



ONE CITY. ONE JACKSONVILLE.

City of Jacksonville, Florida

Municipal Code Compliance Division
Ed Ball Building
214 North Hogan Street, 7th Floor
(904) 255-7000
Jacksonville, FL 32202
www.coj.net

JACKSONVILLE ASSISTANCE AND RELIEF PROGRAM APPLICATION **DISABILITY BASED APPLICATION**

For the application to be reviewed, all of the following documentation must be provided. If not provided, your application will not be reviewed. This information is solely used to determine the Applicants' eligibility.

Proof of Ownership and Identification

Only the homeowner may apply. A copy of a Florida Driver's License or Florida Resident ID card, with current address, must be provided. Name of the applicant must match the name currently displayed on the Duval County Property Appraiser's website. Applicant must have owned property for at least the last 6 months.

➔ Once the application is complete and all necessary documents gathered, mail or hand deliver your completed package to the address below:

**Neighborhoods Department
Municipal Code Compliance Division
C/O Jacksonville Assistance and Relief Program
214 N. Hogan Street, 7th Floor
Jacksonville, Florida 32202**



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MUNICIPAL CODE COMPLIANCE DIVISION **JACKSONVILLE ASSISTANCE AND RELIEF PROGRAM**

OWNER APPLICATION

Complete this application using BLUE ink.

PART I: CASE SUMMARY

Case # _____ RE# _____

Address of Subject Property _____
Street City State Zip Code

What violation is this concerning? (Check all that apply)

- Demolition Board Up Site Clearance Septic Tank Board Up Standing Tree
- Pool Board Up Pool Abandonment Septic Tank Abandonment Graffiti Overgrowth only

Is this a vacant lot? Yes No

Have you owned the subject property for the last 6 months? Yes No

Did you acquire this property through the Surplus Donation Program? Yes No

PART II: APPLICANT'S INFORMATION

Applicant's Name _____

Are you the homeowner? Yes No

Do you own this property as an individual or as a corporation/company? _____

Home Address _____
Street City State Zip Code

Telephone No. _____ Email _____

Have you applied for the Jacksonville Assistance and Relief Program in the last year? Yes No
>If yes, what was the outcome? Denied Approved



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PART III: COJ SANCTIONED DISABILITY PROGRAMS

Please indicate below which of the following City of Jacksonville sanctioned disability programs that you currently belong to. Programs not found on this list will not be accepted. Please check all that apply.

- Solid Waste Assistance Program (Disabled Services Division)
- Wheelchair Ramp Assistance Program (Disabled Services Division)
- Emergency Assistance Program (Social Services Division)
- Victim Services Program (Social Services Division)
- Emergency Home Energy Assistance for the Elderly Program: EHEAP (Senior Services)
- Home Repairs Program: HOIM (Senior Services)
- Congregate Drive-Thru Meal Distribution (Senior Services)
- Congregate Meal Deliveries (Senior Services)
- Any other Social Services Division program not listed above (Social Services)

APPLICANT'S SIGNATURE: _____ **DATE:** _____

SEAL AND STATEMENT BY A CERTIFIED NOTARY IS REQUIRED:

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____ who is personally known to me or who provided valid identification.

(SEAL)

_____(Signature of Notary)

_____(Printed Name of Notary)

_____(Title or Rank)