



**APPLICATION FOR ECONOMIC HARDSHIP ASSISTANCE
FISCAL YEAR 2015-16
FIRE SERVICE SPECIAL ASSESSMENT
(Application Deadline – July 31, 2015)**

PLEASE READ THE ENTIRE APPLICATION FORM CAREFULLY BEFORE SIGNING APPLICATION

AUTHORITY

In accordance with Resolution 2015-16, the Town of Montverde has created an Economic Hardship Assistance Program to assist residential property owners, who meet the eligibility criteria, with the financial burden created by the imposition of the fire service assessment.

REQUIRED INFORMATION

In order to apply for hardship assistance under the Fiscal Year 2015-16 Fire Service Special Assessment program, the applicant shall file with the Town this application, under oath, which provides the following required information necessary to demonstrate entitlement to hardship assistance (PLEASE PRINT CLEARLY):

To qualify for Economic Hardship Assistance:

- (1) The applicant must be the owner of the residential property and shall be entitled to a homestead exemption pursuant to the requirements of Chapter 196, Florida Statutes.
- (2) The total household Income of all lawful occupants of the property shall be less than or equal to the 2014 Income Limits Documentation System established by the U.S. Department of Housing and Urban Development, as adjusted for family size (see chart below):

<u>Very Low Income Limits</u>	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
	\$20,100	\$22,950	\$25,800	\$28,650	\$30,950	\$33,250	\$35,550	\$37,850

- (3) The applicant shall have the present intent to maintain the residential property as their Permanent Residence throughout the remainder of the Fiscal Year for which the assessment is imposed.
- (4) Prior to July 31, 2015 and prior to July 31 each year thereafter, the applicant shall file with the Town Clerk an application under oath demonstrating entitlement to hardship assistance. Such application shall include the following:

1. Name and address of all Owners of the Property:

Owner Name: _____ Owner Address: _____

Owner Name: _____ Owner Name: _____

2. Property Physical Address and Tax Parcel ID Number of the Property:

Telephone Number: _____

Property Physical Address: _____

Tax Parcel ID #: _____

3. Name of all occupants of the residential property, including all dependents giving their names, addresses, ages, relationships and employment:

Occupant 1: _____

Occupant 2: _____

Occupant 3: _____

Occupant 4: _____

Occupant 5: _____

4. Proof of the total household income of all occupants of the residential property from all sources and other documentation required to demonstrate qualification as a Very Low Income Person. Substantive documentation may include: Social Security Income Statements, IRS Income Tax Returns, and W2s. Applications submitted without proper documentation may be denied.
5. By signing below, owners indicate that they are entitled to the hardship assistance and that they have the present intent to maintain such residential property as their permanent residence for the remainder of the Fiscal Year.
6. The applicant shall furnish such other information relating to the application as may be reasonably requested.

APPROVAL PROCEDURE

Eligibility for hardship assistance will be submitted to the Town Clerk and a determination will be based upon the attached information. The Mayor may adjust any Fire Service Assessment imposed for the Fiscal Year beginning October 1, 2015 upon a parcel of residential property whose Owner timely and satisfactorily demonstrates by affidavit that the criteria is met and reducing the assessment.

The Mayor shall, within fifteen (15) days after the filing of such application, review the application and such other supporting data that may be filed therewith and make such further investigation as may be reasonably required in order to determine if the applicant is qualified for hardship assistance pursuant to Section 5 (D) of Resolution 2015-16. If deemed qualified for the hardship assistance outlined in Section 5 (D) of Resolution 2015-16, the Town shall pay the Fire Service Assessment on said property.

AFFIDAVIT

I hereby swear or affirm that the information I have provided in this application, and in any accompanying paperwork, is true and correct.

Owner Signature

Date

State of Florida
County of Lake County

Before me, the undersigned officer, personally appeared, _____, who being duly sworn, deposes and says that the foregoing is true and correct. _____ is known to me personally or produced _____ as identification.

Notary Public: _____
My Commission Expires: _____

SUBMIT COMPLETED APPLICATION and SUPPORTING DOCUMENTS TO:
Town of Montverde
Attn: Montverde Fire Protection Assessment
P. O. Box 560008
Montverde, Florida 34756
(407) 469-2681