



**SFY 2018-2019 / 2019-2020
ALACHUA COUNTY S.H.I.P. PROGRAM
HOME REPAIR PRE-APPLICATION**



Thank you for your interest in the Alachua County SHIP Home Repair Program. This program is designed to perform general code related repairs and improvements for very low and low income homeowners. Items eligible for repair include roofs, heating and cooling, plumbing, electrical, and accessibility repairs. Applicants must also meet homeowner criteria and household income requirements to be considered eligible for the program.

You are NOT eligible to participate in this program:

- **If you live in Gainesville city limits**
- **If the home is listed in someone else’s name (you are not the owner of the home)**
- **If this is not your primary residence**
- **If you have received SHIP Home Repair assistance in the past 5 years**
- **If your household is over income (see chart below)**
- **If you have a manufactured or mobile home**
- **If your taxes and/or mortgage payments are not current**
- **If you have an attached property e.g. condo, duplex, townhouse – roof repairs are not eligible**
- **If you have an open judgment or lien against you on the public records (other than your mortgage)**

Filling out this form does not guarantee that you will receive assistance. If you pass the initial review, a full application will be forwarded to you for completion.

Instructions: Completely fill out the Pre-Application Form and return it to the Alachua County Housing Programs Division at 218 SE 24th St. Gainesville, FL 32641, or email it to housing@alachuacounty.us, or fax 352-381-0124. For more information, please contact the Housing Program office at 352-337-6240

APPLICANT’S INFORMATION:

Applicant Full Name: _____ Co-Applicant _____

Full Property Address: _____
Street city/state/zip

Mailing Address (if different): _____

Home Number: _____ Cell Number: _____

Email address: _____

Or: contact: _____ at _____ relationship to applicant: _____
Name phone number

Total people residing in household (including you)? _____ Are any considered disabled/special needs? _____

Household Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Annual Household Income*	\$39,100	\$44,700	\$50,300	\$56,8500	\$60,350	\$64,800	\$69,300	\$73,750

* Income limits as of 3/31/2020, income limits are subject to change.

I certify that all information I have provided above is true and correct. I consent to the release of information contained in this screener questionnaire to Alachua County Community Support Services. I understand that my completion of this notification request form is not a guarantee of assistance from Alachua County Housing Programs Division.

I further understand that all information listed above is subject to the Open Records Law, Chapter 119 of the Florida Statutes (most clearly stated under 119.07), and therefore is considered public record

Signature _____

Date: _____