



State of FL Division of Emergency Management Hurricane Loss Mitigation Program

Applicant Name : _____

Co-Applicant Name: _____

Complete Address of Property: _____

Phone: _____ Email: _____

Who else has property rights to your home? _____

Number of people in household: _____

Form with checkboxes for residence status, taxes, insurance, income, and property issues.

Total Household Monthly Income: \$ _____ Total Household Monthly Expenses: \$ _____

Must provide all that apply. Please check all submitted with application

Form with checkboxes for income verification documents like pay stubs, Social Security, and tax returns.

Form with questions about household members being Veterans, disabled, or 62 years or older, and race/ethnicity.

*This information is requested solely for determining compliance with Federal civil rights laws. The response will not affect consideration for this application.

CONSTRUCTION INFORMATION:

Number of Bedrooms: _____ Number of Bathrooms: _____

Do you have a mortgage? Yes No If so, how much are your monthly payments? _____

Type of Home: Single Family Condo/Townhome

**By signing this application, I acknowledge this is not a free program and understand that I am responsible for payment of services and materials.

Printed Name Signature Date

Printed Name Signature Date