



Historic Preservation Exterior Stabilization Assistance Application

Please complete the following information on this form and Hand Deliver to:
Thomas Center, Building B, 306 NE 6th Avenue, Planning Counter, Room 158

If you need assistance to complete this form, please contact our office at (352) 334-5022
Application must be Hand Delivered Monday-Thursday between 7:00 am and 6:00pm

PROGRAM INFORMATION

Property Address: _____

Requested Funding: \$ _____ (City)
 Matching Funding: \$ _____ (Owner)

Note: The program reimburses owners on a 50/50 matching basis for pre-approved work with grant funding up to \$5,000 per project and 100% of the pre-approved work if qualified for assistance.

HOUSING REPAIR ASSISTANCE

What Repairs Do You Think are Needed?

- | | |
|---|---|
| <input type="checkbox"/> Roof | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Paint |
| <input type="checkbox"/> Exterior Walls | <input type="checkbox"/> Masonry/Stucco |
| <input type="checkbox"/> Porch & Step | <input type="checkbox"/> Cornices & Parapet |
| <input type="checkbox"/> Weatherization | <input type="checkbox"/> Structural/Reinforcement |

Note: *All Work Performed Must Be Exterior Repairs.
Interior Work May Be Eligible Only If Necessary to Stabilize or Structurally Support the Building's Historic Exteriors.*

Year House Built: _____
 Type of Construction of House: _____ Wood _____ Masonry/Block

HOUSEHOLD INFORMATION

APPLICANT NAME: _____
 Circle One: Married Separated Divorced Single Widowed Registered Domestic Partner

CO-APPLICANT NAME: _____
 Circle One: Married Separated Divorced Single Widowed Registered Domestic Partner

PROPERTY ADDRESS: _____

MAILING ADDRESS & ZIP: _____

PHONE (home): _____ PHONE (work/cell): _____ / _____
Applicant Co-Applicant

EMAIL: _____ EMAIL: _____
Applicant Co-Applicant

Do you have a Family Member, Case Manager or Power of Attorney to contact in case you can't be reached? YES NO
 Name: _____ Phone: _____

Do you own this home? YES NO Do you own this home with others? YES NO

How long have you owned this home? _____ Did you inherit this home? YES NO

Did you purchase this home? YES NO Are your property taxes current? YES NO

Do you live in this home? YES NO

Do you have homeowner's insurance? YES NO Is the homeowner's insurance policy current? Yes NO

Do you have a mortgage on this home? YES NO Amount of monthly mortgage payments: _____

Are your mortgage payments current YES NO Name of Mortgage Company? _____

Date of Last Mortgage Payment: _____ Have you filed bankruptcy in the last 10 years?

Yes NO

INCOME INFORMATION

Applicant		Co-Applicant	
Employer:	How Long?	Employer:	How Long?
Address:		Address:	
Salary	\$ HR - WK - BW - MO	Salary	\$ HR-WK-BW-MO
AFDC	\$ HR - WK - BW - MO	AFDC	\$ HR-WK-BW-MO
SSI	\$ HR - WK - BW - MO	SSI	\$ HR-WK-BW-MO
Social Security	\$ HR - WK - BW - MO	Social Security	\$ HR-WK-BW-MO
Retirement	\$ HR - WK - BW - MO	Retirement	\$ HR-WK-BW-MO
Child Support	\$ HR - WK - BW - MO	Child Support	\$ HR-WK-BW-MO
Alimony	\$ HR - WK - BW - MO	Alimony	\$ HR-WK-BW-MO
Other:	\$ HR - WK - BW - MO	Other:	\$ HR-WK-BW-MO

(CIRCLE ONE)

(CIRCLE ONE)

Legend: HR = Hourly; WK = Weekly; BW = Bi-Weekly; MO = Monthly

TOTAL: \$ _____

TOTAL: \$ _____

TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____

ASSET INFORMATION

ASSET	AMOUNT	ASSET	AMOUNT
Savings	\$ _____	Mutual Funds / Investments	\$ _____
Checking	\$ _____	Certificate of Deposits (CD's)	\$ _____
Cash	\$ _____	Other:	\$ _____
Monetary Gifts	\$ _____	Other:	\$ _____
TOTAL ASSETS: \$ _____			

DISCLOSURE & SIGNATURE

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C., TITLE 28, SEC 1001 PROVIDES:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device a material fact, or make any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned no more than five (5) years or both."

THE APPLICANT(S) HAVE THE BURDEN OF ESTABLISHING ENTITLEMENT OF QUALIFICATION. ALL INFORMATION AND DOCUMENTS SUBMITTED along with the Housing & Community Development Div. application becomes an official public record. As such, the qualifying entity bears no obligation to return to the applicant(s) any items of original production or any copies of file documents.

YES! I am interested in being pre-qualified for Housing Assistance. The information provided is correct to the best of my knowledge. My/Our signature(s) below authorizes the City to order a credit report, verify employment, income and debt, in order to determine my/our eligibility for housing assistance. I (We) Declare Under Penalty Of Perjury That The Above Information Is True And Correct.

Signature _____
Applicant

Date: _____

Date of Birth: _____

Signature _____
Co-Applicant

Date: _____

Date of Birth: _____

OFFICE USE ONLY

Date/Time Application Received: _____

HCD Staff Reviewer: _____
Name, Title

Date: _____

Planning Staff Approver: _____
Name, Title

Date: _____

INCOME LEVEL

CREDIT STATUS

CASE NO.

- Program Assistance Available? YES NO If Yes, please specify Program(s): _____
- Household Eligible? YES NO If No, Explain: _____
- Waiting List? YES NO If Yes, Please specify Program(s): _____
- Referral made? YES NO Agency Referred: _____