



Senior Citizen (Age 65 and over) Application for the Fire Assessment Hardship Assistance Program

Note: If you were APPROVED for the prior application year you may use the simplified Renewal Application form instead of this form.

Please refer to Eligibility Requirements for income and cash equivalents to determine if you are eligible for this program.

This statement must be completed and signed by applicants 65 and over, City of Gainesville Fire Assessment, Ordinance #100244. This form and all necessary documents must be completed and filed with the City Of Gainesville between January 1st and May 1st to:

**City of Gainesville, Fire Assessment Program
PO Box 490, Station 7
Gainesville, FL 32627**

Application Year _____

Parcel Number _____ (Note: You must own and occupy the parcel)

Name	
Parcel Address	
Mailing Address (if different)	
Phone Number	

Part A: Names of all persons residing in housing unit comprising homestead (excluding renters) for which assistance is requested. Complete for all members living in your household, for additional parties please attach a separate sheet.

NAME	DATE OF BIRTH	SOCIAL SECURITY #	DOES PERSON FILE A FEDERAL INCOME TAX RETURN? (YES/NO)	ADJUSTED GROSS INCOME

Part B: Cash & Investment Account Information

If you have a bank account or hold other investments (includes checking account, savings account, money market account, CDs, Stocks, Mutual Funds, Bonds, and other cash equivalents, please list below and provide a copy of the latest monthly statement. Names of all persons residing in housing unit comprising homestead should be included.

Check here if all household individuals do not have any bank accounts or investments

NAME OF ACCOUNT OWNER	INSTITUTION/BANK NAME	ACCOUNT BALANCE

Part C: Federal Tax Return

No, I (we) do not file a Federal Income Tax Return Form 1040. I (we) agree to submit Social Security Statement (SSA 1099), Wage Statements (W-2), and all other statements for any other income OR IRS Form 4506-T, Request for Copy or Transcript of Tax Form, to prove household members are not required to file tax return with IRS and subsequent response from IRS. I have also completed Part E, Statement of Income, for all members living in household.

Yes, I (we) file Federal Income Tax Return Form 1040 series. I (we) agree to submit a copy of Form 1040 or Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, if applicable, and the Wage and Tax Statement (W-2 Form) for review by the City of Gainesville. Attach prior year Federal Income Tax Return(s) and Tax Statements (W-2s) for all persons listed above. Prior year's IRS 1040 Form or Form 4868 should be submitted by May 1st.

Part D: Signature

I hereby authorize the City of Gainesville to obtain information from utility companies and other sources necessary to determine my continued eligibility for the assistance applied for. NOTE: If all information is not received by May 1st, your application will not be processed.

I hereby certify that I am at least 65 years of age as of January 1 of the year for which this assistance is applied (attach proof of age) and that the total prior year adjusted gross income of all persons living in the household on January 1 of the year for which this assistance is applied does not exceed the adjusted gross income as defined in s. 62 of the United States Internal Revenue Code. This amount is subject to change each year.

I hereby make application for the assistance indicated and affirm that I do qualify for the same under Gainesville City Code of Ordinances. I am a permanent resident of the City of Gainesville and I own and occupy the property described above. Further, under penalties of perjury, I declare that I have read the foregoing application and Statement of Adjusted Gross Income and cash holdings and the facts in it are true and correct.

Signature:

Date:

Part E: Statement of Income (If persons have NOT filed IRS Form 1040)

Complete Part E of form for each person who lives in household and does not file Income Tax Return for total annual income during prior year (attach separate sheet(s) as necessary):

Household Member Name: _____

Earned Income	\$	Annuities	\$
Investment Income	\$	Social Security Benefits	\$
Capital gains or (losses)	\$	Veterans Administration Benefits	\$
Interest Income	\$	Income from Retirement Plans	\$
Rents	\$	Income from Pensions	\$
Royalties	\$	Income from Trust Funds	\$
Dividends	\$	Other (specify)	\$
Total Income for this Household member who does NOT file a Federal Income Tax Return			\$

Part F: Checklist and Additional Information

In order to qualify for Fire Assessment Assistance for persons age 65 years or older, the "Household Income" (cumulative "adjusted gross income") of all persons living in the home cannot exceed the maximum household adjusted gross income. This assistance applies only to Fire Assessment levied by the City of Gainesville.

Definitions- As used on this application, the terms:

- (a) "Household" means a person or group of persons living together in a room or group of rooms as a housing unit, but the term does not include persons boarding in or renting a portion of the dwelling.
- (b) "Household Income" means the adjusted gross income, as defined in s. 62 of the United States Internal Revenue Code, of all members of a household. (This is the "Adjusted Gross Income" amount reported on IRS Form 1040.)

With this completed form, please provide the following (Please mark N/A for any that do not apply to you):

_____ Copy of Driver's License or Government issued ID for proof of age

_____ Copy of latest monthly statement(s) for all Checking or Savings accounts, CDs & Money Market accounts

_____ Copy of latest monthly Statement for any Mutual Funds, Stocks or Bonds

If you filed a Tax Return:

_____ Copy of Federal Income Tax Return for prior year or Extension to File Income Tax Return (copy may be provided no later than May 1st)

If you do not file a Tax Return:

_____ Copy of Social Security Administration form 1099 for prior year OR letter indicating amount of benefit payments for current year OR Bank Statement showing amount of direct deposit each month from Social Security

_____ Copy of W-2's for Wages in prior year

_____ Copy of 1099s for Retirement, Pensions, Trusts or Other Annuity Plans for prior year

_____ Copy of Dividend Income, Rents or Royalties for prior year

_____ If you have no income, Copy of IRS Form 4506-T verification of non-filing. Please provide a copy of the form and the subsequent response from the IRS. This must be received no later than June 1st

Failure to enclose or forward the above documentation applicable to your household by May 1st may result in denial.