

Notice of Funding Availability (NOFA)
Jefferson County Announces the
Availability of
CARES Act Funding for Foreclosure/Eviction
Prevention

Jefferson County announces approximately \$175,000 available through the CARES Act program for 2020. Please note that funding for foreclosure/eviction will only be used to support existing single-family housing, either leased/rented property or owner-occupied property. The strategies are as follows:

- **Foreclosure Prevention for Owner-Occupied Single-Family Homes Facing Foreclosure**

The purpose of this strategy is to provide assistance for owner-occupied single-family homes facing foreclosure due to the Covid 19 Pandemic. Applications will be considered based on the criteria noted in the instructions. Funds are limited.

- **Rental Tenants Facing Eviction**

The purpose of this strategy is to provide assistance for families with rental properties facing eviction due to the Covid 19 Pandemic. Applications will be considered on the criteria noted in the instructions. Funds are limited.

- **Past Due Utility Payments**

The purpose of this strategy is to provide assistance for families to pay past due utility bills (limited to electricity, water, and gas only). Applications will be considered on the criteria noted in the instructions. Funds are limited.

- **Rental Assistance**

The purpose of this strategy is to provide assistance for families to rent a home. Applications will be considered on the criteria noted in the instructions. Funds are limited.

- **Special Note for All Categories**

Mobile Homes manufactured prior to 1994 are not eligible for assistance in any of the noted strategies. If you are not sure of the manufacture date please call the number noted below to receive assistance prior to completing the application.

Please note that this is a time sensitive application as all funds not spent prior to December 30, 2020 will have to be returned to the funding agency. **Funding priority for all categories will be persons with special needs as defined by 420.0004 Florida Statutes.**

The application will be available beginning August 17, 2020 and the application period will end September 17, 2020. Any applications received after the deadline will be served on a first come, first served basis as long as funds remain available. Applications can be obtained by mail by calling Government Services Group, Inc. at the number below.

Questions regarding the CARES Act program and application process should be directed to Jay Moseley Government Services Group (GSG), Inc., at (352) 381-1975.

A FAIR HOUSING/EQUAL OPPORTUNITY/HANDICAP ACCESS JURISDICTION

JEFFERSON COUNTY
CARES ACT FORECLOSURE/EVICTION PREVENTION, UTILITY AND
RENTAL ASSISTANCE APPLICATION



Government Services Group, Inc.

P.O . Box 357995

Gainesville, Florida 32635-7995

CARES ACT PROGRAM INFORMATION

Thank you for your interest in the Jefferson County CARES ACT program. We hope that we will be able to assist you with your housing needs. Applications for assistance and approved based on the criteria noted in this application. **Funding priority will be persons with special needs as defined by 420.0004 Florida Statutes.** Please return the application via mail with the required supporting documents to:

**Government Services Group, Inc.
P.O. Box 357995
Gainesville, Florida 32635-7995**

Please call Government Services Group at (352) 381-1975 for assistance.

The application will be available beginning Monday, August 17, 2020 and the application period will end September 17, 2020.
Any applications received after the deadline will be served on a first come, first served basis as long as funds remain available.

PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

General Information

Jefferson County utilizes CARES ACT funding to assist owners and renters with foreclosure/eviction assistance due to the Covid 19 Pandemic.

The CARES ACT was passed by the Federal Government to provide assistance to States and Communities throughout the country to assist communities along with individuals and families to help them recover from financial hardship due to the ongoing pandemic. Jefferson County has funding available for this assistance but this funding is on a very time sensitive basis as all unspent funding will have to be returned to the funding agency on December 30, 2020.

ABOUT THE CONSULTANT

Government Services Group, Inc. (GSG) is a grant consulting firm hired by Jefferson County to administer the CARES ACT program. GSG will handle all your paperwork and will oversee the application and ranking process. It is important that you provide GSG with all the required information and cooperate in every way in order to make this a positive experience. **Failure to provide ALL the requested and required information by the noted deadline could result in your application being denied.** Please note that JEFFERSON County will have final authority with all processes and procedures.

Please complete all sections of the application. If it does not apply, please indicate by using **N/A**. If you have any questions about the application please call Government Services Group, Inc. at (352) 381-1975. Again, thank you for your interest in the Jefferson County CARES ACT Program. If you have a question or problem, you may contact **Government Services Group, Inc.** at the following number: (352) 381-1975

The HUD Income limits to be used for ranking the applications are noted below:

| Household Size | Extremely Low 30% | Very Low 50% | Low 80% | Moderate 120% |
|----------------|-------------------|--------------|----------|---------------|
| 1 | \$15,300 | \$25,450 | \$40,750 | \$61,080 |
| 2 | \$17,450 | \$29,100 | \$46,550 | \$69,840 |
| 3 | \$21,720 | \$32,750 | \$52,350 | \$78,600 |
| 4 | \$26,200 | \$36,350 | \$58,150 | \$87,240 |
| 5 | \$30,680 | \$39,300 | \$62,850 | \$94,320 |
| 6 | \$35,160 | \$42,200 | \$67,500 | \$101,280 |
| 7 | \$39,640 | \$45,100 | \$72,150 | \$108,240 |
| 8 | \$44,120 | \$48,000 | \$76,800 | \$115,200 |

Foreclosure Prevention Assistance Information

Eligible applicants must provide the following documentation to be qualified:

- Copy of the attached application
- Completed Rental/Mortgage information Form
- Documentation regarding Special Needs – 420.0004 Florida Statutes

Information regarding 420.0004:

“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

Eligible recipients of SSI or SSD payments from Social Security

Eligible recipients of Veterans Disability Benefits

1. Families with persons with special needs as defined by 420.0004 Florida Statutes 4 Points
2. Families within the Very Low Income Category 3 Points
3. Families within the Low Income Category 2 Points
4. Families within the Moderate Income Category 1 Point
5. ** In the event of a tie, the household size will be the tiebreaker, if a tie still exists, then total household income will be the tiebreaker.

Failure to provide ALL the requested and required information by the noted deadline could result in your application being denied.

Tenant-Occupied Eviction Prevention

Eligible applicants must provide the following documentation to be qualified:

- Copy of the attached application
- Completed Rental/Mortgage information Form
- Documentation regarding Special Needs – 420.0004 Florida Statutes

Information regarding 420.0004:

“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

Eligible recipients of SSI or SSD payments from Social Security

Eligible recipients of Veterans Disability Benefits

1. Families with persons with special needs as defined by 420.0004 Florida Statutes 4 Points
2. Families within the Very Low Income Category 3 Points
3. Families within the Low Income Category 2 Points
4. Families within the Moderate Income Category 1 Point
5. ** In the event of a tie, the household size will be the tiebreaker, if a tie still exists, then total household income will be the tiebreaker.

Failure to provide ALL the requested and required information by the noted deadline could result in your application being denied.

Past Due Utility Payments

Eligible applicants must provide the following documentation to be qualified:

- Copy of the attached application
- Latest Utility Bill with Past Payment Due
- Documentation regarding Special Needs – 420.0004 Florida Statutes

Information regarding 420.0004:

“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

Eligible recipients of SSI or SSD payments from Social Security

Eligible recipients of Veterans Disability Benefits

Rental Assistance

Eligible applicants must provide the following documentation to be qualified:

- Copy of the attached application
- Copy of Proposed Rental/Lease Agreement
- Documentation regarding Special Needs – 420.0004 Florida Statutes

Information regarding 420.0004:

“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

Eligible recipients of SSI or SSD payments from Social Security

Eligible recipients of Veterans Disability Benefits

- | | |
|---|----------|
| 6. Families with persons <u>with special needs as defined by 420.0004 Florida Statutes</u> | 4 Points |
| 7. Families within the Very Low Income Category | 3 Points |
| 8. Families within the Low Income Category | 2 Points |
| 9. Families within the Moderate Income Category | 1 Points |
| 10. ** In the event of a tie, the household size will be the tiebreaker, if a tie still exists, then total household income will be the tiebreaker. | |

Failure to provide ALL the requested and required information by the noted deadline could result in your application being denied.

CRF DISASTER PROGRAM INTAKE APPLICATION

INSTRUCTIONS FOR APPLICATION

General Instructions

Read the instructions for this application.

Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.

All household members 18 years of age or older must sign and date the application.

Submit application with all the required documentation to:

Government Services Group, Inc.

P.O. Box 357995

Gainesville, FL 32635-7995

Itemized Instructions

- 1. APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail, an e-mail address (if applicable), your date of birth, and your marital status and other fields.
- 2. CO-APPLICANT/OTHER HOUSEHOLD MEMBER INFORMATION:** List all other members of the household residing in the unit. Attach additional sheets if necessary.
- 3. ALTERNATE CONTACTS INFORMATION:** This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. List contacts who are helping you through this process, if applicable.
- 4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, gender, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.
- 5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** This information is collected for reporting purposes only.
- 6. ELIGIBILITY INFORMATION:** The information collected here is important to determine eligibility as it relates to emergency assistance.
- 7. COVID-19 INFORMATION:** Provide basic information concerning eligibility related to the public health emergency with respect to COVID-19. Provide information on whether you or a household member was directly affected by COVID-19.
 - a. Agreement to turn over Proceeds; Future Reassignment.

If the applicant has received or receives any Proceeds from any source that covers the expenses covered by the CRF assistance provided, the applicant agrees to promptly pay such amounts to Jefferson County.
 - b. In the event that the applicant received, receives or is scheduled to receive any Proceeds not previously disclosed to Jefferson County the applicant shall notify Jefferson County of such Subsequent Proceeds, and Jefferson County will determine the amount, if any, of such Subsequent Proceeds that are a duplication of benefits (DOB). Subsequent Duplication of Benefits proceeds shall be disbursed as follows:
 - (1) If the Award has been fully expended by Jefferson County, any Subsequent DOB Proceeds shall be paid by applicant to Jefferson County up to the amount of the Award.

- (2) If no portion of the Award has been expended by Jefferson County, any Subsequent DOB Proceeds shall be paid by applicant to Jefferson County and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the applicant to Jefferson County shall be returned to the applicant, and this Agreement shall terminate.
- (3) If some portion of the Award has been expended by Jefferson County, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by applicant to Jefferson County to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award and retained by Jefferson County; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the applicant, and this Agreement shall terminate.
- (4) If Jefferson County makes the determination that the applicant does not qualify to participate in the Program or the applicant decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the applicant to Jefferson County that have not been used or obligated by the Program shall be returned to the applicant, and this Agreement shall terminate.
- (5) Once Jefferson County has recovered an amount equal to the Award, Jefferson County will reassign to applicant any rights assigned to Jefferson County pursuant to this Agreement.

8. OTHER ASSISTANCE RECEIVED: Provide all information any other type of related assistance to the disaster.

9. INCOME INFORMATION: Provide information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members over age 18. Food benefits are NOT considered income.

10. ASSET INFORMATION: Provide the requested information on assets for all household members. Examples of what constitutes assets are listed below:

Typical assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;
- Mortgage or deeds of trust held by the applicant

Some items of personal property are **NOT** counted as assets for the purposes of determining annual income:

- Automobiles;
- Jewelry; and/or

- Term life insurance policies

11. FALSE STATEMENTS

Chapter 817 of the Florida Statutes provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

12. PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify Jefferson County, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that Jefferson County does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to Jefferson County in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that Jefferson County does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City /County or any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

13. ELIGIBILITY RELEASE: It is required that you sign this form, which allows the Subrecipient, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

Applicants Signature

Date

Household Member

Date

Household Member

Date

Household Member

Date

CRF ASSISTANCE SELF-CERTIFICATION OF INCOME FORM
 To be completed by each adult household member

Name _____ Local Government _____

Address _____ Phone # _____
 _____ Email _____

City, State, Zip _____

1. I hereby certify that I have been negatively impacted by the **COVID-19** pandemic.

2. I am underemployed or unemployed.

Explain your COVID-19 related hardship:

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2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):
- Y N Gross wages from employment (including commissions, tips, bonuses, fees, etc.) \$ _____
 - Y N Net income from operation of a business \$ _____
 - Y N Rental income from real or personal property \$ _____ Property Value \$ _____
 - Y N Cash value of all assets (checking, savings, CD, stocks, bonds)
 - Y N Value of whole life insurance policies \$ _____
 - Y N Interest or dividends from all assets \$ _____
 - Y N Social Security payments, annuities, retirement funds, pensions, or death benefits \$ _____
 - Y N Unemployment Benefits \$ _____

- Y N Disability payments \$ _____
- Y N Public assistance payments \$ _____
- Y N Temporary Assistance for needy Families (TANF) \$ _____
- Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household \$ _____
- Y N Sales from self-employed resources \$ _____
- Y N Any other source not named above \$ _____
- Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities: _____

I certify my anticipated gross annual income for the next 12 months to be (Total of section 2): \$ _____.

I will inform local government staff if my income changes during the period when I am receiving assistance.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

Signature of Applicant

Printed Name of Applicant

Date

Witness _____
Or

Witness _____

FOR AN OATH OR AFFIRMATION:

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and described before me this _____ day of _____, 20_____,

by _____.

(NOTARY SEAL)

Signature _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Name of Notary (Typed, Printed, or Stamped)

HOUSING INTAKE APPLICATION

| | |
|--|---|
| TO BE COMPLETED BY GSG STAFF | |
| Application Number: | |
| | |
| Application Received By: | Date/Time Application Received: |
| TO BE COMPLETED BY APPLICANT | |
| What type of housing assistance are you requesting? Circle all that apply | |
| Rent Mortgage HOA fees Electric | Water Gas |
| Other (Explain) | |
| TO BE COMPLETED BY APPLICANT: (Head of Household) | |
| Full Name: | |
| Current Address: | Apt# |
| City, State Zip: | |
| Daytime phone: | Mobile Phone: |
| E-mail Address: | Date of Birth: |
| Marital Status: | Age: |
| Employed? Yes No | Self Employed? Yes No |
| 1. TO BE COMPLETED BY CO-APPLICANT: | |
| Full Name: | |
| Daytime phone: | Mobile Phone: |
| E-mail Address: | Date of Birth: |
| Marital Status: | Age: |
| Employed? Yes No | Self Employed? Yes No |

4. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS: - As of today, all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household.

| Household Member Name | Relationship to Head of HH | Age | Date of Birth | Marital Status | Is household member listed disabled? Y/N | Employed |
|-----------------------|----------------------------|-----|---------------|----------------|---|----------|
| | | | | | | Yes No |
| | | | | | | Yes No |
| | | | | | | Yes No |
| | | | | | | Yes No |
| | | | | | | Yes No |

5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one): -This information is being collected for reporting purposes only.

RACE (Check all that apply):

| | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Multi-Racial |

ETHNICITY (Check one):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic"

Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

ELIGIBILITY INFORMATION: - If the answer to any of the following questions is NO, you are not eligible for assistance:

| | | |
|--|------------------------------|-----------------------------|
| Were you or a household member financially affected by the COVID-19? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| How many household members are financially affected by COVID-19? | | |
| For each Household member financially affected by COVID-19, provide the following information: | | |
| 1st household member financially affected by COVID-19 | | |
| Name: | | |
| Are they unemployed or underemployed due to COVID-19? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Date person became unemployed or under | | |
| Name and address of employer prior to being impacted by COVID-19: | | |

What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later?

Current employer:

What was the projected annual gross income of this household after being affected by COVID-19?

Is the person receiving unemployment benefits? Yes or No

If yes, how much are they receiving monthly \$

Provide additional information about Hardship:

2nd household member financially affected by COVID-19

Name:

| | | |
|---|------------------------------|-----------------------------|
| Are they unemployed or underemployed due to | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|

| | |
|--|--|
| Date the person became unemployed or under | |
|--|--|

Name and address of employer prior to being impacted by COVID-19:

What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later?

Current employer:

What was the projected annual gross income of this household after being affected by COVID-19?

Is the person receiving unemployment benefits? Yes or No

If yes, how much are they receiving monthly \$

Provide additional information about Hardship:

Property Information

Do you rent or own a pre-1994 mobile or manufactured home?

YES

NO

Are you past due or delinquent on your rent, mortgage or utilities?

YES

NO

What is your monthly rent payment?

What is your monthly mortgage payment?

What is your average monthly electric payment?

What are the penalties due, if any?

How many months of rent are past due?

Amount Due

How many mortgage payments are past due?

Amount Due

How many months of HOA fees are past due?

Amount Due

How many months of utilities are past due?

Amount Due

The following question will require a special review to determine eligibility:

Did you apply for COVID-19 assistance to any other program or organization?

YES

NO

Explain:

Have you received any COVID related assistance?

Yes No

Amount Approved?

Amount Received to date:

| | |
|--------------------------------|---|
| List agency providing services | 1 |
| | 2 |
| | 3 |

B. Small Business Administration (SBA)

| | |
|---|--|
| Have you received any event-related assistance from the SBA? (If no, continue to letter C. in this section.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Amount Approved? | Amount Received to date: |
| What is your SBA Application No.(s)? | 1 |
| | 2 |
| What is your SBA Loan No.(s)? | 1 |
| | 2 |
| What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc. | |
| i. Did you receive any other assistance due to disaster? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal or state assistance (CRF, CDBG, CDBG-DR, HOME), etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

INCOME INFORMATION: Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, unemployment benefits, other benefits for all household members. List ALL household members and their incomes. Attach a separate sheet if you need more space.

FOOD STAMPS ARE NOT CONSIDERED INCOME- do not list food stamps.

| Household Member Name | Full Time Student? Y/N | Source of Income (include employer name) If Applicable | Rate of Pay | Payment Basis (hourly, weekly, monthly, etc.) |
|-----------------------|------------------------|--|-------------|---|
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ASSET INFORMATION: Provide the requested information on any property you may own or assets you may have.

| Do you own any other real estate? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
|---|---|---------------------|--------------------------|
| If yes, provide address, city and state of property(s): | | | |
| What is the tax roll value of the property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, what is the current balance owed on the mortgage? | | | |
| Do you have income from the property? (rental income) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If you answered yes, provide amount of annual income | \$ | | |
| Is your primary residence currently in foreclosure? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.) Provide this information for all household members. | | | |
| Household Member Name | Type & Source of Asset | Cash Value of Asset | Annual Income from Asset |
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| ELIGIBILITY RELEASE: It is required that you sign this form, which allows the City/County, subrecipient, sponsor, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program. | | | |
| Information Covered: Inquiries may be made about items initialed below by the applicant. | | | |
| Instructions to Applicant: Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the City/County or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the CRF Program for disaster assistance. Each adult member of the household must sign this Eligibility Release. | | | |
| Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records. | | | |

APPLICANT CERTIFICATION: Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the City/County or any of its duly authorized representatives to verify the information listed herein.

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the CRF program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information for the purpose of obtaining assistance is grounds for termination of housing assistance and is punishable under Chapter 817 of the Florida Statutes as a first-degree misdemeanor.

I/We authorize the above-referenced City/County/subrecipient/sponsor and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

Applicant's Authorization:

I authorize the above-named Subrecipient, Sponsor, State or Vendor to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the Subrecipient and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the Subrecipient in the eligibility verification process.
- (5) Applicants who provide a self-certification will be required to provide proof of income when the President's or Governor's executive order expires. If the applicant falsified information to obtain assistance, all funds paid on behalf of the applicant must be repaid to the program.

| | |
|-----------------------------------|-------------|
| Signature of Applicant: | Date |
| Signature of Co-Applicant: | Date |
| Household member: | Date |
| Household member: | Date |
| Household member: | Date |
| Household member: | Date |
| Household member: | Date |
| Household member: | Date |
| Household member: | Date |
| Household member: | Date |
| Household member: | Date |

Warning: Chapter 817 of the Florida Statutes provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

File Checklist

- Duplication of benefits agreement signed by all household members (to be completed by GSG Staff)
- CRF Application
- Housing Intake Application signed by all household members 18 years of age or over
- Signed Self Certification of income for each household member 18 years of age or over
- Resident Income Certification (to be completed by GSG Staff)
- Copy of driver's license, ID or birth certificate for all household members
- Copy of lease if requesting rental assistance
- Fee Simple Deed in applicant's name for homeowners
- Copy of monthly mortgage payment for homeowners
- Completed Rental/Mortgage Information Form

RENTAL/MORTGAGE INFORMATION

Instructions:

Jefferson County will need to contact your landlord, the property owner or company that you are contracted by lease or mortgage to make your payment to. Please complete the required information below. If renting, complete Section A. If paying mortgage, complete Section B.

SECTION A: LANDLORD/PROPERTY MANAGER INFORMATION

Landlord Name: _____

Billing or Mailing Address: _____

Phone Number: _____ Email (if available): _____

Company Website (if applicable): _____

APPLICANT INFORMATION:

Name/s on the Lease: _____

Rent Amount: _____ Due Date: _____ For what month? _____

Address: _____ Unit# _____

Your Phone#: _____ Your Email: _____

SECTION B: MORTGAGE PAYMENT INFORMATION

Company/Lender You Pay Mortgage To: _____

Billing or Mailing Address: _____

Phone Number: _____ Email (if available): _____

Company Website (if applicable): _____

APPLICANT INFORMATION:

Name on Bill: _____ Account#: _____

Payment Amount: _____ Due Date: _____ For what month? _____

Your Phone#: _____ Your Email: _____

Your Address: _____

By signing below, I am authorizing the Jefferson County CRF for Mortgage/Rental Assistance program to contact my property manager/landlord or mortgage company to obtain information related to my payment and amount due.

Printed Name: _____

Date: _____

Signature: _____



MEDICAL DISCLOSURE FORM

I, _____, the patient, or the undersigned parent or legal guardian of

_____, a minor, hereby authorizes the release of medical information without liability to Government Services Group, Inc., for the purposes of verifying information provided as part of determining eligibility for assistance under the **CARES ACT** program. I understand that only information necessary for determining eligibility will be requested.

Signature – Patient, Parent or Guardian

Print Name

Date

MEDICAL CONDITION OR DIAGNOSIS _____

Check the statement or statements that most applies:

_____ An adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition 420.0004(7) FL Statutes.

_____ 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.

_____ None of the above.

Signature of Medical Professional

Print Name

Date