



**LEVY COUNTY S.H.I.P PROGRAM
APPLICATION FOR HOME REPAIR/REHABILITATION**

612 E Hathaway Avenue
Bronson, FL 32621

Email: gayle-marlon@levycounty.org

Phone (352) 486-5268



General Information		Applicant	Co-Applicant
Full Name:			
Date of Birth/Age:			
Street Address:			Home Phone:
City:	State/Zip:		Work Phone:
Mailing:			Cell Phone:
City:	State/Zip:		

ALL Household Members including Applicant and Co-Applicant:

Member	Name	Social Security #	Date of Birth	Age	Relationship	Annual Income
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Is Applicant, Co-Applicant, or any other household member age 18 or older, a full-time student? If yes, please list:

Levy County and its funding sources collect your Social Security number for the following purposes, which are imperative for the performance of Levy County's duties and responsibilities as prescribed in Part VII, Chapter 420, Florida Statutes and related regulations, and which are authorized under state law: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing. Collection, use and release of Social Security numbers are governed under Section 119.071(5), Florida Statutes. Social Security numbers serve as a unique numeric identifier and may be used for such purposes.

By signing below, I/We acknowledge receipt of the Levy County Social Security Number Collection Policy disclosure.

_____ Applicant's Signature	_____ Date	_____ Co-Applicant's Signature	_____ Date
_____ Household Member 18 and Over Signature	_____ Date	_____ Household Member 18 and Over Signature	_____ Date

WHAT ASSISTANCE DO YOU WISH TO APPLY FOR?

_____ **Home Rehabilitation/Repairs** _____ **Disaster Mitigation**



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Applicant/Co-Applicant Employment Information:

Employer Name:		Employee Name:	
Position:		Supervisor:	
Address:		City:	State/Zip Code:
Phone:	Fax:	Time Employed:	
Pay Rate:	Pay Frequency:	Monthly Income: (gross salary, overtime, tips, bonuses, etc.): \$	

Employer Name:		Employee Name:	
Position:		Supervisor:	
Address:		City:	State/Zip Code:
Phone:	Fax:	Time Employed:	
Pay Rate:	Pay Frequency:	Monthly Income: (gross salary, overtime, tips, bonuses, etc.): \$	

NOTE: Attach additional sheets as necessary for all household members 18 years and over and or for multi jobs.

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	Type of Income	Gross Annual Amount
1.		
2.		
3.		
4.		
		Total \$

Assets and Asset Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Total: \$			Total: \$



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Is the applicant categorized as a special needs/developmental disabilities* individual pursuant to s. 420.0004 and s. 393.063, Florida Statutes? Yes _____ No _____

*s. 420.0004 (13) "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; a young adult formerly in foster care who is eligible for services under s. 409.1451(5); a survivor of domestic violence as defined in s. 741.28; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans' disability benefits.

s.420.0004 (7) "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:

(a) Expected to be of long-continued and indefinite duration; and

(b) Not expected to impair the ability of the person with special needs to live independently with appropriate supports.

s. 393.063 (9) "Developmental disability" means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

Ethnicity/Special Needs (For reporting purposes only, please check all that apply for head of Household Only): White _____ Black _____ Hispanic _____ Asian/Pacific Islander _____ Native American _____ Farm Worker _____ Disabled or Disabled Minor _____ Elderly _____ (62 or older) Homeless _____
Other: _____

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.

Applicant's Signature

Date

Co-Applicant's Signature

Date



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LEVY COUNTY SHIP HOME REPAIR/REHABILITATION QUESTIONNAIRE

Please provide the following information:

Do you live in Levy County? Yes No

Do you live within the city limits of a city? Yes No If yes, what city? _____

Do you own this home? Yes No Who's name (s) is the property deed in? _____

Do you live in the home currently? Yes No If not, what is your current address? _____

Do you have any liens or judgments against this property? Yes No If yes, explain what they are: _____

Are the property **TAXES current**? Yes No If no, what year (s) are still owed? \$ _____

Have any of the repairs currently being requested been paid for by other funding, but not completed? Yes
No If yes, please explain: _____

Other miscellaneous information: _____

**APPLICANT UNDERSTANDS THAT THE INFORMATION PROVIDED IS NEEDED TO
DETERMINE SHIP ASSISTANCE ELIGIBILITY AND IN NO WAY ASSURES THAT THE
APPLICANT WILL QUALIFY FOR ASSISTANCE.**

I/WE STATE THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE:

Applicant's Signature

Date

Co-Applicant's Signature

Date



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**LEVY COUNTY SHIP PROGRAM
HOME REPAIR/REHABILITATION**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please list and explain areas that need to be repaired:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Direction to my house from Bronson: _____
