



**Citrus County Board of County Commissioners**  
**FISCAL YEAR 2018-2019 APPLICATION FOR HARDSHIP ASSISTANCE**  
**SOLID WASTE MUNICIPAL SERVICE BENEFIT UNIT (MSBU)**

**PLEASE READ THE ENTIRE APPLICATION FORM CAREFULLY BEFORE SIGNING**

**AUTHORITY**

In accordance with Ordinance 97-02, Section 18, 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 Solid Waste.

**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.

<b>HUD (30%) Income Limits</b>	<b>1 Person</b> \$12,060	<b>2 Person</b> \$16,240	<b>3 Person</b> \$20,420	<b>4 Person</b> \$24,200	<b>5 Person</b> \$26,150	<b>6 Person</b> \$28,100	<b>7 Person</b> \$30,050	<b>8 Person</b> \$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 July 1<sup>st</sup> 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 pay any Solid Waste MSBU 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 payment of 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. If deemed qualified for the hardship assistance outlined in Section 18, the County shall pay the Solid Waste MSBU imposed on the residential property.

**REQUIRED INFORMATION**

In order to apply for hardship assistance under the Solid Waste MSBU, 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: \_\_\_\_\_

Alternate Key #: \_\_\_\_\_ 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"/> Workers Compensation        |
| <input type="checkbox"/> Pay Check Stubs (4 weeks or more)                            | <input type="checkbox"/> Interest and/or Dividends   |
| <input type="checkbox"/> Statement of Tips, Bonuses etc.                              | <input type="checkbox"/> Business/Rental Net Income  |
| <input type="checkbox"/> 2018 Social Security Income Statement/Letter                 | <input type="checkbox"/> Alimony                     |
| <input type="checkbox"/> Pension/retirement income statement(s)                       | <input type="checkbox"/> Child Support               |
| <input type="checkbox"/> 2017 Income Tax Returns                                      | <input type="checkbox"/> Temporary Cash Assistance   |
| <input type="checkbox"/> 2017 W2's                                                    | <input type="checkbox"/> Food Stamps                 |
| <input type="checkbox"/> Unemployment Compensation                                    | <input type="checkbox"/> Any Other sources of Income |

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

