



OKALOOSA COUNTY
SHIP Housing Program
APPLICATION FOR HOUSING ASSISTANCE



Type of Assistance Requesting:

Rehabilitation Assistance ☐

Purchase Assistance ☐

Emergency Repair ☐

For Rehab work, List repair items you would like the program to consider:

Applicant (*Head of Household*)

Full Name:

E-mail:

Date of Birth / Age:

Street Address:

City, State, Zip:

Home Phone:

Cell Phone:

Other Phone:

Co-Applicant

Full Name:

E-mail:

Date of Birth / Age:

Home Phone:

Cell Phone:

Other Phone:

Other Household Members

Name(s)	Date of Birth / Age	Relationship to Applicant

Is Applicant, Co Applicant, or any other household member, age 18 or older, a full-time student? Yes _____ No _____

If yes Please list name(s): _____

Ethnicity/Special Needs (For Reporting Purposes Only) **Please check all that apply for Head of Household:**

White _____ Black _____ Hispanic _____ Asian _____ Native American _____ Other _____

Farmworker _____ Developmentally Disabled _____ Elderly _____ Homeless _____

Special Needs (Define) _____ Other (Define) _____

Does Applicant /Co-Applicant or any other household member, age 18 or older own a home, other than one listed above? Yes _____ No _____

If yes Monthly rent/mortgage: \$ _____

Do you or any other Adult member of the household expect any change in income in the next 12 months? Yes _____ No _____

If yes, explain expected change: _____

Are you or any other Adult member of the household claiming zero income?

Yes _____ No _____

If yes, name of household member(s) _____

***Zero Income Declaration form required for each person claiming zero income. ***

Employment Information:

Employee Name:

Employer Name:

Supervisor:

Address

Phone:

Pay Rate: Hours per paycheck: Pay Frequency (circle one) weekly, biweekly, monthly

Annual Income (gross salary, overtime, tip, bonuses, etc.): \$

Employer verification phone number/email:

Employment Information:

Employee Name:

Employer Name:

Supervisor:

Address

Phone:

Pay Rate: Hours per paycheck: Pay Frequency (circle one) weekly, biweekly, monthly

Annual Income (gross salary, overtime, tip, bonuses, etc.): \$

Employer verification phone number/email:

Employment Information:		
Employee Name:		
Employer Name:		Supervisor:
Address		
Phone:		
Pay Rate:	Hours per paycheck:	Pay Frequency (circle one) weekly, biweekly, monthly
Annual Income (gross salary, overtime, tip, bonuses, etc.): \$		
Employer verification phone number/email:		
<p>Other Sources of Income not payroll for ALL Household Members including minors. (List Business, or Rental Income, Child Support, Alimony, Social Security, SSI, Pensions, Unemployment, Workers Comp., Welfare Payments, Veteran's benefits, disability, regular payments from anyone outside household, etc.) Do NOT include; food stamps, student financial assistance, hostile fire military pay</p>		
Name of household member	Type of Income	Gross Annual Amount
<p>Assets and Asset income: <u>For ALL Household Members, Including Minors.</u> List each that applies: Checking and Savings Accounts, Mobile Financial/Investment Apps, IRA, CD, Bonds, Stocks, Equity in Properties, Investment property (artworks, coins, stamp collections) cash on hand, etc. Do NOT include personal property such as furniture, cars, and wedding rings.</p>		
Type of Asset	Asset Value / Annual Asset Income	Account Number (last 4)
Checking Acct		
Savings Acct		
<p>***Note: Attach additional sheets for employment, other sources of income and assets as necessary for all household members 18 years and over***</p>		

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Additionally, I understand that if my Social Security Number is collected it will be for the purposes of income certification. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits, and other related information. Your Social Security Number will NOT be used for any other purpose.

Applicant Signature

Date

Co-Applicant Signature

Date

Household Member Signature (*over 18*)

Date

Household Member Signature (*over 18*)

Date

Household Member Signature (*over 18*)

Date

Office Staff Confirmation

Received Application (date): _____ *Initials:* _____

All documentation Received: (date): _____

Staff Signature