

VILLAGE OF ISLAMORADA CDBG SEWER HOOK-UP APPLICATION

APPLICANT/HEAD OF HOUSEHOLD INFORMATION:

Applicant/Head of Household (HOH) Name: _____
 Property Address: _____
 Mailing Address (if different from property address): _____
 Alternate Key Number (if known): _____
 Phone Number: _____ Email Address: _____
 Number of Individuals Living in Unit: _____
 Rent: _____ Own: _____
 Monthly Rent/Mortgage: _____
 Name and Address of Mortgage Holder (if applicable): _____

PROPERTY OWNER INFORMATION (if different from Applicant):

Owner Name: _____ Mailing Address: _____
 Owner Phone Number: _____ Owner Email Address: _____
 Name and Address of Mortgage Holder (if applicable): _____

HOUSEHOLD MEMBER INFORMATION (complete for each individual living in the house):

| | Name (Please list each Household Member) | Age | Sex | | Name (Please list each Household Member) | Age | Sex |
|---|--|-----|-----|---|--|-----|-----|
| 1 | _____ Relation to HOH: _____ | | | 4 | _____ Relation to HOH: _____ | | |
| 2 | _____ Relation to HOH: _____ | | | 5 | _____ Relation to HOH: _____ | | |
| 3 | _____ Relation to HOH: _____ | | | 6 | _____ Relation to HOH: _____ | | |

HOUSEHOLD ASSETS (Bank Accounts, Stocks, Retirement Accounts, MMs and/or CDs):

| Household Member | Name of Financial Institution | Describe Asset (Bank Account, MM, CD, IRA, etc.) | Value of Asset (Current Balance) |
|-----------------------------------|-------------------------------|---|-------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Cash Value of Assets | | | \$ |

HOUSEHOLD ANNUAL INCOME (list YEARLY income of HOH and all other Household Members):

| Source: | Head of Household: | Household Member Name: _____ | Household Member Name: _____ | Household Member Name: _____ |
|-----------------------------|--------------------|------------------------------|------------------------------|------------------------------|
| Salary | | | | |
| Tips/Bonuses | | | | |
| Interest/Dividends | | | | |
| Business Income | | | | |
| Pension | | | | |
| Rental Income | | | | |
| Social Security | | | | |
| Unemployment Benefits | | | | |
| Workers Compensation | | | | |
| Alimony/Child Support | | | | |
| Welfare Payments | | | | |
| Other | | | | |
| TOTAL ANNUAL INCOME: | | | | |

SOURCES OF INCOME VERIFICATION (if self-employed, list company name and address):

1. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

2. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

3. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

- Other Income Source: _____
 Name: _____
 Address: _____

 Phone: _____
 Dates Worked: _____

HOUSING AND URBAN DEVELOPMENT REQUIREMENTS

(demographic information requested is collected for statistical purposes and will have no effect on your application):

Head of Household Marital Status: Married Unmarried (single, divorced or widowed) Separated

Head of Household Race:

| | | |
|---|---|---|
| <input type="checkbox"/> White (non-Hispanic) | <input type="checkbox"/> African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian Pacific Islander | <input type="checkbox"/> African American & White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> American Indian or Alaskan | <input type="checkbox"/> American Indian/Alaskan Native & African American |
| <input type="checkbox"/> Other Multi-Racial | <input type="checkbox"/> Native & White | |

Check all that applies to Head of Household:

Elderly: Handicapped/Physically Disabled: Female Head of Household: Hispanic Ethnicity:

| APPLICATION CERTIFICATION FORM NOTICE – PLEASE BE AWARE THAT: |
|---|
| <p>FL Statute section 837.06 - false official statements law states that: "whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree," punishable as provided by a fine to a maximum of \$500 and/or maximum of a 60 day jail term.</p> <p>The undersigned specifically certifies that: (1) all statements made in this application are made for the purpose of obtaining the assistance indicated herein and are true and accurate; (2) verification or re-verification of any information contained in the application may be made at any time by the County or its consultant during the project to verify applicants qualification: (3) pay restitution for all costs occurred may be required for supplying false income information.</p> <p>Applicant's Name: _____</p> <p>Signature: _____ Date: _____</p> |

| |
|--|
| <p>***Each additional Adult Household Member AND Household Members receiving income must sign below****</p> <p>Verification or re-verification of any information contained in the application may be made at any time by the County or its consultant during the project to verify applicants qualification:</p> |
| <p>1. Print Name: _____</p> <p style="margin-left: 40px;">Signature: _____ Date: _____</p> |
| <p>2. Print Name: _____</p> <p style="margin-left: 40px;">Signature: _____ Date: _____</p> |
| <p>3. Print Name: _____</p> <p style="margin-left: 40px;">Signature: _____ Date: _____</p> |
| <p>4. Print Name: _____</p> <p style="margin-left: 40px;">Signature: _____ Date: _____</p> |

Mail Application To:
Government Services Group, Inc.
22968 Overseas Hwy
Cudjoe Key, FL 33042
Phone Number: (305) 745-2062

IMPORTANT NOTE: You must provide a legible photo ID for Applicant and all Property Owners with your application before it can be processed.
You must also provide a Conflict of Interest Form signed by Applicant and all Property Owners with your application before it can be processed.