



FALSE STATEMENTS AND PUBLIC RECORD DISCLOSURE

FALSE STATEMENTS

Chapter 817 of the Florida Statutes 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 Linder §775.082 or 775.083.

Applicant 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 applicant, and/or a referral to criminal law enforcement.

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

PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Funding for this program is provided by the City of Boynton Beach. The 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 Boynton Beach CDC, the City of Boynton Beach or 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.

I/We agree that Boynton Beach CDC 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 Boynton Beach in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that Boynton Beach CDC does not have any obligation or duty to provide me/us with notice that a public records law requests has been made.

I/We agree to hold harmless Boynton Beach CDC, the City of Boynton Beach 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.

ELIGIBILITY RELEASE: It is required that you sign this form, which allows Boynton Beach CDC to request information from Third Parties if it chooses to do so, concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

Applicant Signature

Date

Co-Applicant Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date