



City of Clearwater North Greenwood
Community Grant Application
Helping with home improvements for Senior Citizens

Applicant Name: _____ Phone Number: _____

Address: _____ Email: _____

City, State, Zip _____

- 1. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:** As of today, list all members of the household. (Attached a separate sheet is needed.)

| Household Member's Name | Relationship to Applicant. | Last4 #s of SSN | Age | Sex M or F | Race (enter all that apply): White, Asian, Black/African American, Native American, Hispanic/Latino | Disabled Y or N | Veteran Status Active, Retired or N/A |
|-------------------------|----------------------------|-----------------|-----|------------|---|-----------------|---------------------------------------|
| | Self | | | | | | |
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- A. Please check your Income Range based on your family size (for example, if there are 5 people in your household, go to Household of 5; if there are 8 or more in your household go to Household of 8): Please see the list of income sources to include on page 2.**

| | <u>80% AMI</u> |
|-----------------|-----------------------|
| Household of 1: | \$0 - \$46,000 |
| Household of 2: | \$0 - \$52,600 |
| Household of 3: | \$0 - \$59,150 |
| Household of 4: | \$0 - \$65,700 |
| Household of 5: | \$0 - \$71,000 |
| Household of 6: | \$0 - \$76,250 |
| Household of 7: | \$0 - \$81,500 |
| Household of 8: | \$0 - \$86,750 |

2. funded with **the City of Clearwater North Greenwood Community Grant Program**. **Income is defined as the total gross income for of all family and non-family members 18+ years old living within the household.** All sources of income must be counted from all persons in the household, to include, but is not limited to gross income from employment, net income from self-employment, rental income, interest and dividends, Social Security, annuities, retirement funds, pensions, unemployment benefits, disability benefits, TANF, public assistance, alimony, child support, cash assistance, etc. **Food Stamps are not considered income.**

A. **INCOME INFORMATION:** List all household members and their income. Proof of Income is required. (Attached a separate sheet is needed.)

| <u>Household Member's Name</u> | <u>Student</u> Y or N | <u>Source of Income</u> (include employer name if employed) | <u>Payment Basis:</u> Weekly, Bi-Weekly, Monthly, Yearly | <u>Amount</u> |
|--------------------------------|--------------------------|--|--|---------------|
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3. **UNEMPLOYMENT STATUS:** Complete for all household members that are unemployed.

| <u>Household Member's Name</u> | <u>Date</u> <u>Became Unemployed</u> | <u>Reason for</u> <u>Unemployment</u> | <u>Eligible for</u> <u>Unemployment</u> <u>Benefits</u> Yes or No | <u>Name & Telephone # of Former Employer</u> |
|--------------------------------|---|--|--|--|
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Could you please elaborate on the financial challenges you have encountered, which have led your need for home improvement funds?

4. ASSISTANCE NEEDED:

☐ Window Replacement

☐ Door Replacement

☐ Painting

☐

Other: _____

5.PROPERTY INFORMATION:

Mortgage Co. Name: _____ Telephone Number: _____

E-Mail: _____

Month(s) Due _____ Total Amount Due: _____

Section 8 recipient - circle one: Yes, or N

6. APPLICANT'S CERTIFICATION: Initial each box.

☐ I hereby certify that I am a resident of Pinellas County, and I am either a US Citizen, permanent resident, or have been granted legal status.

☐ I hereby certify that I have not previously received assistance for the same services that I am seeking assistance for, nor have I used any other federal funds for financial assistance on any of the bills that I am currently seeking assistance on.

☐ I hereby certify that the contact information provided on this application is the same as the contact information listed on the bill(s) for which I am requesting assistance.

☐ I hereby certify, under penalty of perjury, that all information submitted on this form is true and complete. I 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.

7. 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, AND
5. If the applicant falsifies information to obtain assistance, all funds paid on behalf of the applicant must be repaid to the program.

We, the applicant, and all other adult household member(s), understand that this Application and Income Certification may be subject to further verification by the agency and/or municipality providing services, and/or Pinellas County. We, therefore, authorize such verification, and we will provide supporting documents, if necessary. All adult household members will sign this form and cooperate with the Subrecipient in the eligibility verification process. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of applicant: _____ Date: _____

Signature of other adult household member: _____ Date: _____

Signature of other adult household member: _____ Date: _____

Signature of other adult household member: _____ Date: _____



Items Needed to be Include with Application

1. Identification needed:

- Driver's license for all household members 18 or older
- Birth Certificates, SS card, shot record, or school ID for all household members under 18,

2. Proof of income needed (include all that apply):

- Wage Information (employee paystubs)
- All other Miscellaneous Income (Bank Statements, 2 most recent months)
- Social Security or Disability (2022 Form 1099-SSA)
- Pension/Retirement/Annuity Income (2021 Form 1099R)
- Interest Income (2022 Form 1099INT)
- Dividend Income (2022 Form 1099DIV)
- Rental Income (2022 Schedule E)
- Self-Employed Income (2022 Schedule C)
- All Other Miscellaneous Income (i.e., Child Support, Alimony, etc.)
- 2022 Income Tax Return

3. Proof of Employment/Unemployment needed (include all that apply):

- Pay Stubs (most current 2 months)
- Termination Letter
- Notice from Unemployment

4. Mortgage Information needed:

- Current Mortgage Statement
- Current Tax Statement
- Current Utility Statement that reflects the owner name on it.

5. All adult household members must sign and complete the following forms:

- Application (One form per household)
- Release of Information Form (One form per household members over the age of 18)
- Duplication of Benefit Form (One form per household)

Applying for this funding does not guarantee payment.