



**City of Daytona Beach – Community Disaster Relief Assistance**  
**301 S. Ridgewood Ave. Rm 240**  
**(386) 671-8180**

**HOMEOWNER - Hurricane Ian Disaster Recovery Program**

**Eligibility Requirements**

- The home must be owned and occupied for a minimum of one year by the applicant as documented by homestead exemption status and located in the city limits of Daytona Beach
- The applicant must have applied for FEMA disaster assistance and filed a claim with their insurance provider, if applicable.
- The household annual income cannot exceed the Area Median Income (AMI) income below:

Household Size →	1	2	3	4	5	6
1% - 80% AMI →	\$40,950	\$46,800	\$52,650	\$58,500	\$63,200	\$67,900
81% - 120% AMI → (Limited Funding Available)	\$61,440	\$70,200	\$78,950	\$87,720	\$94,800	\$101,760

**Application Checklist**

The following original completed forms are required to submit an application

<u>Form</u>	<u>Completed by</u>
Application	Head of Household Signed by all household members 18 or older
Release of Information	All household members 18 or older

Copies of the following supporting documents are required to complete your application

<u>Supporting Document</u>	<u>Household member(s)</u>
Picture ID	All household members 18 or older
Delinquent Mortgage Statement	Homeowner
Most recent award letter(s)	All applicable household members
Paid Invoices and/or Receipts for Deductibles and Mold Remediation	Homeowner
<b>Note: Benefits include, but are not limited to; Social Security, SSI, SSDI, VA, Long Term Disability, Unemployment, TANF (Cash Assistance). 1099 forms are not acceptable.</b>	
Last 1-month paystubs	All employed household members
<b>Note: If self-employed, client will complete a self-certification form.</b>	
1-month current bank statements <b>All pages required.</b>	All applicable household members who have checking and/or savings accounts, 401(k), pensions, IRA/Investment account, etc. <b>All pages required.</b>
Proof of FEMA application filing and result	1 per household
Proof of property insurance filing and result (include amount of deductible if claim approved)	1 per household

**Failure to provide any of the above-mentioned documentation may result in denial of assistance.**



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**Applicant Information**

Applicant: \_\_\_\_\_

Property Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please choose ONE of the following:**

- I am applying for:
- Insurance Deductible Reimbursement
  - Insurance Deductible Payment
  - Temporary Relocation Reimbursement
  - Home Repair-Mold Remediation Assistance
  - Delinquent Home Mortgage Assistance

**Please answer the following questions.**

1. Was the home damaged as a direct result of Hurricane Ian?  Yes  No  
 If Yes: Are you currently displaced from your home?  Yes  No
2. Is the home located in the city limits Daytona Beach?  Yes  No
3. Do you own the home you are applying for?  Yes  No
4. Is the home your primary residence?  Yes  No
5. Do you have homestead exemption status?  Yes  No
6. Is the home a mobile or manufactured home?  Yes  No  
 If Yes: (1) Was the home built prior to June 1994?  Yes  No  
 (2) Do you own the land?  Yes  No
7. Have you applied for FEMA?  Yes  No  
 If Yes: What is the amount awarded by FEMA? \_\_\_\_\_
8. Do you have homeowners' insurance?  Yes  No  
 If Yes: (1) Did you file a claim with your insurance?  Yes  No  
 (2) What is the amount of your deductible? \_\_\_\_\_  
 (3) What is the amount awarded by insurance? \_\_\_\_\_
9. If applying for home repair, have the repairs already been completed?  Yes  No  
 If No, give a brief description of the repairs needed: \_\_\_\_\_

*The following information is collected for reporting purposes only:*

Race:  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 White  Asian  Black or African American  Other/Multi-Racial

Hispanic Ethnicity:  Yes  No



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**Household Composition**

List current household members:

Household Member Name	Relationship to Applicant	Social Security Number	Birthdate	Age	Marital Status	Employed
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional pages as necessary

**Household Income**

List income for ALL household members. Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Social Security, unemployment, other benefits.

Household Member Name	Full-time Student?	Source of Income If Applicable (Include employer name)	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Attach additional pages as necessary

**Household Assets**

Property Address, City and State	Is there a mortgage?	What is the current balance owed on the mortgage?	Is there income from the property?	Amount of annual income from property
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you own any real estate assets?  Yes  No If yes, complete the following:



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**Household Assets (Continued)**

List assets for ALL household members. Check yes or no for each household member and asset type.

Household Member Name	Checking	Savings	401(k), Pension	Stocks, Bonds, Investments
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Penalties for False or Fraudulent Statement**

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 775.83.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

**Florida’s Public Records Law**

Information provided by applicant(s) may be subject to Chapter 119 Florida Statutes, regarding Open Records.

**Acknowledgement and Certification**

- I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Hurricane Ian Disaster Recovery Program.
- I/We hereby certify that the property address listed is our primary residence.
- I/We hereby certify that all the information provided herein is true and correct.
- I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.
- I/We authorize the above-referenced City of Daytona Beach and any of its duly authorized representatives to verify all information provided in this application.
- I/We understand that additional information may be required to move forward with this program.
- I/We acknowledge in the event of a duplication of benefit, repayment of funds will be determined by the City of Daytona Beach.

**Applicant(s) Signature**

All household members 18 years or older must sign this application. Attach additional copies as needed.

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____



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**Release of Information**

Your signature on this form, and the signature of the co-head if applicable, authorizes the state or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and participation in the Hurricane Ian Disaster Recovery Program.

Privacy Act Notice Statement: The City of Daytona Beach requires the collection of the information listed in this form to determine an applicant's eligibility for the program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. The City of Daytona Beach is authorized to ask for this information under the National Affordable Housing Act of 1990.

Inquiries to the following sources may be needed to process this application:

- |                            |  |
|----------------------------|--|
| Past and Present Employers | Agencies Providing Welfare or Assistance |
| Unemployment Agencies      | Social Security Administration           |
| Retirement Systems         | Veterans Administration                  |

Information may be released to sources, including but not limited to the following, related to the assistance received from this application. The purpose of sharing this information is to coordinate services and prevent a duplication of benefits:

- |  |  |
|--|--|
| Agencies Providing Welfare or Assistance | Volusia County Municipalities providing assistance |
| All Volusia County Non-Profit Entities   | FEMA   |

Applicant's Authorization: I authorize the City of Daytona Beach, to obtain information about me and my household that is pertinent to determining my eligibility for participation in the program. I acknowledge that:

1. A photocopy of this form is as valid as the original; AND
2. I have the right to review information received using this form; AND
3. I have the right to a copy of information provided to the City of Daytona Beach and to request correction of any information I believe to be inaccurate; AND
4. All household members 18 years or older will sign this form and cooperate with the City of Daytona Beach in the eligibility verification process.

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____



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**APPLICANT STATEMENT/CERTIFICATION OF HAVING A COVID-19 NEGATIVE IMPACT**
