

## 2014 Low Income Application for the Fire Assessment Hardship Assistance Program

Please refer to the 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 under age 65 in accordance with 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  $\mathbf{1}^{\text{st}}$  and May  $\mathbf{1}^{\text{st}}$  to:

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

Application Year \_\_\_\_\_\_ Were you approved for assistance last year? (circle one) YES or NO
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
		10		

## Part B: Cash & Investment Account Information

Part B: Cash & Investment Account Inic		
If you have a bank account or hold othe market account, CDs, Stocks, Mutual Fu copy of the latest monthly statement. No should be included.	nds, Bonds, and other cash equivale James of all persons residing in hous	nts, please list below and provide a ing unit comprising homestead
Check here if all househo	old individuals do not have any bank	
NAME OF ACCOUNT OWNER	INSTITUTION/BANK NAME	ACCOUNT BALANCE
Part C: Federal Tax Return		
Statement (SSA 1099), Wage Statement 4506-T, Request for Copy or Transcript return with IRS and subsequent responsement response in household.  Yes, I (we) file Federal Income or Form 4868, Application for Automatical applicable, and the Wage and Tax State year Federal Income Tax Return(s) and 1040 Form or Form 4868 should be sufficient.	of Tax Form, to prove household monse from IRS. I have also completed Form Return Form 1040 series. I (we) a tic Extension of Time to File U.S. Indicement (W-2 Form) for review by the Tax Statements (W-2s) for all perso	Part E, Statement of Income, for all agree to submit a copy of Form 1040 vidual Income Tax Return, if City of Gainesville. Attach prior
Part D: Signature I hereby authorize the City of Gainesvi necessary to determine my continued received by May 1 <sup>st</sup> , your application of	eligibility for the assistance applied	companies and other sources for. NOTE: If all information is not
I hereby make application for the assist Gainesville City Code of Ordinances. I the property described above. Further application and Statement of Adjusted	stance indicated and affirm that I do am a permanent resident of the City r. under penalties of perjury, I declar	re that I have read the foregoing
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:	
------------------------	--

Farmed Income	\$	Annuities	\$
Earned Income	\$	Social Security Benefits	\$
Investment Income	¢	Veterans Administration Benefits	\$
Capital gains or (losses)	¢	Income from Retirement Plans	\$
Interest Income	4	Income from Pensions	\$
Rents	\$	Income from Trust Funds	\$
Royalties  Dividends	Ś	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 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.