#### **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.

#### <u>Submit signed application to</u>:

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: 1. Most recent W-2 Wage and Tax Statement;

2. Most recent pay stub;

3. Social Security allotment letter; and4. Pension allotment documentation.

This pertains to all household members 18 years of age

and older.

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?YesNo
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 confurnished to Columbia County, Community De Box 1529, Lake City, FL 32056-1529. Please form authorizes the release of the above reference.	evelopment Block Grant Program, P. O. be advised that a photographic copy of this
	Please honor the above
request:	
	Signature of Applicant
Applicant' Please do not write below this line	
	ūaie
Our records indicate the following:	
Name of Individual:	
Date of Award:	
Type of Monthly Benefits:	· · · · · · · · · · · · · · · · · · ·
Amount Monthly \$	
into the intentity ψ	
	Signature

## COLUMBIA COUNTY FY 2009 COMMUNITY DEVELOPMENT BLOCK GRANT HOUSING REHABILITATION/WA1FER HOOK UP PROGRAM

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Name of Applicant				Sex (circle of Male or Fen		Social Security Number					
White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander Hasidic Jew					Date of Birth	h	Marital Status				
Street Address/Rural Ro			Telephone Number								
Mailing Address	<del></del>	Additional Telephone Number									
Do you own your home?	)		Yes	No	Are you a c	Are you a citizen of the U.S A? Yes			⁄es	No	
Do you have indoor plur	mbing?		Yes	No	Are property	Are property taxes paid? Yes			⁄es	No	
Are there any liens on the	ne prope	erty?	Yes	No	Do you live	Do you live in a mobile home? Yes No					
Are you applying for W	Vater He	ook Up	only? Yes	No		·					
<u>Employment</u>	of All F	amily/	Household Mem	bers_							
Name	Sex				Employer/Address		S	Dates From/T o	Hourly Wage	Hrs/ Week	
	·					•					
Do you/your family receive.	Monthly Amount		Do you/your family have income from'		Monthly Amount		o is the primary income ipient/wage earner?				
Temporary Assistance to Needy Families (TANF)	\$		Rental Property		\$	<u>List</u> Nan	st All Occupants in Household: me Gender Age Relationship			ionship	
Supplemental Social Security	\$		Child Support		\$						
Unemployment Compensation	\$		Social Security		\$	\$					
Veterans' Benefits	\$		Self Employment		\$						
Trade Readjustment Act	\$		Pensions		\$						
Alimony	\$		Other Income Tyoe:		\$	disa	re you or any persons in the household sabled? Yes No				
Oll A i-4			Other Income Type:		\$		If so, please list any changes needed to the housing unit (such as a ramp)				
Other Assistance					1	7					

Date

Signature of Applicant

## 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