

COLUMBIA COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
HOUSING REHABILITATION PROGRAM

Applicant

Please answer all questions on the application. Answer no or none if there is not another answer to questions and circle all yes or no responses.

Submit signed application to:

Attn: David Kraus
 Community Development Block Grant
 Housing Rehabilitation Program
 Columbia County
 Office of the County Manager
 135 NE Hernando Street
 or mail to
 P. O. Box 1529
 Lake City, Florida 32055

Property owners selected for participation in the Fiscal Year 2009 Community Development Block Grant Program must provide documentation to verify the information in the application concerning the occupants of the housing unit.

Housing Rehabilitation

You must be the owner occupant or life estate holder of a housing unit within the unincorporated area of Columbia County to be eligible for the Housing Rehabilitation Program under the Fiscal Year 2009 Community Development Block Grant Program

Ellisville Utility District Resident:

Residents (owners and renters) of the Ellisville Utility District may apply for Water Hook Up only and not request rehabilitation of the housing unit. If you are a renter applying for a Water Hook Up only, please have the owner complete the Owner Certification and Agreement form.

Please note: Applications will be taken until the deadline published in the newspaper. Eligible applicants will then be ranked based on the criteria set out in the Community Development Block Grant Housing Assistance Plan and applicants will be selected in order of the ranking. Applications received after the deadline will be placed on the list in order of completion on a space available basis.

FY 2010 Income Limits

Applicant's annual family income must be below this amount to be eligible for assistance and for application to be ranked.

Family Size	1	2	3	4	5	6	7	8
Income Limit	\$26,450	\$30,200	\$34,000	\$37,750	\$40,800	\$43,800	\$46,850	\$49,850

COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED, AS APPLICABLE, WHEN SUBMITTING AN APPLICATION:

<u>To Verify:</u>	<u>Examples of Acceptable Documents</u>
Residency:	Drivers license or State Identification
Legal Ownership:	Property deed.
Income/Wages:	<ol style="list-style-type: none">1. Most recent W-2 Wage and Tax Statement;2. Most recent pay stub;3. Social Security allotment letter; and4. Pension allotment documentation. <p>This pertains to all household members 18 years of age and older.</p>
Family Members:	Copy of Social Security Card for all household members.
Public Assistance:	Letter from the Florida Department of Children and Families concerning Temporary Assistance to Needy Families (TANF) or any other public assistance, indicating the amount of assistance and the number of persons in the family.

APPLICATIONS WILL BE ACCEPTED AT THE COLUMBIA COUNTY ADMINISTRATION OFFICES DURING THE HOURS OF:

9:00 a.m. to 5:00 p.m.
Monday thru Friday

COLUMBIA COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION SUPPLEMENT
WATER HOOK UP - ELLISVILLE

Homeowner or Tenant Name: _____

Contact Telephone Number: _____

Other Telephone Number: _____

Applicant Address: _____

Is house located in Ellisville Utility District? Yes No

Are you applying only for water hook up in the Ellisville Utility District?
 Yes No

AUTHORIZATION FOR DISCLOSURE

Name

Address

City

State

Zip Code

Claim/Case Number

Date

Attention Sir or Madam:

I request that information from your records concerning my financial assistance be furnished to Columbia County, Community Development Block Grant Program, P. O. Box 1529, Lake City, FL 32056-1529. Please be advised that a photographic copy of this form authorizes the release of the above referenced information.

request:

Please honor the above

Signature of Applicant

Applicant' Please do not write below this line

uaie

Our records indicate the following:

Name of Individual: _____

Date of Award: _____

Type of Monthly Benefits: _____

Amount Monthly \$ _____

Signature

COLUMBIA COUNTY FISCAL YEAR 2009
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

**ELLISVILLE WATER HOOK UP CONNECTION APPLICATION
OWNER CERTIFICATION AND AGREEMENT**

_____ I am the owner of the property and live at the property.

I am the owner of the property and rent the unit to

at \$_____per month.

I, the undersigned, hereby make application to have my housing unit located at _____, parcel number _____, connected to the Ellisville Utility District under the Columbia County FY09 Community Development Block Grant Program and receive financial assistance for this purpose.

I hereby authorize County officials and their duly authorized representatives to inspect my housing unit to determine if it is suitable for a water connection.

I agree to provide documentation to verify my legal ownership and residency, income/wages and number of persons residing in the housing unit.

If I am a property owner renting my property to tenants, I agree to not increase the rent of \$_____per month for a period of 12 months following the connection of the housing unit to the Ellisville Utility District. Following the 12 month period to the fifth year after the connection, I will not increase the rent more than 10 percent per year.

In addition, if I am a property owner renting my property to tenants, I agree that if I increase the rent for my housing unit above said amount during this 12 month period or an amount greater than 10 percent per year following the 12 month period to the fifth year, the total amount of Community Development Block Grant financial assistance funds for connection and fees shall immediately become due and payable to the County.

Finally, if I am a property owner renting my property to tenants, I agree to provide the County information documenting the amount of rent for my housing unit for the five year period following the connection of my housing unit to the Ellisville Utility District.

Signature of Property Owner

Date