



**BOYNTON BEACH FAITH BASED CDC, INC.
APPLICATION FOR SERVICES**

INFORMATION CONTAINED HEREIN SHALL BE USED ONLY TO DETERMINE YOUR ELIGIBILITY FOR THE ASSISTANCE YOU ARE REQUESTING

Date: _____

In-take Counselor's Initials: _____

How can we help you? Please provide a brief description of your situation and the services you are requesting: _____

ADD ADDITIONAL LINES IF NEEDED

PLEASE PRINT ALL INFORMATION

Applicant's Name: _____
First Middle Last

Date of Birth: _____, Social Security #: _____, EMAIL: _____

Current Address: _____
Street City, State, Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status: Married Unmarried Divorced Widow/Widower Separated

U.S. Citizen? Yes No If No, Valid Permanent Resident Cardholder: Yes No

Do you own Rent Other Explain: _____

How long have you lived at this address? _____ Monthly Housing Payment: \$ _____

Landlord/Lender Name & Address: _____

Co-Applicant/Spouse Name: _____
First Middle Last

Date of Birth: _____ Social Security #: _____ EMAIL: _____

Current Address: _____
Street City, State, Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status: Married Unmarried Divorced Widow/Widower Separated

U.S. Citizen? Yes No If No, Valid Permanent Resident Cardholder: Yes No

Do you own Rent Other Explain: _____

How long have you lived at this address? _____ Monthly Housing Payment: \$ _____

Landlord / Lender Name & Address: _____

Applicant's Employer: _____ Address: _____ 2



REV 12/202

Salary: _____ How Long? _____ Job Title: _____ Main Phone# _____

Other Employers: _____

Applicant/Spouse Employer: _____ Address: _____

Salary: _____ How Long? _____ Job Title: _____ Main Phone# _____

Other Employers: -----

LIST ALL PERSONS WHO WILL RESIDE IN THE PROPERTY WITH YOU AND CO-APPLICANT.

FULL LEGAL NAME	RELATIONSHIP	AGE	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are All Household Members U.S. Citizen? Yes No If No, Permanent Resident Cardholder: Yes No

Does any member of your household meet the following definition of special need? Yes No

Definition of Persons with Special Needs per Florida Statutes S.420.0004:

An adult person requiring independent living services in order to maintain housing or develop independent living skills and has a disabling condition 420.0004 (7) Florida Statutes.

- A young adult formerly in foster care who is eligible for services under S.409.1451 (5).
- A survivor of domestic violence as defined in S.741.28; or
- A person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security or from Veterans' Disability Benefits.

HOUSEHOLD INCOME (Must provide proof)

<u>Source</u>	<u>Gross Amount</u>	<u>Additional Comments</u>
WAGES/SALARIES	_____ PER _____	_____
OVERTIME	_____ PER _____	_____
BONUS	_____ PER _____	_____
COMMISSION	_____ PER _____	_____
CHILD SUPPORT/ALIMONY	_____ PER _____	_____
UNEMPLOYMENT	_____ PER _____	_____
OTHER REGULAR CONTRIBUTIONS	_____ PER _____	_____
OTHER INCOME	_____ PER _____	_____
SOCIAL SECURITY	_____ PER _____	_____
DISABILITY	_____ PER _____	_____
VETERAN BENEFITS	_____ PER _____	_____
RETIREMENT/PENSION	_____ PER _____	_____



ASSETS (MUST PROVIDE DOCUMENTATION)

CHECKING ACCOUNT: YES No BANK/INSTITUTION: _____

SAVINGS ACCOUNT: YES No BANK/INSTITUTION: _____

INVESTMENTS: YES NO FIRM/INSTITUTION: _____

RETIREMENT: YES No FIRM/INSTITUTION: _____

REAL ESTATE: TYPE OR USE _____ VALUE _____

DO YOU RECEIVE INCOME FROM REAL ESTATE? YES NO IF YES, AMOUNT _____ MONTHLY ANNUALLY

LIABILITIES

<u>SOURCE</u>	<u>MONTHLY PAYMENT</u>
ELECTRIC	\$, _____
TELEPHONE	\$, _____
WATER	\$, _____
GAS	\$, _____
CABLE	\$, _____
CHILD CARE	\$, _____
MEDICAL	\$, _____
INSURANCE(S)	\$ _____
LOAN(S) /CAR LOAN	\$ _____

DO YOU AND/OR THE CO-APPLICANT OWN PROPERTY IN ANY OTHER COUNTY WITHIN THE UNITED STATES? YES NO

DO YOU OWN AND OCCUPY THE PROPERTY FOR WHICH YOU ARE REQUESTING REPAIRS? YES NO

HAVE YOU AS A HOMEOWNER PREVIOUSLY RECEIVED ASSISTANCE FROM THE CITY OF BOYNTON BEACH FOR HOME REPAIRS? YES NO

IFYES, PLEASE DESCRIBE ASSISTANCE: -----

REPAIRS/FINANCIAL AID REQUESTED

BRIEFLY LIST THE TYPE OF REPAIRS YOU WISH TO MAKE ON YOUR HOME OR REQUESTING. USE THE BACK OF THIS PAGE IF NEEDED.

ARE ANY OF THE ABOVE REPAIRS THE RESULT OF HURRICANE DAMAGE? YES NO

IF YES, DID YOU RECEIVE INSURANCE AND/OR FEMA FUNDS? YES AMOUNT RECEIVED \$ _____ NO



The following information is requested, in order, to monitor compliance with Equal Credit Opportunity and Fair Housing Laws. You are not required to furnish this information. If you do not wish to furnish the information below, please check the appropriate box.

APPLICANT

Male Female

ETHNICITY

HISPANIC OR LATINO
 NOT HISPANIC OR LATINO

I DO NOT WISH TO FURNISH INFORMATION

RACE

ALASKA NATIVE
 NATIVE AMERICAN
 ASIAN
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN
 OTHER PACIFIC ISLANDER
 WHITE
 OTHER _____

I DO NOT WISH TO FURNISH INFORMATION

CO-APPLICANT/SPOUSE

Male Female

ETHNICITY

HISPANIC OR LATINO
 NOT HISPANIC OR LATINO

I DO NOT WISH TO FURNISH INFORMATION

RACE

ALASKA NATIVE
 NATIVE AMERICAN
 ASIAN
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN
 OTHER PACIFIC ISLANDER
 WHITE
 OTHER _____

I DO NOT WISH TO FURNISH INFORMATION

AGREEMENT/UNDERSTANDING (IMPORTANT- (READ BEFORE SIGNING)

It is your responsibility to complete the application and provide all the information requested. Failure to do so will result in the cancellation of your application.

I/We understand that providing false information on this application regarding marital status, household size and income will result in automatic denial of the application for funding.

I/We understand the Florida Statute 814 provides that willful false statements or misrepresentation concerning income, asset, or liability information relating to financial conditions is a misdemeanor of the first degree, punishable by fines and imprisonment provided under FL Statutes 775.082 or 775.083.

I/We certify that the application information provided is true and complete to the best of my/our knowledge.

I/We agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

I/We consent to disclose all information for the purposes of income verification related to making a determination of my/our eligibility for program assistance.

I/We understand that funds provided through all programs are considered a conditional loan and may require my/our signature on a Mortgage and Promissory Note.

I/We understand that the FBCDC and City of Boynton Beach reserves the right to check any information provided as a part of this application.

Applicant Signature: _____ Dated: _____

Co-Applicant/Spouce Signature: _____ Dated: _____



COMMENTS:

REFERRALS:
