



City of Jacksonville Hurricane Irma Disaster Assistance Certification

Date: _____

Applicant's Name: _____
First M.I. Last D.O.B.

Co-Applicant's Name: _____
First M.I. Last D.O.B.

Home Address: _____ Zip Code: _____ Council District: _____

Telephone #: Applicant (hm.) _____ (cell) _____ How many people live in your household? _____

Are you the owner ☐ or a tenant? ☐ Landlord Name & #: _____

Are you or anyone in your household disabled? Yes ☐ No ☐ Do you have homeowners insurance? Yes ☐ No ☐

Insurance Company: _____

The annual income from all sources of persons living in my household is \$ _____

Sources of income: _____

Household Size	Gross Income up to 140%
1	\$63,140
2	\$72,240
3	\$81,200
4	\$90,160
5	\$97,440
6	\$104,720
7	\$111,860
8	\$119,140

Disaster Assistance Requested:

- | | | |
|--|---|---|
| <input type="checkbox"/> Waterproofing materials | <input type="checkbox"/> Roof | <input type="checkbox"/> Tree Removal |
| <input type="checkbox"/> Well repairs | <input type="checkbox"/> Insurance deductible | <input type="checkbox"/> Security deposit, rental Assistance while repairs are made through insurance |
| <input type="checkbox"/> Other: _____ | | |
| _____ | | |
| _____ | | |

Recipient Statement: The information on this form is to be used to determine maximum income for eligibility. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

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 775.83.

Signature of Head of Household _____

Date _____

Signature of Spouse or Co-Head of Household _____

Date _____

Signature of the SHIP Administrator or His/Her Designated Representative:

(Signature)

Date _____

Name _____
(Print or type name)

Title _____