

ATTENTION HOMEOWNERS THAT LIVE IN THE UNINCORPORATED AREA OF MADISON COUNTY, FLORIDA

The Madison County Board of County Commissioners is seeking applicants to participate in the CDBG Program to assist homeowners with repairs. This program is designed to perform general code related repairs and improvements for low and low to moderate-income homeowners. Items eligible for repair include roofs, heating systems; plumbing, electrical, and other code related housing systems. Currently, the County has funds available to assist a limited number of homeowners.

Applicants must meet the following eligibility requirements for this program:

IF ALL THE FOLLOWING APPLY:

- IF **YOU** OWN OR HAVE A MORTGAGE ON YOUR HOME (NO HEIR PROPERTY)
- IF THIS IS YOUR PRIMARY RESIDENCE
- IF YOUR HOME IS IN THE UNINCORPORATED AREA OF MADISON COUNTY
- IF YOUR TOTAL HOUSEHOLD INCOME IS EQUAL TO OR **BELOW** THE GUIDELINES LISTED BELOW:

Household size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Annual Household Income	\$31,050	\$35,450	\$39,900	\$44,300	\$47,850	\$51,400	\$54,950	\$58,500

If you would like assistance, you can call Government Services Group, Inc. – Jay Moseley (850) 681-3717 and request an application or pick one up at the County Manager’s Office.

**Madison County Board of County Commissioners
229 SW Pinckney Street
Madison, Florida 32340**

Please mail your completed application to:

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

Applications *must be* post marked no later than September 21, 2021, to be accepted for the program. All applications are subject to review, ranking, and approval by the Madison County Board of County Commissioners. Maintaining the grant application score takes precedence over the scoring and ranking criteria as specified in the Housing Assistance Plan. If submitting after the deadline, you can be assisted on a first come – first qualified basis **subject to the availability of funds.**

**EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER
HANDICAP ACCESSIBLE FACILITIES**



MADISON COUNTY CDBG APPLICATION FOR ASSISTANCE

Madison County recently hired Andy Easton and Associates, along with Government Services Group to be the CDBG Program Administrator. We know you have expressed interest in applying. Here is an application and your completion and submittal and will assist us in ultimately approving you for assistance. Please take a few minutes to complete the application, and submit it along with all supporting documentation requested to:

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

If you have any questions regarding the application or the required documentation requested, please call Jay Moseley at (850) 681-3717.

WHAT TO SUBMIT WITH YOUR APPLICATION

- Application and all verification forms that pertain to you. (If you need an additional form please make copies contact Government Services Group.)
- A copy of your warranty deed or mortgage deed.
- If submitting a mortgage deed you must include a copy of your most recent mortgage statement.
- A copy of your tax receipt confirming that your property taxes are current and all previous year taxes are paid. (See the tax collector's website) www.Madisoncountytaxcollector.com
- All forms that require notarization must be notarized prior to submitting your application.
- Copy of **all** household member's social security cards.
- Photo ID of all household members 18 or over.
- Birth certificate of minor household members
- Copy of Bank, Credit Union or other Financial institution you use for checking or savings accounts for any member of your household (most recent statements for 6 months per account)
- Copy of all 2021 Statement of Benefits for SS, SSI or Pension

REMINDER: The faster you provide the correct information, the faster your house will be completed.

Please go to application forms

**DO NOT INCLUDE INSTRUCTION PAGES WHEN
SUBMITTING APPLICATION**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION FOR HOUSING ASSISTANCE**

Office Use Only

Annual Income: \$ _____

Income Category (VL, L, M): _____

General Information	Head of Household/Applicant	Spouse/Co-Applicant
Full Name:		
Social Security #:		
Date of Birth:		
Age:		

Property and Phone Information:

Full Address (include city and zip):			
Full Mailing address (if different):			
Primary Phone:		Alternate Phone:	

Other Household Members:

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

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

Does Applicant/Co-Applicant own a home? _____ **Do you have a mortgage?** _____

Current Monthly rent/mortgage: \$ _____ **Are you current on your mortgage?** _____

If No, type of unit to be purchased? _____ Existing unit ___ Newly constructed unit

Use additional paper if needed for all items below

Applicant/Co-Applicant Employment Information: (included last years W2) Current Only

Employee Name:				Employer Name:			
Position:				Supervisor:			
Address:					Phone contact:		
Pay Rate:	\$	Per hour	Months employed:		Pay Frequency:		
Annual Income including gross salary, overtime, tips, bonuses, etc.:					\$		

Employee Name:				Employer Name:			
Position:				Supervisor:			
Address:					Phone contact:		
Pay Rate:	\$	Per hour	Months employed:		Pay Frequency:		
Annual Income including gross salary, overtime, tips, bonuses, etc.:					\$		

Other Sources of Income:

(For ALL Household Members 18 and Over, List Business or Rental Net Income, awarded Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Household Member 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.)

Bank Name	Account Number	Type of Asset	Asset Value
1.			\$
2.			\$
3.			\$
4.			\$
Total			\$

Handicap/ Disability

(List household members and the disability. Please call (850) 681-3717 for a disability form or send SSI information) Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment."

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. **List name or names below:**

Ethnicity/Special Needs					
Whit	Blac	Hispani	Asian/Pacific	Native American	
_____	_____	_____	_____	_____	_____
Farm worker	_____	Disabled or Disabled	_____	Elderl	_____
_____	_____	_____	_____	_____	_____

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.

Head of Household/Applicant	Print Name	Date
Spouse/Co-Applicant	Print Name	Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Social Security Disclosure Statement:

This Community and its Consultant collect your Social Security number for the following purpose: Qualification for grant or loan processing under Section 119.071 (5) (a) 2, Florida Statutes. Social security numbers are confidential and do not become public records. They will not be released in any public records request. By signing below, I/We acknowledge receipt of this Social Security Number Collection Policy disclosure.

Signature – Applicant

Signature – Co-Applicant

Printed Name

Printed Name

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

Signature of Household Member Over 18 Date

NOTICE

One form per household member

You may need to make additional copies for your household members.

1. Authorization for the Release of Information: (2 included)
 - a) One per adult (18 or older) in the home needs to fill out this form and include it with the application
2. Authorization for the Release of Information (minor)
 - a) One per minor child (under 18 years of age) in the household. One parent or guardian will need to sign each form
3. Third Party Verification for Employment
 - a) One per employer per household member that has employment (full time, part time, seasonal or day labor)
 - b) Household member fills out top portion and gives form to employer to complete lower portion.
4. Third Party Verification of Unemployment
 - a) One per household member on unemployment
 - b) Household member fills out top portion and gives form to Unemployment representative to complete lower portion
5. Social Security Administration
 - a) One per household member on Social Security or Social Security Disability
 - b) Include most current Social Security Benefits Award letter

One form per household needed for items below

1. Income Affidavit
 - a. Please fill out this form and include the name of any household member that receives no income. **FORM MUST BE NOTARIZED!**
2. Bank Account Information
 - a. Please fill out this form and include the names of any household member that **do not** have a bank or other financial institution to draw funds into or from. **FORM MUST BE NOTARIZED! For all bank accounts, we need the latest 6 Months of statements for ALL Bank Accounts.**
3. Tax Return not Filed
 - a. Please fill out this form if any adult (18 years of age or older) in the household did not file a tax return for the previous year. **FORM MUST BE NOTARIZED!**

If you have any question about any of the forms, call (850) 681-3717 before you fill them out as you may need to make copies to accommodate your household.



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to Government Services Group, Inc., for the purposes of verifying information provided as part of determining eligibility for assistance under the **CDBG Housing Assistance** 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.

Applicant or Household Member Signature (blue ink) Print Name Date

NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return”, prepare, and sign separately.



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to Government Services Group, Inc. for the purposes of verifying information provided as part of determining eligibility for assistance under the **CDBG Housing Assistance** 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.

Applicant or Household Member Signature (blue ink) **Print Name** **Date**

NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return”, prepare, and sign separately.



AUTHORIZATION FOR RELEASE OF INFORMATION (minor)

I, _____, the undersigned parent or legal guardian of _____, a minor, hereby authorizes _____ to release without liability, information regarding income and/or assets to Government Services Group, Inc., for the purposes of verifying information provided as part of determining eligibility for assistance under the **CDBG Housing Assistance** 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 my child 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.

Parent/Legal Guardian Signature (blue ink)

Print Name

Date

NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return”, prepare, and sign separately.

CDBG HOUSING ASSISTANCE PROGRAM
REQUEST FOR VERIFICATION OF EMPLOYMENT AND/OR
BENEFITS

THIRD PARTY VERIFICATION OF EMPLOYMENT

State and/or Federal Regulations require us to verify employment history and income verification for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Scan and e-mail to jmoseley@govserv.com or you may fax to **Government Services Group, Inc @ 850-224-7206**

Employee Name (Print)

Social Security Number

Employee Full Address

I have applied for housing assistance through the State of Florida's (CDBG) Housing Assistance Program and I authorize you to furnish verification of my income and/or benefits.

Employee Signature

Date

Company Name

Company Full Address

STOP: Employee please do not write below this line. Please give to your employer to complete.

VERIFICATION OF EMPLOYMENT (Please complete all questions. Use N/A if not applicable)

Current Position with company: _____ **Length of Employment:** _____

Current Pay Rate \$ _____ per hour **Pay Frequency (Hr. Wk, Mo):** _____

Circle one: Full Time Part Time Seasonal Day labor **Hours per week** _____

Current Overtime Pay Rate: \$ _____ **Average Overtime Hours/Wk:** _____

Total Annual Base Pay Earnings: \$ _____ **Total Overtime Base Pay Earnings:** \$ _____

Amount and Frequency of other Compensation (bonus, raise, commission): \$ _____

Does the employee receive tips? (Y or N) _____ **Average amount received per day** \$ _____

Vacation Pay (Y or N) _____ **If yes, number of days :** _____

Retirement Account (Y or N) _____ **Amount of Retirement Accessible to Employee:** \$ _____

Total Gross Annual Income including Compensation, for the next 12 months: \$ _____*

*Mandatory

I certify that the above information is true and correct.

Signature of Employer

Date

Name (Print or Type)

Title at Company

Phone Number

Extension (if applicable)

Please return completed form to:

Government Services Group, Inc.
Attn: Third Party Verification Processing Department
PO Box 357995, Gainesville, FL 32635-7995
Alternatively, you may EMAIL information to jmoseley@govserv.com

THIRD-PARTY VERIFICATION OF UNEMPLOYMENT BENEFITS

State and/or Federal Regulations require us to verify employment history and income verification for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Scan and email to jmoseley@govserv.com or you may fax to **Government Services Group, Inc @ 850-224-7206.**

Authorization:

I hereby authorize the release of requested information. A copy of the executed “Authorization for the Release of Information” is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Please return information to:

Government Services Group, Inc.
(GSG) Attn: James Moseley,
PO Box 357995; Gainesville, FL 32635-7995
Fax Number: 850-224-7206 ● **Office Phone Number:** (850) 681-3717

I have applied for housing assistance through the State of Florida's (CDBG) Housing Assistance Program and I authorize you to furnish verification of my income and/or benefits.

_____	_____
Employee Signature (blue ink)	Employee Print Name
_____	_____
Social Security Number	Date

Employee Full Address	

Please give to unemployment representative to complete and mail or fax to the address above:

Are benefits being paid now? (Y or N): _____	If yes, Gross Weekly Payments: _____
Date of Initial Payment: _____	Duration of Benefits: _____
Claimant Eligible for Future Benefits (Y or N): _____	If Yes, provide # of weeks: _____
If No, Provide Date of Benefits termination: _____	

_____	_____
Signature of Authorized Representative:	Printed Name:
_____	_____
Title: _____	Phone: _____ Date: _____

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 775.083.

NOTE: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate administration; do not send form through applicant. Upon receiving verification, date-stamp, and compare, information to that received on application. Make any necessary notations, date, and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.

OMB No. 0960-0566



HOUSING REHABILITATION ASSISTANCE PROGRAM

No Income Affidavit

(Please use this form if any household member **does not** receive income of any kind, any age)

I _____ verify that the following household members in my home address of (full address) _____ does not have any type of income in the following areas: Unemployment, Social Security, home- base business, Independent Contractor, pension, retirement, Stocks, Bonds, Annuity, Money Market, 401K, Child Support, rental property, investment property, Treasury Bills, Certificates of Deposit (CD's), college 529 plan, Revocable Trust, IRA, Keogh Account or other retirement account, family or friends to assist in paying bills belonging to this home, gift of cash from others, eBay sales, newspaper ads, foster children assistance, cash value on a Life Insurance Policy, Lump Sum Receipt or one-time Receipt

- Name _____
- Name _____
- Name _____
- Name _____
- Name _____

Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.

Sign only in presence of notary

Owner/Applicant Signature (blue ink)

Co-owner/Spouse Signature (blue ink)

Subscribed and sworn before me this _____ day of _____, 20____

(SEAL)

 Notary Public, State of Florida
 ____ Personally Known
 Type of owner Identification
 Type of co-owner Identification
 Commission Expires

 Notary Print Name
 ____ Produced Identification



**HOUSING REHABILITATION ASSISTANCE PROGRAM
No Bank Account Information**

Please use this form if any member in the household does not have a checking or savings account at a financial institution

I _____ verify that the following household members in my home address of (full address) _____ do not have any checking, savings, or other investment account in a bank or credit union account or other financial institution.

Name _____
Name _____
Name _____
Name _____
Name _____

Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.

Sign only in presence of notary

Owners Signature (blue ink)

Co-Owner/Spouse Signature (blue ink)

Subscribed and sworn before me this _____ day of _____, 20__.

(SEAL)

Notary Public, State of Florida Print Name
____ Personally Known _____ Produced Identification
Type of owner Identification _____
Type of co-owner Identification _____
Commission Expires _____



HOUSING ASSISTANCE PROGRAM
Non - Submission of Last Years Tax Return

Please use this form if a household member **DID NOT** file a tax return last year.
Applies to all adult members of household

I _____ verify that the following adult household members living at (full address) _____ did not file a tax return in the previous year.

Name _____
Name _____
Name _____
Name _____
Name _____

Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.

Sign only in presence of notary

Owners Signature (blue ink)

Co-Owner/Spouse Signature (blue ink)

Subscribed and sworn before me this _____ day of _____, 20

Notary Public, State of Florida

Print Name

Personally Known

Produced Identification

Type of owner Identification

Type of co-owner Identification

Commission Expires



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 **Housing Assistance** 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



**HOUSING REHABILITATION PROGRAM
Assistance Affidavit**

(Use this form if you are receiving assistance from a friend or family member.)

I, _____, verify that I am assisting applicant _____ with the following monthly gifts.

I have included receipts for these payments.

Monthly Mortgage payment: \$ _____
Monthly Home Utility payment: \$ _____
Monthly non-home payment: \$ _____
Specify non-home payment items: _____

Signature

Print Name

Relation to applicant _____

Subscribed and sworn before me this _____ day of _____, 20__.

(SEAL)

Notary Public

Print Name

Personally Known _____

Produced Identification _____

Type of ID