash Value	Income from Asset

**YOU WILL NEED TO PROVIDE THE FOLLOWING DOCUMENTATION  
THAT APPLIES TO THE HOUSEHOLD**

**COPY OF PROOF OF INCOME (SS awards letter, retirement)**

**VERIFICATION OF EMPLOYMENT**

**6 MONTHS CONSECUTIVE BANK STATEMENTS**

**MOST CURRENT RETIREMENT, PENSION, 401K STATEMENT**

**2 YEARS TAX RETURNS (If self-employed)**

**PROOF OF HOMEOWNERSHIP, (copy of deed or court record)**

**VERIFICATION TAXES ARE CURRENT**

**VERIFICATION THAT FIRST MORTGAGE IS CURRENT**

**AUTHORIZATION TO RELEASE INFORMATION (enclosed)**

**IMAGE AND INFORMATION CONSENT (enclosed)**

**SOCIAL SECURITY NUMBER DISCLOSURE (enclosed)**

**COPY OF PHOTO ID**

**Other documents may be requested if determine that they are needed  
for qualification purposes**





## IMAGE AND INFORMATION CONSENT

I hereby consent to allow myself and/or my family to be photographed (still and/or video/film) for use by Alachua County, its agents, and users of its services.

This consent form allows Alachua County to use my photos and/or voice, and photos of my dwelling to further the aims of the agency, public education, expansion of services provision volunteer recruitment and fundraising for the organization. I understand that my exact address will never be used in association with my photo or name. I also give permission for Alachua County to use my full name and general information about my case history for the furtherance of the agency's goals of public education, expansion of services, volunteer recruitment, or fundraising.

The terms of this consent include possible uses of my photos, voice or video for printed material, displays, audio/visual presentations, radio and television, but are not limited to the same. The general public may see my photos if to do so furthers Alachua County's goals of public education, expansion of services, volunteer recruitment or fundraising. I fully understand that I will receive no compensation for the use of this material, either now or in the future, and that this release requires no action or obligations, legal or otherwise, on the part of Alachua County, its agents, successors, and users of its service.

This form is optional. You are not required to sign

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Applicant Signature

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Date

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Co-Applicant Signature

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Alachua County Housing Programs



## Social Security Number Disclosure

The Florida Legislature adopted new requirements effective October 1, 2007, relating to the collection of personal social security numbers by public agencies in Florida. The legislation, which is codified in Section 119.071(5), Florida Statutes, requires that a public agency may not collect an individual's social security number unless the agency has stated in writing the purpose for its collection.

### SOCIAL SECURITY NUMBER POLICY

Policy related to the Collection and Release of Social Security Numbers:

Alachua County collects social security numbers for the following purposes: background check/or employment purposes, classification of utility accounts, customer identification and verification, customer billing and payment, establishment of creditworthiness, and other lawful purposes necessary in the conduct of the business of Alachua County. Alachua County may also release your social security number to other commercial entities engaged in the performance of commercial activities as required or permitted by law. It will be the policy of Alachua County to advise individuals of this policy in writing upon collection of social security numbers.

At the time of application for housing program assistance, the Alachua County Community Support Services Housing Division request that each applicant provide a Social Security Number (SSN). The SSN will not be used as the applicant's file ID number. Upon submission of an application, an applicant will be assigned a unique and randomly generated identification case file number. This permanently assigned identification number is directly connected with the applicant's case file records. If required, will provide to and/or share your SSN with an entity to obtain verification of income, Assets, Employment, Credit History, Debt information, and identifying information, such as your address, telephone number, and SSN to determine your eligibility to receive housing program assistance.

Providing your SSN is voluntary, if you choose to provide, it means you consent to allow us to use the number in the manner described. Applicants who choose not to provide their Social Security Number will be ineligible to receive housing program assistance. The privacy and confidentiality of applicant records is protected by applicable federal and state laws. We will not disclose a SSN without the applicant's consent for any purposes other than those disclosed herein, except as allowed or required by law. Under the Florida "Public Records Law," Chapter 119 of the Florida Statutes, your application for housing program assistance is a public record. This law provides that any records made or received by any public agency in the course of its official business are available for inspection, unless specifically exempted by the Legislature.

I/We acknowledge that I/We have read and received a copy of the Social Security Number Disclosure:

_____	_____
Applicant Name	Date
_____	_____
Co-Applicant Name	Date



Alichua County Community Support Services  
Susan Meadows Housing Programs Coordinator  
218 SE 24 St  
Gainesville, FL 32641  
P: 352-337-6283  
F: 352-381-0124  
[smeadows@alachuacounty.us](mailto:smeadows@alachuacounty.us)  
<http://alachuacounty.us/DEPTS/CSS/House/pages/housing.aspx>

## Authorization for the Release of Information

I, \_\_\_\_\_, the undersigned, hereby authorize

\_\_\_\_\_ to release without liability, information regarding my employment, income, and/or assets to **Alichua County Housing Programs**, for the purpose of verifying information provided as part of determining eligibility for assistance under the **Hurricane Loss Mitigation 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: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

### **Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to :**

Past/Present Employers  
Banks, Financial or Retirement Institutions  
State Unemployment Agency  
Welfare Agency

Alimony/Child 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 purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

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Signature of Applicant

Print Name

Date

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Signature of Co-Applicant

Print Name

Date