



**CITY OF CAPE CORAL  
QUICK GUIDE TO THE HURRICANE  
IAN INSURANCE DEDUCTIBLE  
PROGRAM**

**Purpose of Program**

The City of Cape Coral allocated disaster relief funds out of State Housing Initiatives Partnership Program (SHIP 22/23) funds for assistance to residents impacted by Hurricane Ian. The purpose of this program is to prevent displacement and allow homeowners to proceed with private insurance claims. The disaster related funds are to be used to assist income eligible applicants with payments of their insurance deductible amounts.

**Homeowner Benefit**

Homeowners will receive assistance in the form of a grant to assist with payment of insurance deductible.

**Eligible Applicants**

**To be eligible for the City of Cape Coral Hurricane Ian Insurance Deductible Program, an applicant must meet the following criteria:**

- Must meet income guidelines. These limits are based on the income and assets of **all** residents in the household and adjusted on an annual basis. (See Income Guidelines Chart Below)

Lee County, Florida	
<b>Income Guidelines Chart (2022) *</b>	
Your annual income must fall within the categories below	
Household Size	80% Area Median Income (AMI)
1	\$45,050
2	\$51,450
3	\$57,900
4	\$64,300
5	\$69,450
6	\$74,600
7	\$79,750
8	\$84,900

\*Will change annually

- Sustained residential damage to Cape Coral household primary residence during Hurricane Ian.
- Household has hardship paying their insurance deductible.
- The applicant does not have delinquent City taxes.
- Home value may not exceed \$403, 616 (LEPA value)

- If awarded assistance, payments will be made to the contractor hired to fix the damage once all inspections have passed, the permit is closed, and the Certificate of Compliance is issued. Payments will not be made directly to the applicant. (Note: Contractors must be licensed and insured)

**Eligible Properties**

Freestanding single-family homes, condominium units, and duplexes that have a separate strap and fee simple ownership.

**Funding**

Qualified buyers will receive assistance in the form of a grant from the City of Cape Coral.

**Eligible Expenses**

Insurance deductible amount so homeowners can proceed with private insurance claim.

**Maximum Amount of Assistance**

The maximum amount of assistance will be **\$10,000** and is dependent upon proof of a homeowner's insurance policy showing the deductible amount.

**Application and Program Information**

Submit the application packet with all the required documentation **IN PERSON** at:

Cape Coral City Hall  
1015 Cultural Park Blvd  
Cape Coral, FL 33990

**(Department of Development Services, Zoning Counter, sign in on our Q-less system under HOUSING)**

**THE DEADLINE TO SUBMIT THE APPLICATION IS FRIDAY, DECEMBER 9, 2022 AT 3:00 PM.**

Submission of an application does not ensure you will be awarded funding. Funding is limited and priority will be given to Very Low Income (below 50% AMI) residents and households with documented special needs members.

PLEASE BE ADVISED THAT THIS DOCUMENT DOES NOT INCLUDE ALL REQUIREMENTS FOR THIS PROGRAM AND IT IS SUBJECT TO CHANGE AT ANYTIME AT THE DIRECTION OF PROGRAM ADMINISTRATORS.

## Applicant Checklist

Please provide the information listed below to ensure that your application will be processed in an expedited manner.

- Housing Intake Application;
- Properly executed Eligibility Release Form;
- FEMA Award/Denial Letter;
- Small Business Administration (SBA) Award/Denial Letter;
- Copy of the applicant's driver's license (or a state issued photo ID);
- If not a US citizen, proof of Permanent Resident Alien Status.
- Copy of the birth certificates for all household members under the age of 18
- Fee Simple Deed in applicant's name;
- Copy of your home insurance policy – Declaration Page
- Copy of receipts for the home repairs that have been made to the damaged property (write name and property address on receipts);
- Copy of estimate, contract, license, and invoice from Contractor that will be doing the work on the home. (Note: Vendor information from the Contractor will be required for payment)
- Provide any and all proof of income for individuals that live at the property and that are over the age of 18;
- 3 months of bank statements;
- Last 2 months of consecutive pay check stubs;
- Note: Self-Employed persons must submit the last two (2) years tax returns)
- Current copy of social security statement/award letter;
- Current copy of retirement/pension statements; and
- Current copy of unemployment statement.

# CITY OF CAPE CORAL INSURANCE DEDUCTIBLE APPLICATION

## INSTRUCTIONS FOR APPLICATION

### General Instructions

Read the instructions for this application.

Submit the application packet with all the required documentation **IN PERSON** at:

**Cape Coral City Hall**

**1015 Cultural Park Blvd**

**Cape Coral, FL 33990**

**(Department of Development Services, Zoning Counter, sign in on our Q-less system under HOUSING)**

**THE DEADLINE TO SUBMIT THE APPLICATION IS FRIDAY, DECEMBER 9, 2022, AT 3:00 PM.**

Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly.

All blanks must be completed or have N/A written in.

All household members 18 years of age or older must sign and date the application.

### Itemized Instructions

1. **APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail (may or may not be the damaged property), an e-mail address (if applicable), your date of birth, and your marital status and other fields.
2. **CO-APPLICANT/OTHER HOUSEHOLD MEMBER INFORMATION:** List all other members of the household residing in the unit. Attach additional sheets if necessary.
3. **ALTERNATE CONTACTS INFORMATION:** This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. List contacts who are helping you through this process, if applicable.
4. **HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, gender, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.
5. **RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** This information is collected for reporting purposes only.
6. **ELIGIBILITY INFORMATION:** The information collected here is important to determine eligibility as it relates to disaster damage to your unit, including principal residency and FEMA registration information.
7. **DAMAGED PROPERTY INFORMATION:** Provide basic information concerning the damaged property (i.e. physical address of damaged property, floodplain information, and other names on the deed). In order to be eligible to receive assistance under this program, the property must have been damaged as a result of the disaster. Provide information on whether you occupied the property during the time of the disaster, whether you are currently living in that structure, or whether you were displaced because of the disaster.
  - a. Agreement to Turn over Proceeds; Future Reassignment.

If the Homeowner has received or receives any Proceeds from any source that covers the expenses covered by the SHIP assistance provided, the Homeowner agrees to promptly pay such amounts to the City of Cape Coral.
  - b. In the event that the Homeowner received, receives or is scheduled to receive any Proceeds not previously disclosed to the City/County the Homeowner shall notify the City of Cape Coral of such Subsequent Proceeds, and the City of Cape Coral will determine the amount, if any, of such Subsequent Proceeds that are a duplication

of benefits (DOB). Subsequent Duplication of Benefits proceeds shall be disbursed as follows:

- (1) If the Award has been fully expended by the City of Cape Coral, any Subsequent DOB Proceeds shall be paid by Homeowner to the City of Cape Coral up to the amount of the Award.
- (2) If no portion of the Award has been expended by the City of Cape Coral, any Subsequent DOB Proceeds shall be paid by Homeowner to the City of Cape Coral and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the Homeowner to the City of Cape Coral shall be returned to the Homeowner, and this Agreement shall terminate.
- (3) If some portion of the Award has been expended by the City of Cape Coral, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by Homeowner to the City of Cape Coral to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award and retained by the City of Cape Coral; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the Homeowner, and this Agreement shall terminate.
- (4) If the City of Cape Coral makes the determination that the Homeowner does not qualify to participate in the Program or the Homeowner decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the Homeowner to the City of Cape Coral that have not been used or obligated by the Program shall be returned to the Homeowner, and this Agreement shall terminate.
- (5) Once the City of Cape Coral has recovered an amount equal to the Award, the City of Cape Coral will reassign to Homeowner any rights assigned to the City of Cape Coral pursuant to this Agreement.

**8. OTHER ASSISTANCE RECEIVED:** Provide all information concerning property insurance, FEMA, SBA, or any other type of related assistance to the disaster.

**9. INCOME INFORMATION:** Provide information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members over age 18. Food benefits are NOT considered income.

**10. ASSET INFORMATION:** Provide the requested information on assets for all household members. Examples of what constitutes assets are listed below:

Typical assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;
- Mortgage or deeds of trust held by the applicant

Some items of personal property are **NOT** counted as assets for the purposes of determining annual income:

- Automobiles;
- Jewelry; and/or
- Term life insurance policies

**11. DISCLOSURE OF INFORMATION FOR INCOME VERIFICATION**

1. I hereby authorize the City of Cape Coral to verify the past and present employment records, bank statements, stock holdings and any other asset balances that are needed to process of all household

members listed on this application. \_\_\_\_\_(initial here)

2. I further irrevocably grant to the City of Cape Coral, its assigns and successors, my consent and full right to, use my name, photograph, likeness, image, voice, and biography in any and all media, publications, advertising, and publicity, in connection with my participation in the SHIP Program and any program related activity or project. \_\_\_\_\_(initial here)

**12. FALSE STATEMENTS**

Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

Homeowner is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of Homeowner, and/or a referral to criminal law enforcement.

Homeowner represents that all statements and representations made by Homeowner regarding Proceeds received by Homeowner have been and shall be true and correct.

\_\_\_\_\_(initial here)

**13. NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE**

The City of Cape Coral collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, Section 119.071(5), Florida Statutes) requires the City of Cape Coral to give you this written statement explaining the purpose and authority for collecting your social security number as part of this application. Your Social Security Number is being collected for the purposes of income certifying you for the SHIP program which requires third-party verification of assets, employment, and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits, and other related information necessary to determine income and assets, and your eligibility for this Program that is funded State program dollars. Your household’s social security number(s) will not be used for any other intended purpose other than verifying your household’s eligibility for the Program.

\_\_\_\_\_(initial here)

**Statement on the Collection, Use, or Release of Social Security Numbers**

Florida law requires that public entities provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the entity collects an individual’s social security number. The collection of social security numbers by the Board of Governors is either specifically authorized by law or imperative for the performance of the Board’s responsibilities as prescribed by law and the Florida Constitution. The following list identifies the purposes for which social security numbers may be collected, used, or released, and the pertinent authority:

- For employment eligibility and reports to IRS and the Social Security Administration, including for W-4’s and I-9s [Required by federal statute and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and Fla. Stat. §119.071(5) (a) 6]
- To verify an alien’s eligibility for employment, including I-9 [Authorized by 8 U.S.C. 1324 a(b) and 8 C.F.R. 274a.2]
- For income tax withholding (including for annuity and sick leave)/payroll deductions on W-2’s [Required by 26 U.S.C. 3402, 26 C.F.R. 31.6051-1 and Fla. Stat. §119.071(5) (a) 6]
- For enrollment/participation in the Florida Retirement System (FRS) and contributions to FRS (Required by Fla. Admin. Code 19-11.010, 19-11.006 and 19-11.007 and Fla. Stat. §119.071(5) (a) 6 or required by Fla. Stat. §121.051 and 121.071 and Fla. Admin. Code 19-13.003 and Fla. Stat. § 119.071(5) (a) 6]
- For Level 1 and level 2 criminal background checks conducted by the Florida Department of Law Enforcement for employees and/or Board appointees to university boards of trustees [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]
- For social security contributions [Required by Fla. Admin. Code 60S-3.010 and Fla. Stat. §119.071(5) (a) 6]

- For income deduction notices for child support, alimony and child support, and for child support enforcement [Required by Fla. Stat. § 61.1301 (2) (e), 45 C.F.R. 307.11, or Fla. Stat. §§ 61.13, 742.10, 409.2563, 409.256, or 742.031]
- For unemployment compensation benefits [Required by Fla. Stat. Ch. 443 and Fla. Stat. §119.071(5)(a)6]
- Reports of worker’s compensation injury or death [Required by Fla. Stat. § 440.185, Fla. Admin. Code 69L-3.003 et seq. and Fla. Stat. § 119.071(5) (a) 6]; and worker’s compensation petitions for benefits and responses [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. § 119.071(5) (a) 6]
- Vendors/Consultants for whom a federal tax identification number is not available. [Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and Fla. Stat. §119.071 (5) (a) 6]
- The disclosure of the social security number is for the purpose of the administration of health benefits for a Board employee or his or her dependents [Required by Fla. Stat. § 119.071(5) (a) 6]
- Authorization for direct deposit of funds by electronic or other medium to a payee’s account [Required by Fla. Stat. § 119.071(5) (a) 6]
- Tort claims and tort notices of claim against the Board of Governors [Required by Fla. Stat. § 768.28 (6), and Fla. Stat. § 119.071(5) (a)]
- Collection and/or disclosure is imperative or necessary for the performance of the Board’s constitutional duties and responsibilities, including but not limited to collection of student and employee data from state universities. [Authorized by Sections 483 and 484 of the Higher Education Act of 1965, Art. IX, s. 7, Fla. Const., BOG Regulation 3.007, Fla. Stat. § 1001.706(4)(c), and Fla. Stat. § 119.071(5) (a) 6]
- The disclosure of the social security number is expressly required by federal or state law or a court order [Authorized by Fla. Stat. § 119.071(5) (a) 6]
- The individual expressly consents in writing to the disclosure of his or her social security number [Authorized by Fla. Stat. § 119.071(5) (a) 6]
- The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver’s Privacy Protection Act of 1994, 18
- U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of Fla. Stat. § 119.071(5) [Authorized by Fla. Stat. § 119.071(5) (a) 6]

\_\_\_\_\_ (initial here)

**14. PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT**

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records. Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify the City of Cape Coral, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes. \_\_\_\_\_ (initial here)

I/We agree that the City of Cape Coral does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City of Cape Coral in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request. \_\_\_\_\_ (Initial here)

I/We agree that the City of Cape Coral does not have any obligation or duty to provide me/us with notice that a public records law request has been made. \_\_\_\_\_ (Initial here)

I/We agree to hold harmless the City of Cape Coral or any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance. \_\_\_\_\_ (Initial here)

**15. ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the Subrecipient, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program. This

form allows for income, assets, child support, etc. to be verified and documented. \_\_\_\_\_ **(initial here)**

**INSURANCE DEDUCTIBLE APPLICATION**

Application Number:	
Application Received By:	Date/Time Application Received:

1. TO BE COMPLETED BY APPLICANT: (Head of Household)		2. TO BE COMPLETED BY CO-APPLICANT: (If Applicable)	
List relationship type to Head of Household, e.g. spouse, sister, mother		List relationship type to Head of Household, e.g. spouse, sister, mother	
Last Name:		Last Name:	
Middle Name:		Middle Name:	
First Name:		First Name:	
Current Address:		Current Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Mailing Address:		Mailing Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Home Phone:		Home Phone:	
Daytime phone:		Daytime Phone:	
Mobile Phone:		Mobile Phone:	
E-mail Address:		E-mail Address:	
Date of Birth:		Date of Birth:	
Gender:		Gender:	
Marital Status:		Marital Status:	



**3. ALTERNATE CONTACTS INFORMATION:** -This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. You may also list a contact who is helping you through this process.

Contact Name (first):	
Contact Phone No.:	Address:
Contact Name (second):	
Contact Phone No.:	Address:

**4. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:** - As of today, list the Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household.

Household Member Name	Relationship to Head of HH	Gender M/F	Date of Birth	Marital Status	Is household member listed disabled? Y/N	Additional Members in the next (12) Months? If yes, explain, e.g. birth of a child, adoption, legal custody.
	Head of Household					

**5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one):** -This information is being collected for reporting purposes only.

**RACE (Check all that apply):**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Multi-Racial

**ETHNICITY (Check one):**

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

<b>6. ELIGIBILITY INFORMATION:</b> - If the answer to any of the following questions is NO, you are not eligible for assistance:		
i. Was the unit damaged or destroyed by Disaster:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ii. Was the unit a single-family residence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
iii. At the time of the disaster, were you the Homeowner of this residence ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
iv. Was the unit the primary residence of the applicant on the date of the disaster?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>The following question will require a special review to determine eligibility:</i>		
v. Did you register with FEMA for disaster related assistance for structural damage to the home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>7. DAMAGED PROPERTY INFORMATION</b> - Provide basic information concerning the damaged property (i.e. physical address of damaged property, floodplain information, and other names on the deed).				
Damaged Property Address:				
City:	State:		Zip:	
i. What type of structure is the property? (Select One)				
<input type="checkbox"/> Single Family <input type="checkbox"/> Manufactured Housing Unit <input type="checkbox"/> Modular <input type="checkbox"/> Other (Describe):    Year Built:				
ii. Did you occupy the property at the time of the event?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
iii. Are you currently living in the property? If no, explain your current living situation below: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain your current living situation:				
iv. Is the damaged property in a Flood Plain?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
v. Are you seeking assistance for a manufactured/modular housing unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
vi. Do you own the land?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
vii. Do you have a deed on the damaged property?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		

viii. Are there any other names on the deed for the damaged property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, describe what deed information you have on the damaged property (including any entity, for example, a Trust):	
ix. I/We have been displaced from property due to damage caused by the disaster. If yes, explain your current living situation in the space below, e.g. renting in another part of the City of Cape Coral, Lee County etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>8. OTHER ASSISTANCE RECEIVED:</b> - Assistance provided under the SHIP Program for disaster may not exceed a household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). List all insurance companies currently covering your real property. List all insurance companies that were providing coverage to your real property on date of disaster.	
Have you applied for any event related assistance for damage to your home from any source (local, state, federal, private)? If yes, proceed with this section. If no, proceed with Section # 9 Income Information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>A. FEMA</u></b>	
i. Have you received any disaster related assistance from FEMA for structural damage to your home? (If no, continue to letter B. in this section.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Amount Approved?	Amount Received to date:
iii. What is your FEMA Registration No.(s)?	1
	2
	3
<b><u>B. Small Business Administration (SBA)</u></b>	
i. Have you received any event-related assistance from the SBA for damage to your home? (If no, continue to letter C. in this section.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Amount Approved?	Amount Received to date:
iii. What is your SBA Application No.(s)?	1
	2
	3
iv. What is your SBA Loan No.(s)?	1
	2
v. What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc.	
<b><u>C. INSURANCE</u></b>	
i. Were you carrying Homeowner's Insurance at the time of the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes", what type?	<input type="checkbox"/> Hazard <input type="checkbox"/> Wind <input type="checkbox"/> Flood <input type="checkbox"/> Contents
Other: (Explain)	
ii. Did you file a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Claim Amount Received:	Deductible: \$
Purpose: (Explain)	
iii. Provide the name of the Insurance Company(s): Provide Insurance Policy #	
iv. Is the insurance coverage currently in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Are you involved in an appeal or a lawsuit against your insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi. What is the status of your insurance appeal/lawsuit? (If Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. OTHER</b>	
i. Did you receive any other assistance for the repair of your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal or state assistance (SHIP, CDBG, CDBG-DR, HOME), etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. INCOME INFORMATION:** Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, other income for all household members over age 18. List ALL household members and their incomes. Attach a separate sheet if you need more space.

**FOOD STAMPS ARE NOT CONSIDERED INCOME- do not list food stamps.**

Household Member Name	Full Time Student? Y/N	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

<b>10. ASSET INFORMATION:</b> Provide the requested information on any property you may own or assets you may have.			
i. Do you own any other real estate?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, provide address, city and state of property(s):			
ii. Do you have a mortgage on the damaged property you are seeking assistance on?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the current balance owed on the mortgage?			
iii. Are your payments current on your mortgage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Is your primary residence currently in foreclosure?			<input type="checkbox"/> Yes <input type="checkbox"/> No
v. List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.)			
Household Member Name	Type & Source of Asset	Cash Value of Asset	Annual Income from Asset

<b>11. APPLICANT CERTIFICATION:</b> Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the City of Cape Coral or any of its duly authorized representatives to verify the information listed herein.	
I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the State Housing Initiatives Partnership Program (SHIP) for the disaster. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under state and local law. I/We authorize the above-referenced Subrecipient and any of its duly authorized representatives to verify all information provided in this application. I/We understand that additional information will likely be required to move forward with this program.	
<b>Signature of Applicant:</b>	<b>Date</b>
<b>Signature of Co-Applicant:</b>	<b>Date</b>
Household member:	<b>Date</b>
Household member:	<b>Date</b>
Household member:	<b>Date</b>
Household member:	<b>Date</b>
<b>Warning: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.</b>	

**12. ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the City of Cape Coral, Subrecipient, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program.

Applicant Name:	
Applicant Address:	

Information Covered: Inquiries may be made about items initialed below by the applicant.

Instructions to Applicant: Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the City of Cape Coral or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the SHIP Program for disaster assistance. Each adult member of the household must sign this Eligibility Release.

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form", must be prepared and signed separately.

Information Covered: Inquiries may be made about items initialed below by the applicant.

Description	Verification Required	Applicant Initials
Income (all sources)	X	
Assets (all sources)	X	
Child Support	X	
Property Taxes	X	
List other item here:	X	
Dependent Income: Full-time Student	X	

**Applicant's Authorization:**

I authorize the above-named Subrecipient, State or Vendor to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (2) A photocopy of this form is as valid as the original; AND
- (3) I have the right to review information received using this form; AND
- (4) I have the right to a copy of information provided to the Subrecipient and to request correction of any information I believe to be inaccurate; AND
- (5) All adult household members will sign this form and cooperate with the Subrecipient in the eligibility verification process.

*WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.*

<b>Signatures:</b>		
<i>Signature-Head of Household</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member</i>	<i>Print Name</i>	<i>Date</i>

# AFFIDAVIT OF INSURANCE

## Disaster Recovery

By signing this affidavit, you attest to the fact that you have:

- \_\_\_\_\_ Submitted a claim for damages to your insurance company, but damages are not covered.
- \_\_\_\_\_ You have property insurance and need financial assistance to pay for the deductible and commence repairs.
- \_\_\_\_\_ You do not have flood and/or property insurance for damages to your home.

1. Does the insurance company estimate the repair cost, subtract the deductible amount, and send a claim check for the remainder? \_\_\_\_\_
2. Is the insurance company's check made out to the policy holder only? Is the homeowner's first mortgage provider also listed on the check? \_\_\_\_\_
3. Does the insurance company require you to use their approved contractor, or may the homeowner find a contractor? \_\_\_\_\_
4. May the homeowner find a contractor now to start the repairs? Is there anything that must happen before repair work can start? \_\_\_\_\_

**State warning:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S775.082 or 775.083.

I/We have read, understand, and acknowledge the above disclosure.

\_\_\_\_\_

Print Name and Applicant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name and Co-Applicant's Signature

\_\_\_\_\_

Date

Property Insurance			
Policy Holder		Address	
Policy No.		Expiration date	
Coverage maximum		Deductible	

Flood Insurance (Specific for property loss due to flooding)			
Policy Holder		Address	
Policy No.		Expiration date	
Coverage maximum		Deductible	



**DISASTER SELF- CERTIFICATION OF INCOME FORM**  
(Provided for use by Florida Housing Finance Corporation)  
(To be completed by adult household members only, if appropriate.)

Household Name \_\_\_\_\_ Local Government \_\_\_\_\_

1.  I hereby certify that I am a victim of \_\_\_\_\_
2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):
- |   |   |  |
|---|---|--|
| Y | N | Wages from employment (including commissions, tips, bonuses, fees, etc.);  |
| Y | N | Income from operation of a business;   |
| Y | N | Rental income from real or personal property;  |
| Y | N | Interest or dividends from assets;   |
| Y | N | Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;  |
| Y | N | Unemployment or disability payments;   |
| Y | N | Public assistance payments;  |
| Y | N | Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;   |
| Y | N | Sales from self-employed resources (For example: Avon, Mary Kay, Shaklee, etc.);   |
| Y | N | Any other source not named above.  |
| Y | N | I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months. |

Please explain any Y (yes) answers and list the annual amounts: \_\_\_\_\_

3.  I certify that I have provided income documentation for all income sources (For example: W-2 Forms, paycheck stubs, earnings statements, etc); or
- I certify that I am unable to provide complete: 3<sup>rd</sup> party verification or income documentation.
4. I will be using the following sources of funds to pay for rent and other necessities: \_\_\_\_\_

**Therefore I certify my anticipated gross annual income for the next 12 months to be: \$\_\_\_\_\_.**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

\_\_\_\_\_  
Signature of Applicant                                      Printed Name of Applicant                                      Date

Witness \_\_\_\_\_                                      Witness \_\_\_\_\_  
or

**FOR AN OATH OR AFFIRMATION:**  
STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and described before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

(NOTARY SEAL)                                      Signature \_\_\_\_\_

\_\_\_\_\_  
Name of Notary (Typed, Printed, or Stamped)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_