



Citrus County Board of County Commissioners 2020 APPLICATION FOR HARDSHIP ASSISTANCE FIRE PROTECTION ASSESSMENT

PLEASE READ THE ENTIRE APPLICATION FORM CAREFULLY BEFORE SIGNING

AUTHORITY

In accordance with Resolution 2013-115 Section 4, Citrus County has created a Hardship Assistance Program to assist residential property owners, who meet the eligibility criteria, with the financial burden created by the imposition of the Municipal Services Benefit Unit for Fire Protection Assessment.

ELIGIBILITY AND QUALIFICATION FOR HARDSHIP ASSISTANCE:

- (1) The applicant must be the owner of the residential property and be granted a homestead exemption pursuant to the requirements of Chapter 196, Florida Statutes.
- (2) The total household income of all lawful occupants of the property shall be less than or equal to 30% of the current income limits established by the U.S. Department of Housing and Urban Development, as adjusted for family size.

	1	2	3	4	5	6	7	8
HUD (30%) Income Limits	Person \$12,490	Person \$16,910	Person \$21,330	Person \$25,750	Person \$28,500	Person \$30,600	Person \$32,700	Person \$34,800

**Income limits are subject to change at any time without notice.*

- (3) The applicant shall have the present intent to maintain the residential property as their permanent residence throughout the remainder of the Fiscal Year for which the assessment is imposed.
- (4) Prior to May 1st each year the applicant shall file with Citrus County Housing Services an application and all supporting documentation demonstrating entitlement to hardship assistance.
- (5) Applications submitted without complete and proper documentation will be disqualified and denied.

APPROVAL PROCEDURE

Applications for hardship assistance will be submitted to Citrus County Housing Services and a determination will be based upon the attached information. The County may adjust any Fire Protection Assessment imposed for the Fiscal Year upon a parcel of residential property whose Owner timely and satisfactorily demonstrates by application and affidavit that the criteria is met for reducing the assessment.

The County shall, within fifteen (15) days after the submission of such application, review the application and other supporting data that may be filed therewith and make such further investigation as may be reasonably required in order to determine if the applicant is qualified for hardship assistance pursuant to Section 11 (D) of Resolution 2013-115. If deemed qualified for the hardship assistance outlined in Section 4, the County shall pay the Fire Protection Assessment imposed on the qualified homesteaded property.

REQUIRED INFORMATION

In order to apply for hardship assistance under the Fire Protection Assessment Program, the applicant shall submit to the County this application and all required supporting documentation which provides the following required information necessary to demonstrate entitlement to hardship assistance.



**Citrus County Board of County Commissioners
2020 APPLICATION FOR HARDSHIP ASSISTANCE FIRE
PROTECTION ASSESSMENT**

PLEASE READ THE ENTIRE APPLICATION FORM CAREFULLY BEFORE SIGNING

Property/Owner Information:

Owner Name and Mailing Address: _____

Contact Phone Number: _____ Email Address: _____

Owner II Name: _____ Owner III Name: _____

Property Physical Address: _____

Tax Parcel ID #: _____ Homesteaded: _____ YES _____ NO

Household Information:

PLEASE COMPLETE THE FOLLOWING TABLE FOR ALL MEMBERS OF THE HOUSEHOLD. ATTACH ADDITIONAL SHEETS IF NECESSARY. Annual income sources include but are not limited to: EMPLOYMENT GROSS ANNUAL SALARY, TIPS, BONUSES, ETC., INTEREST AND/OR DIVIDENDS, BUSINESS NET INCOME, RENTAL NET INCOME, SOCIAL SECURITY, PENSIONS, UNEMPLOYMENT, WORKER'S COMPENSATION, ALIMONY, CHILD SUPPORT WELFARE, TANF, ANY OTHER SOURCES OF INCOME.

FULL NAME	DATE OF BIRTH	RELATIONSHIP	ANNUAL INCOME
		SELF/APPLICANT	

Income Documentation:

Proof of the total household income of all occupants of the residential property from all sources is required to demonstrate qualification as an Extremely Low Income Household. Required documentation includes:

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Most recent 3 months of bank statements (all pages required) | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Pay Check Stubs (4 weeks or more) <input type="checkbox"/> Statement of Tips, Bonuses etc. | <input type="checkbox"/> Interest and/or Dividends |
| <input type="checkbox"/> 2020 Social Security Income Statement/Letter | <input type="checkbox"/> Business/Rental Net Income |
| <input type="checkbox"/> Pension/retirement income statement(s) | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> 2019 Income Tax Returns | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> 2019 W2's | <input type="checkbox"/> Temporary Cash Assistance |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Food Stamps |
| | <input type="checkbox"/> Any Other sources of Income |

Bank statements are NOT accepted as proof of SSI/SSDI amounts.

No documents will be returned. Copies of originals are encouraged and accepted. Applications submitted without complete and proper documentation and/or notary seal may be disqualified and denied.

*****IMPORTANT: NOTARY PUBLIC SEAL OR STAMP REQUIRED BELOW*****

AFFIDAVIT

I/we understand that Florida Statute 817.03 provides that any person who shall make or cause to be made any false statement, in writing, relating to his or her financial condition, assets or liabilities, or relating to the financial condition, assets or liabilities of any firm or corporation in which such person has a financial interest, or for whom he or she is acting, with a fraudulent intent of obtaining credit, goods, money or other property, and shall by such false statement obtain credit, goods, money or other property, shall be guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

I/we further understand that any false statement of information will be grounds for disqualification.

I/we consent to the disclosure of information for the purpose of verification related to making a determination of my/our eligibility for Fire Protection Assessment hardship assistance.

I/we agree to provide any documentation needed to assist in determining eligibility and am/are aware that information and documents provided are a matter of public record, with some exceptions.

By signing the application, owners indicate that they are entitled to the hardship assistance and that they have the present intent to maintain such residential property as their permanent residence for the 2020 Fiscal Year.

I hereby swear or affirm that the information I have provided in this application, and in any accompanying paperwork, is true and correct.

Owner Signature

Date

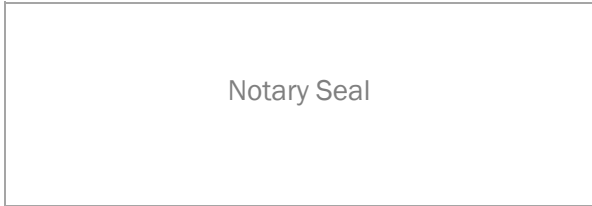
Owner Signature

Date

STATE OF FLORIDA COUNTY OF CITRUS

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

(Name of person making statement)



(Signature of Notary Public-State of Florida)

(Name of Notary Typed,
Printed, or Stamped)

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

SUBMIT COMPLETED APPLICATION BY 5 PM 4/30/20 WITH SUPPORTING DOCUMENTS TO:
Citrus County Board of County Commissioners
Attn: Housing Services
2804 W Marc Knighton Court #12
Lecanto, FL 34461
(352) 527-7520