



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	I INFORMATION	
Property Address:			
Requested Funding:	\$		(City)
Matching Funding:	<u>\$</u> \$		(Owner)
matering runang.	Ψ		(Owner)
Note: The program reimburses owners and 100% of the pre-approved work if	-	for pre-approved work with grant for	unding up to \$5,000 per project
	HOUSING RE	PAIR ASSISTANCE	
	What Repairs Do	You Think are Needed?	
□ Roc	of \Box	Foundation	
	ndows \square	Paint	
	erior Walls	Masonry/Stucoo	
		-	
	ch & Step □ atherization □	Cornices & Parapet Structural/Renforcement	
vve	atherization	Structural/Remorcement	
Note:	All Work Por	formed Must Be Exterior Pensirs	
		formed Must Be Exterior Repairs. abilitze or Structurally Support the I	Ruilding's Historic Exteriors
interior Work may be Liigh	ole <u>Olly II</u> Necessary to ou	abmize of Structurally Support the L	Junumy 3 matoric Exteriors.
Year House Built:			
Type of Construction of House: _	 Wood	Masonry/Block	
Type of Construction of House	vvoo u	wasoni y/block	
	HOUSEHOL	.D 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
• • • • • • • • • • • • • • • • • • • •	e Manager or Power of Atto	rney to contact in case you can't be	• •
Name:	_	Phone:	
	<u> </u>		
•	YES NO	Do you own this home with others	? □ YES □NO
How long have you owned this hor			
] YES □NO	Did you inherit this home?	☐ YES ☐ NO
] YES □NO	Are your property taxes current?	☐ YES ☐ NO
Do you have homeowner's insuran	ce? ☐ YES ☐ NO		
Do you have a mortgage on this ho	ome? 🗌 YES 🗌 NO	Is the homeowner's insurance poli	cy current?
Are your mortgage payments curre	nt	Amount of monthly mortgage pay	ments:
Date of Last Mortgage Payment:		Name of Mortgage Company?	
		Have you filed bankruptcy in th	e last 10 years?
			☐Yes ☐NO

	INCOME I	NFORMATION				
Annlicant		Co-Applicant				
Applicant Employer:	How Long?	Employer:		How Long?		
Address:	HOW LONG.	Address:		TIOW LONG:		
Salary \$	HR - WK - BW - MO		\$	HR-WK-BW-MO		
AFDC \$	HR - WK - BW - MO		\$	HR-WK-BW-MO		
SSI \$	HR - WK - BW - MO		\$	HR-WK-BW-MO		
Social Security \$	HR - WK - BW - MO		\$	HR-WK-BW-MO		
Retirement \$	HR - WK - BW - MO		\$	HR-WK-BW-MO		
Child Support \$	HR - WK - BW - MO		\$	HR-WK-BW-MO		
	HR - WK - BW - MO		\$	HR-WK-BW-MO		
Alimony \$ Other: \$	HR - WK - BW - MO		\$	HR-WK-BW-MO		
Otner:		Otner:	\$			
	(CIRCLE ONE) _eaend: HR = Hourly: WK = We	okly: RW – Ri-Weekly: N	O - Monthly	(CIRCLE ONE)		
Legend: HR = Hourly; WK = Weekly; BW = Bi-Weekly; MO = Monthly						
TOTAL: \$		TOTAL	: _\$			
тс	OTAL ANNUAL HOUSEHOLD IN	ICOME: \$				
	ASSET IN	IFORMATION				
	7.00					
<u>ASSET</u>	<u>AMOUNT</u>	ASS		AMOUNT		
Savings	\$	Mutual Funds / Ir	nvestments			
Checking	\$	Certificate of Dep	osits (CD's)	\$ \$ \$ \$		
Cash	\$	Other:		\$		
Monetary Gifts	\$	Other:		\$		
		•		<u>*</u>		
	TOTAL ASSETS: \$					
<u> </u>	DISCLOSUR	E & SIGNATURE				
	5.55 2.55					
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