



State of FL Division of Emergency Management Hurricane Loss Mitigation Program

Applicant Name : _____

Co-Applicant Name: _____

Complete Address of Property: _____

Contact Phone: _____ Contact Email: _____

Who else has property rights to your home? _____

Number of people in household: _____

<input type="checkbox"/> This is my/our primary residence	<input type="checkbox"/> My/our property taxes are paid and current
<input type="checkbox"/> My/our home was built between & including 1978 & 2002	<input type="checkbox"/> I/we have homeowner's insurance
<input type="checkbox"/> I/we earn 120% or less of the area median income	<input type="checkbox"/> This home needs protection from windstorm events
My/our property has: <input type="checkbox"/> current code violation(s) <input type="checkbox"/> current lien(s) <input type="checkbox"/> unpermitted structure(s)	

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

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

<input type="checkbox"/> 2 most current months of pay stubs	<input type="checkbox"/> Other verifiable income i.e. Social Security, SSI, Disability, child support, etc.
<input type="checkbox"/> Most recent tax return & W-2(s)	<input type="checkbox"/> 2 most current months of ALL Bank statements including blank pages
<input type="checkbox"/> Proof of Homeowner's Insurance	<input type="checkbox"/> Proof of citizenship or permanent residence.

Are any household members a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any household members 62 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any household members disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe disability: _____	
Race/Ethnicity of Homeowner: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other	

**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. I also understand that a title search will be run on this property.**

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____