

GULF COUNTY HURRICANE LOSS MITIGATION PROGRAM
Hurricane Loss Mitigation Program

Documentation Required to be submitted with the Application

- Photo ID- Applicant/Co-Applicant
- Home Ownership- Property Appraiser/Tax Roll/Deed/Mortgage
- Income Documentation-Tax Forms/Social Security Statement/Disability/Retirement

Failure to complete all required documentation could result in denial of the application

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 will be performed on property
Property Insured?			If not why?
Insurance Company			
Type of Insurance?			
Is the property located in Flood Plain?			Do you have flood insurance?
Do you intend on insuring property after mitigation/repairs have been completed?			
Have you previously received or will be receiving assistance for this property? (SHIP/CDBG, HHR, etc)			
If yes? List the program name and what year you received assistance:			
Conflict of interest			
Gulf County is an Equal Opportunity Employer, applications will be ranked according to project cost and benefit. Projects not be judged by applicants gender,race, age, religion or national origin.			
Are you or a family currently employed by Gulf County Board of County Commissioners?			
Fill out the following section if the answer to the previous question was yes.			
Name of Employee?			
Relation to Employee?			

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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 Gulf 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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