



**Citrus County Board of County Commissioners
2018 APPLICATION FOR HARDSHIP ASSISTANCE
FIRE PROTECTION ASSESSMENT**

PLEASE READ THE ENTIRE APPLICATION FORM CAREFULLY BEFORE SIGNING

AUTHORITY

In accordance with Resolution 2013-115 Section 4, Citrus County has created a Hardship Assistance Program to assist residential property owners, who meet the eligibility criteria, with the financial burden created by the imposition of the Municipal Services Benefit Unit for Fire Protection Assessment.

ELIGIBILITY AND QUALIFICATION FOR HARDSHIP ASSISTANCE:

- (1) The applicant must be the owner of the residential property and be granted 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 30% of the current income limits established by the U.S. Department of Housing and Urban Development, as adjusted for family size.

HUD (30%) Income Limits	1 Person \$12,060	2 Person \$16,240	3 Person \$20,420	4 Person \$24,200	5 Person \$26,150	6 Person \$28,100	7 Person \$30,050	8 Person \$31,950
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**Income limits are subject to change at any time without notice.*

- (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 May 1st each year the applicant shall file with Citrus County Housing Services an application and all supporting documentation demonstrating entitlement to hardship assistance.
- (5) Applications submitted without complete and proper documentation will be disqualified and denied.

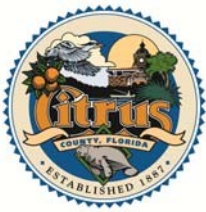
APPROVAL PROCEDURE

Applications for hardship assistance will be submitted to Citrus County Housing Services and a determination will be based upon the attached information. The County may adjust any Fire Protection Assessment imposed for the Fiscal Year upon a parcel of residential property whose Owner timely and satisfactorily demonstrates by application and affidavit that the criteria is met for reducing the assessment.

The County shall, within fifteen (15) days after the submission of such application, review the application and 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 11 (D) of Resolution 2013-115. If deemed qualified for the hardship assistance outlined in Section 4, the County shall pay the Fire Protection Assessment imposed on the qualified homesteaded property.

REQUIRED INFORMATION

In order to apply for hardship assistance under the Fire Protection Assessment Program, the applicant shall submit to the County this application and all required supporting documentation which provides the following required information necessary to demonstrate entitlement to hardship assistance.



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Property/Owner Information:

Owner Name and Mailing Address: _____

Contact Phone Number: _____ Email Address: _____

Owner II Name: _____ Owner III Name: _____

Property Physical Address: _____

Tax Parcel ID #: _____ Homesteaded: ____ YES ____ NO

Household Information:

PLEASE COMPLETE THE FOLLOWING TABLE FOR ALL MEMBERS OF THE HOUSEHOLD. ATTACH ADDITIONAL SHEETS IF NECESSARY. Annual income sources include but are not limited to: EMPLOYMENT GROSS ANNUAL SALARY, TIPS, BONUSES, ETC., INTEREST AND/OR DIVIDENDS, BUSINESS NET INCOME, RENTAL NET INCOME, SOCIAL SECURITY, PENSIONS, UNEMPLOYMENT, WORKER'S COMPENSATION, ALIMONY, CHILD SUPPORT WELFARE, TANF, ANY OTHER SOURCES OF INCOME.

FULL NAME	DATE OF BIRTH	RELATIONSHIP	ANNUAL INCOME
		SELF/APPLICANT	

Income Documentation:

Proof of the total household income of all occupants of the residential property from all sources is required to demonstrate qualification as an Extremely Low Income Household. Required documentation includes:

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Most recent 3 months of bank statements (all pages required)
<input type="checkbox"/> Pay Check Stubs (4 weeks or more) <input type="checkbox"/> Statement of Tips, Bonuses etc.
<input type="checkbox"/> 2018 Social Security Income Statement/Letter
<input type="checkbox"/> Pension/retirement income statement(s)
<input type="checkbox"/> 2017 Income Tax Returns
<input type="checkbox"/> 2017 W2's
<input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Interest and/or Dividends
<input type="checkbox"/> Business/Rental Net Income
<input type="checkbox"/> Alimony
<input type="checkbox"/> Child Support
<input type="checkbox"/> Temporary Cash Assistance
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Any Other sources of Income |
|--|--|

Bank statements are NOT accepted as proof of SSI/SSDI amounts.

