



### 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: \_\_\_\_\_



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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: \_\_\_\_\_



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COMMENTS:

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