

**CITY OF OKEECHOBEE  
CDBG HOUSING REHABILITATION PROGRAM  
APPLICATION FOR ASSISTANCE**

Applicant \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Street Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Email \_\_\_\_\_

**Household Composition** (List every person that is currently living in your home)

	Full Legal Name	Sex	Age	Relationship	Social Security #
1.				<b>OWNER</b>	
2.				<b>Co- Owner</b>	
3.					
4.					
5.					
6.					
7.					
8.					

Are you or any person in the above listing physically handicapped? \_\_\_ yes \_\_\_ no (Please provide proof of disability, i.e. doctor's note)

	Name of person with handicap	Explain
1.		
2.		
3.		

**Mortgage Information**

Company	Account Number	Full Address
I own my home and there is no first or second mortgage on this property.		_____ (check here if applicable)

**Household Income** (List all income that is received by every person currently living in your home)

SOURCE OF INCOME	PAID TO WHOM	AMOUNT RECEIVED MONTHLY	OFFICIAL USE ONLY
1. Employment-	Applicant		
2. Employment-	Co-Applicant		
3. Employment-			
4. Social Security			
5. Social Security			
6. AFDC			
7. AFDC			
8. Pension			
9. Pension			
10. Rental Property Income			
11. Other			
12. Other			
13. Total	Total this Column →		

**Housing Type** (Please ✓ the appropriate box)

My house is a: \_\_\_Manufactured/Mobile Home \_\_\_Block Constructed \_\_\_Wood Frame \_\_\_Other \_\_\_\_\_

What year was your home constructed? \_\_\_\_\_

Are you current on your property taxes? \_\_\_\_\_ yes \_\_\_\_\_ no

If you have a mortgage, are you current on your payments? \_\_\_\_\_yes \_\_\_\_\_ no  
(Attach verification from your lender showing you are current)

**Other Questions**

Does your household earnings fall below the maximum income amount for your family size? \_\_\_\_\_yes\_\_\_\_\_no

Income Limits

	<u>1 person</u>	<u>2 person</u>	<u>3 person</u>	<u>4 person</u>	<u>5 person</u>	<u>6 person</u>	<u>7 person</u>	<u>8 person</u>
	9550	10900	12250	13600	14700	15800	16900	18000
	15900	18150	20400	22650	24500	26300	28100	29900
Max.	25400	29000	32650	36250	39150	42050	44950	47850

In order to qualify for this program, your household income must be within the maximum amounts noted above.

Has your housing unit received any housing repairs funded by the County within the last 10 years? \_\_\_\_yes \_\_\_\_no

If yes, please describe the repairs made. \_\_\_\_\_.

Are you related to any employees of the City or the City Council? \_\_\_\_yes \_\_\_\_ no

If yes, please list the names of all that you are related \_\_\_\_\_.

**Employment Information** (use additional paper if needed)

Name of household member employed		Full Time /Part Time	
Name of Employer		Phone Number	
Address of employment			
Supervisor to contact		Fax Number	

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Name of Employer		Phone Number	
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**Gross Household Assets of all household members**

Please list all assets except your home, household related contents or personal vehicles

Asset	Owned/received by	Net Value	Verified (office Use)
Checking Account (send copy of past 3 months statement)			
Savings Account (send copy of past 3 months statements)			
Certificates of Deposit (send copy of statement)			
Stocks (send copy of statements)			
Bonds (send copy of statements)			
Land (sent copy of verification)			



## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I \_\_\_\_\_, the undersigned, hereby authorize any of the organizations, employers, and State/Federal Agency, Social Services Agencies, etc. as noted below to release without liability, information regarding my employment, income, and/or assets to the **City of Okeechobee**, for the purpose of verifying information provided as part of determining eligibility for assistance under the Community Development Block Grant (CDBG) housing 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, certificates 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	Alimony/Child Support Providers
Banks, Financial or Retirement 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 purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

_____ Signature of Applicant	_____ Printed Name	_____ Date
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_____ Co-Applicant	_____ Printed Name	_____ Date
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**Warning:** 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.