



## 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

<p>Do you have a Family Member, Case Manager or Power of Attorney to contact in case you can't be reached?                  Name: _____ Phone: _____</p> <p>Do you own this home? <input type="checkbox"/> YES <input type="checkbox"/> NO                  How long have you owned this home? _____</p> <p>Did you purchase this home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you live in this home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you have homeowner's insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you have a mortgage on this home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are your mortgage payments current <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date of Last Mortgage Payment: _____</p>	<p>Do you own this home with others? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Did you inherit this home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are your property taxes current? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is the homeowner's insurance policy current? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>Amount of monthly mortgage payments: _____</p> <p>Name of Mortgage Company? _____</p> <p>Have you filed bankruptcy in the last 10 years?  <input type="checkbox"/> Yes <input type="checkbox"/> NO</p>
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### INCOME INFORMATION

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

<u>ASSET</u>	<u>AMOUNT</u>	<u>ASSET</u>	<u>AMOUNT</u>
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 _____	Date: _____
Applicant	
Date of Birth: _____	
Signature _____	Date: _____
Co-Applicant	
Date of Birth: _____	

### OFFICE USE ONLY

Date/Time Application Received: \_\_\_\_\_

HCD Staff Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, Title

Planning Staff Approver: \_\_\_\_\_ Date: \_\_\_\_\_  
Name, Title

INCOME LEVEL      CREDIT STATUS      CASE NO.

Program Assistance Available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, please specify Program(s): _____
Household Eligible?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If No, Explain: _____
Waiting List?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, Please specify Program(s): _____
Referral made?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Agency Referred: _____