



OKALOOSA COUNTY
SHIP Housing Program
APPLICATION FOR HOUSING ASSISTANCE



Type of Assistance Requesting: Rehabilitation Assistance Down Payment Assistance Emergency Repair

For Rehab work please list Items the program should look at:

Applicant (Head of Household)

Full Name:

E-mail:

Date of Birth / Age:

Street Address:

City, State, Zip:

Home Phone:

Cell Phone:

Work Phone:

Co-Applicant

Full Name:

E-mail:

Date of Birth / Age:

Home Phone:

Cell Phone:

Work Phone:

Other Household Members

Name(s)	Date of Birth / Age	Relationship to Applicant
	/	
	/	
	/	
	/	
	/	

Is Applicant, Co Applicant or any other household member, age 18 or older, a full time student? Yes No

If yes Please list name(s): _____

Does Applicant /Co-Applicant or any other household member, age 18 or older, own a home? Yes No

If yes Monthly rent/mortgage _____

Employment Information

Employee Name:

Employer Name:

Supervisor:

Address:

Employer verification phone number/email:

Pay Rate:

Hours per paycheck:

Pay Frequency (*weekly, biweekly, monthly*):

Annual Income (gross salary, overtime, tip, bonuses, etc.): \$

Employment Information		
Employee Name:		
Employer Name:	Supervisor:	
Address:		
Employer verification phone number/email:		
Pay Rate:	Hours per paycheck:	Pay Frequency (<i>weekly, biweekly, monthly</i>):
Annual Income (gross salary, overtime, tip, bonuses, etc.): \$		

Employment Information		
Employee Name:		
Employer Name:	Supervisor:	
Address:		
Employer verification phone number/email:		
Pay Rate:	Hours per paycheck:	Pay Frequency (<i>weekly, biweekly, monthly</i>):
Annual Income (gross salary, overtime, tip, bonuses, etc.): \$		

*****Note: Attach additional sheets for employment as necessary for all household members 18 years and over*****

Other Sources of Income (For ALL Household Members including minors. List Business, or Rental Income, Child Support, Alimony, Social Security, SSI, Pensions, Unemployment, Workers Comp., Welfare Payments, Veteran's benefits, disability, regular payments from anyone outside household, etc.) Do NOT include; food stamps, student financial assistance, hostile fire military pay)

Name	Type of Income	Gross Annual Amount

Assets and Asset income (For ALL Household Members, Including Minors. List Checking and Savings Accounts, Mobile Financial/Investment Apps, IRA, CD, Bonds, Stocks, Equity in Properties, Investment property (artworks, coins, stamp collections) cash on hand, etc.) Do NOT include personal property such as furniture, cars, and wedding rings.

Type of Asset	Asset Value / Annual Asset Income	Account Number

Are you or any other Adult member of the household claiming zero income? Yes No

If so name of household member(s) _____

Zero Income Declaration required for each person claiming zero income.

Do you or any other Adult member of the household expect any change in income Yes No
in the next 12 months? If Yes, explain expected change: _____

Ethnicity/Special Needs (For Reporting Purposes Only) Please check all that apply for Head of Household Only:

White Black Hispanic Asian Native American Other

Farmworker Developmentally Disabled Elderly Homeless
Special Needs (Define) _____ Other (Define) _____

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. 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.

Applicant Signature

Date

Co-Applicant Signature

Date

Household Member Signature (over 18)

Date

Household Member Signature (over 18)

Date

Office Staff Confirmation

Received Application (date): _____

Received all documentation:

Print

Signature

Date