

**CITY OF APALACHICOLA
HURRICANE LOSS MITIGATION PROGRAM**

RESIDENTIAL APPLICATION FOR HURRICANE LOSS MITIGATION PROGRAM

DOCUMENTATION REQUIRED WITH APPLICATION

Application Photo ID Social Security Card- All household members Home Ownership Paperwork Income Documentation-Tax Forms, Pay Stubs, Social Security, Retirement Documents		
Applicant/ Co-Applicant General Information	Applicant	Co-Applicant
Full Name:		
Social Security #		
Date of Birth		
Street Address		
Mailing Address		
City, State Zip		
Phone		
Cell phone		

OTHER HOUSEHOLD MEMBERS

Name(s)	Social Security #	Date of Birth	Relationship to Applicant

PROPERTY INFORMATION

	YES	NO		
Is the property your primary residence?			Parcel#	
Single Family Dwelling?			Year built?	
Mobile Home?			Program does not provide assistance to mobile homes	
Existing Liens on the Property?				Title search may be performed
Property Insured?				
Insurance Company				
Type of Insurance?				
Have you received assistance from FEMA for this residence?				

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APPLICANT EMPLOYMENT/ INCOME INFORMATION

Employer/Company Name:			
Position		Supervisor Name	
Address		City/State	
Phone		Time Employed	
Annual Income		Pay Rate/Pay Frequency	
Employer/Company Name:			
Position		Supervisor Name	
Address		City/State	
Phone		Time Employed	
Annual Income		Pay Rate/Pay Frequency	

CO-APPLICANT EMPLOYMENT INFORMATION

Employer/Company Name:			
Position		Supervisor Name	
Address		City/State	
Phone		Time Employed	
Annual Income		Pay Rate/Pay Frequency	
Employer/Company Name:			
Position		Supervisor Name	
Address		City/State	
Phone		Time Employed	
Annual Income		Pay Rate/Pay Frequency	

OTHER SOURCE OF INCOME/ASSETS INCOME (BUSINESS OR RENTAL NET INCOME, CHILD SUPPORT, ALIMONY, SOCIAL SECURITY, PENSIONS, UNEMPLOYMENT/ WORKERS COMPENSATION, WELFARE PAYMENTS, IRA, CD, BONDS, EQUITY IN PROPERTIES)

TYPE OF INCOME/ASSET	NAME/BENEFACTOR	GROSS ANNUAL AMOUNT
TOTAL		

Terms, Recapture and Default: Eligible applicants who qualify for assistance and receive mitigation repair assistance will be in the form of a grant, with no recapture provision as long as the applicant does not sell or transfer the title for the period of 5 years. Eligible applicants who sell or transfer the title of the property within the 5-year time period, may be responsible for full or partial repayment of the mitigation repair assistance performed on the eligible property. Therefore, upon default the balance of the RCMP grant will be immediately due and repayable to Franklin County.

I/we understand that Florida Statue 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 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 Signature		Date	
Co-Applicant Signature		Date	

Date Received:	EM Initials:
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