

Madison County S.H.I.P.

(State Housing Initiative Partnership)

Hurricane Idalia

Disaster Repair Assistance



CONTACT INFORMATION

To return completed application packets:

1. Mail it to:

SREC, Inc.
Madison County SHIP
POB 70
Live Oak FL 32064

OR

2. Scan into a PDF format and email it to:

Bailey Edwards, SHIP Program Assistant
bedwards@suwanneec.net

For questions or additional information email Suwannee River Economic Council, Bailey Edwards, SHIP Program Assistant, at bedwards@suwanneec.net or call us at 386-362-4115 ext. *245.

Application Checklist

The following items must be included with your application:

- ☐ ID for all household members (Social Security cards are not accepted)
- ☐ Proof of home ownership
- ☐ Proof of custody for minors (if both biological parents do not live in the home)

FORMS:

- ☐ Checklist
- ☐ Application
- ☐ Acknowledgement Statement
- ☐ Asset Addendum to Application
- ☐ Authorization for the Release of Information
- ☐ Duplication of Benefits Affidavit
- ☐ Duplication of Benefits Agreement
- ☐ Affidavit of Insurance
- ☐ Self-Certification of Income form

Please answer the following questions:

1. Was the home damaged as a direct result of Hurricane Idalia? ☐ Yes ☐ No
2. Do you own the home for which you are applying? ☐ Yes ☐ No
3. Is the home your primary residence? ☐ Yes ☐ No
4. Do you have homestead exemption status? ☐ Yes ☐ No
5. Is the home a mobile or manufactured home? ☐ Yes ☐ No
- If Yes: (1) Was the home built prior to June 1994? ☐ Yes ☐ No
- (2) Do you own the land? ☐ Yes ☐ No
6. Have you applied for FEMA? ☐ Yes ☐ No
- If Yes: What is the amount awarded by FEMA? _____
7. Do you have homeowners' insurance? ☐ Yes ☐ No
- If Yes: (1) Did you file a claim with your insurance? ☐ Yes ☐ No
- (2) What is the amount of your deductible? _____
- (3) What is the amount awarded by insurance? _____
8. If applying for home repair, have the repairs already been completed? ☐ Yes ☐ No

**MADISON COUNTY S.H.I.P. PROGRAM
APPLICATION FOR DISASTER REPAIR ASSISTANCE**

Gross Annual Household Income: \$ _____

	Applicant / Head of Household (HOH)	Co-Applicant / Add'l Adult Household Member
Full Name		
E-mail		
Date of Birth/Age		
Cell Phone		
Home Phone		
Street Address		
Mailing Address if different		

Other Household Members (list ALL additional household members):

Name(s)	Date of Birth / Age	Relationship to Applicant / HOH

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student? If yes, please list the educational institution and provide enrollment documentation _____

Employment Information (If unemployed or retired, state it here.) **NOTE: Attach additional sheets as necessary for all household members 18 years and over.**

Applicant / HOH Name:	Employer Name:
Position:	Supervisor:
Address:	Time Employed:
Phone: Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

Co-Applicant / Add'l Adult Household Member Name:	Employer Name:
Position:	Supervisor:
Address:	Time Employed:
Phone: Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

Other sources of income (For ALL household members including minors list business or rental net income, child support, alimony, Social Security, retirement, pensions, unemployment or workers compensation, public assistance payments, etc.)

	Name	Type of Income	Gross Annual Amount
1.			
2.			
3.			
4.			
5.			
			Total \$ _____

Assets and asset income (For ALL household members including minors, list checking and savings accounts, IRA's, CD's, life insurance, bonds, stocks, equity in properties in addition to homestead, etc. Do not include homestead property.)

	Type of Asset	Asset Value	Bank / Account #	Annual Asset Income
1.				
2.				
3.				
4.				
5.				

Liabilities (For ALL household members 18 and over list all charge accounts including credit cards, store charge accounts, etc., and all loans including auto, real estate, mortgage loans, etc.)

	Type Credit / Loan	Creditor's Name	Balance Owed	Monthly Payment
1.				
2.				
3.				
4.				
5.				

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 _____ Farmworker _____ Disabled or Disabled Minor _____ Elderly _____

Homeless _____ Special Needs _____ Other _____

ACKNOWLEDGEMENT STATEMENT

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 Signature	Printed Name	Date
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Co-Applicant Signature	Printed Name	Date
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Household member Signature (over 18)	Printed Name	Date
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Household member Signature (over 18)	Printed Name	Date
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Household member Signature (over 18)	Printed Name	Date
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ASSET ADDEMDUM TO APPLICATION

In order to properly qualify and applicant for S.H.I.P. assistance, the following asset information for **all persons, including minors, who will occupy assisted housing**, must be obtained. This information will be used for qualification purposes only.

Assets include, but are not limited to:

Cash held in savings and/or checking accounts, safe deposit boxes, homes, etc.; trust funds (revocable trusts); equity in real estate and other capital investments; stocks, bonds, treasury bills, certificates of deposit, money market and other investment accounts; IRA, Keogh and similar accounts; retirement and pension funds; cash value of life insurance policies available to the individual before death; mortgage or deed of trust; lump sum receipts (i.e. lottery winnings, inheritances, victim's restitution, insurance claims or settlements, etc.) and, personal property held as an investment (i.e. gem or coin collections, painting, antique cars, etc.).

NOTE: Do not include necessary property such as clothing, furniture, cars, wedding bands, etc.

Certification (NOTE: ALL assets and their amounts will be verified.):

I / We hereby state that the combined value of my / our assets (check one):

☐ I / we do not have any assets at this time.

☐ Does NOT exceed \$5,000

☐ Does exceed \$5,000

Total value of assets:

\$ _____

Total annual income expected to be derived from assets:

\$ _____

Applicant Signature

Printed Name

Date

Co-Applicant Signature

Printed Name

Date

Household member Signature (over 18)

Printed Name

Date

Household member Signature (over 18)

Printed Name

Date

Household member Signature (over 18)

Printed Name

Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize the release without liability information regarding my employment, income, and / or assets to:

SUWANNEE RIVER ECONOMIC COUNCIL, INC.

for the purposes of verifying information provided as part of determining eligibility for assistance under the SHIP Program. I understand that only information necessary for determining eligibility can be requested.

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 / saving accounts, stocks, bonds, certificates of deposits, IRA's and other investment accounts, interest, and dividends; Payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, and welfare assistance; Net income from the operation of a business; and Alimony or child support payments.

Organization / individuals that may be asked to provide verifications are, but not limited to: Past / present employers, banks, financial or retirement institutions, unemployment agency, welfare agency, alimony / child support providers, Social Security Administration, Veteran's Administration, and others.

Agreement to Conditions:

I _____ (PRINT NAME) agree that a photocopy of this authorization may be used for purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature

Date

ALL household members age 18+ must complete this page individually. Make additional copies if needed.

Duplication of Disaster Benefits Affidavit

OTHER ASSISTANCE RECEIVED: - Assistance provided under the SHIP Program for disaster may not exceed a household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). Receiving other benefits does not prevent you from receiving City/County benefits.		
Did you register with FEMA or other disaster related assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you applied for any event related assistance from any source (local, state, federal, private)? If yes, proceed with this section.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A. FEMA		
Have you received any disaster related assistance from FEMA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount Approved?	Amount Received to date:	\$
What is your FEMA Registration Number?		
B. Small Business Administration (SBA)		
Have you received any event-related assistance from the SBA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount Approved?	Amount Received to date:	\$
What is your SBA Application Number?		
What is your SBA Loan Number?		
What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc.		
C. Home Owner Insurance (or Renter Insurance)		
Have you filed a claim with your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount Approved?	Amount received to date:	\$
D. Did you receive any other assistance due to disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal, state, or local assistance (SHIP, CSBG, HFSP, TANF, or other Human Services programs).		

Recipient Statement: The information on this form is to be used to determine eligibility. I/we certify that the statements are true and complete to the best of my/our knowledge and belief under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree.

Signature (head of Household)

Date _____

Signature (Co-head of Household)

Date _____

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 _____

Name of Notary (Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced

Duplication of Benefits Agreement with Recipient

Whereas, ("Recipient") is receiving Hurricane Idalia SHIP assistance in the amount of \$ _____
to provide funding for home repairs on the property located at _____
_____.

Now, therefore, the Jurisdiction has an option to recoup assistance used on the above described property upon the terms, conditions and contingencies herein set forth:

Federal Benefits and Charitable Donations

Recipient agrees that if he/she receives further federal, state or local benefits, insurance benefits or charitable donations, or any other funding source not listed here for home repairs in connection with Hurricane Idalia from any funding source, the recipient will report receiving benefits by emailing Stephanie Barrington, SHIP Director, at sbarrington@suwanneeec.net or calling 386-362-4115 ext. *242 within one (1) month of receipt of additional proceeds and/or benefits. If recipient fails to report additional benefits from any funding source, then the Jurisdiction may require immediate repayment in full of the entire amount of assistance provided by the Jurisdiction.

Duplication of Benefits

Recipient agrees that if benefits received subsequent to the receipt of Hurricane Idalia funds are a duplication of benefits (DOB) received from other sources such as federal benefits, state, local, insurance, charitable donations or any other funding source not listed here, that the following shall apply:

1. If the Award has been fully expended by the S.H.I.P., any Subsequent DOB Proceeds shall be repaid by Recipient to S.H.I.P. up to the amount of the Award.
2. If no portion of the Award has been expended by S.H.I.P., any Subsequent DOB Proceeds shall be paid by Recipient to S.H.I.P. 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 Recipient to S.H.I.P. shall be returned to the Recipient, and this Agreement shall terminate.
3. If some portion of the Award has been expended by S.H.I.P., any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by Recipient to S.H.I.P. 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 S.H.I.P.; (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 Recipient, and this Agreement shall terminate.
4. If S.H.I.P. makes the determination that the Recipient does not qualify to participate in the Program or the Recipient decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the Recipient to S.H.I.P. that have not been used or obligated by the Program shall be returned to the Recipient, and this Agreement shall terminate.
5. Once S.H.I.P. has recovered an amount equal to the Award, S.H.I.P. will reassign to Recipient any rights assigned to S.H.I.P. pursuant to this Agreement.

Income Eligibility

Recipient certifies that he/she has provided complete, accurate, and current information regarding household income to demonstrate Recipient's eligibility to receive Hurricane Idalia funds.

Enforcement

The Recipient and the Jurisdiction acknowledge that the Jurisdiction has the right and responsibility to enforce this agreement.

Whereas, if the Recipient does not violate any of the terms listed in this agreement, then this agreement will be considered released on the _____ day of _____, 2023.

IN WITNESS WHEREOF, the undersigned recipient(s) has/have affixed his/her signature(s) this _____ day of _____, 2023.

Signed, sealed and delivered in the presence of:

Head of Household

Date

Co-Head of Household

Date

Witness

Date

Witness

Date

AFFIDAVIT OF INSURANCE Disaster Recovery

By signing this affidavit, you attest to the fact that you have:

- _____ Submitted a claim for damages to your insurance company, but damages are not covered.
- _____ You do not have flood and/or property insurance for damages to your home.
- _____ You have property insurance and need financial assistance to pay for the deductible and commence repairs.
1. Does the insurance company estimate the repair cost, subtract the deductible amount, and send a claim check for the remainder? _____
2. Is the insurance company's check made out to the policy holder only? Is the homeowner's first mortgage provider also listed on the check? _____
3. Does the insurance company require you to use their approved contractor, or may the homeowner find a contractor? _____
4. May the homeowner find a contractor now to start the repairs? Is there anything that must happen before repair work can start? _____

State warning: Florida Statute 817 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 S775.082 or 775.083.

I/We have read, understand, and acknowledge the above disclosure.

Print Name and Applicant's Signature

Date

Print Name and Co-Applicant's Signature

Date

Property Insurance

Policy Holder		Address	
Policy No.		Expiration date	
Coverage maximum		Deductible	

Flood Insurance (Specific for property loss due to flooding)

Policy Holder		Address	
Policy No.		Expiration date	
Coverage maximum		Deductible	

DISASTER SELF- CERTIFICATION OF INCOME FORM
(Provided for use by Florida Housing Finance Corporation)
(To be completed by adult household members only, if appropriate.)

Household Name _____ Local Government _____

1. ☐ I hereby certify that I am a victim of _____

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 | Wages from employment (including commissions, tips, bonuses, fees, etc.); |
| Y | N | Income from operation of a business; |
| Y | N | Rental income from real or personal property; |
| Y | N | Interest or dividends from assets; |
| Y | N | Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits; |
| Y | N | Unemployment or disability payments; |
| Y | N | Public assistance payments; |
| 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 (For example: Avon, Mary Kay, Shaklee, etc.); |
| 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. |

Please explain any Y (yes) answers and list the annual amounts: _____

3. ☐ I certify that I have provided income documentation for all income sources (For example: W-2 Forms, paycheck stubs, earnings statements, etc); or

☐ I certify that I am unable to provide complete: 3rd party verification or income documentation.

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

Therefore I certify my anticipated gross annual income for the next 12 months to be: \$_____.

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 _____

Name of Notary (Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____