



A NEW DAY.

City of Jacksonville, Florida

Donna Deegan, Mayor

Neighborhoods Department
Municipal Code Compliance Division
214 N. Hogan Street, 7th Floor
Jacksonville, Florida 32202
(904) 255-7000
www.coj.net

JACKSONVILLE ASSISTANCE AND RELIEF PROGRAM APPLICATION **INCOME BASED APPLICATION**

For the application to be reviewed, all of the following documentation must be provided. If not provided, your application will not be reviewed. This information is solely used to determine the Applicants' eligibility.

Income Information

Submit a complete copy of your most recent tax return if there have been no changes since the filing date. If this document is available, you may move to Proof of Ownership. If there have been changes, or your tax return is unavailable to you, please submit the following alternate information:

- For all working family members, the two most recent payroll stub which indicates gross salary and deductions, **OR**
- For persons not salaried, a copy of the current year monthly award letter from the Social Security Administration, Veterans Administration, Retirement Pay, Child Support or other sources of income; documentation must provide the monthly gross income (before Medicare, taxes, insurance, etc. are deducted), **OR**
- A complete copy of the last three months of the bank statement(s).

Proof of Ownership and Identification

Only the homeowner may apply. A copy of a Florida Driver's License or Florida Resident ID card, with current address, must be provided. Name of the applicant must match the name currently displayed on the Duval County Property Appraiser's website. Applicant must have owned property for at least the last 6 months.

➔ Once the application is complete and all necessary documents gathered, mail or hand deliver your completed package to the address below:

**Neighborhoods Department
Municipal Code Compliance Division
C/O Jacksonville Assistance and Relief Program
214 N. Hogan Street, 7th Floor
Jacksonville, Florida 32202**



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MUNICIPAL CODE COMPLIANCE DIVISION **JACKSONVILLE ASSISTANCE AND RELIEF PROGRAM**

OWNER APPLICATION

Complete this application using BLUE ink.

PART I: CASE SUMMARY

Case # _____ RE# _____

Address of Subject Property _____
Street City State Zip Code

What violation is this concerning? (Check all that apply)

- Demolition
 Board Up
 Site Clearance
 Septic Tank Board Up
 Standing Tree
 Pool Board Up
 Pool Abandonment
 Septic Tank Abandonment
 Graffiti
 Overgrowth only

Is this a vacant lot? Yes No

Have you owned the subject property for the last 6 months? Yes No

Did you acquire this property through the Surplus Donation Program? Yes No

PART II: APPLICANT'S INFORMATION

Applicant's Name _____

Are you the homeowner? Yes No

Do you own this property as an individual or as a corporation/company? _____

Home Address _____
Street City State Zip Code

Telephone No. _____ Email _____

Have you applied for the Jacksonville Assistance and Relief Program in the last year? Yes No
>If yes, what was the outcome? Denied Approved



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PART III: COMPLETE THE FOLLOWING FOR ALL MEMBERS OF THE HOUSEHOLD OVER THE AGE OF 18, INCLUDING YOURSELF – Attach additional sheet if needed:

Full Name	Relation	Source of Income or No Income

PART IV: HOUSEHOLD INCOME
INCLUDE ALL INCOME FOR YOURSELF AND ALL OTHER MEMBERS OF THE HOUSEHOLD
MONTHLY INCOME BREAKDOWN

Source	Applicant	Spouse	Other Member(s) 18 and Over	Total
Gross Salary				
Social Security				
Social Security Disability				
Social Security Supplemental				
Food Stamps				
Unemployment, Workers Compensation				
Alimony, Child Support				
VA Military Benefits				
Other (List)				
TOTAL				



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PART V: IMPORTANT- APPLICANT READ BEFORE SIGNING

I 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 and 775.083. I further understand that any willful misstatement of information will be grounds for disqualification. I certify that the application information provided is true and complete to the best of my knowledge. I 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 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'S SIGNATURE: _____ **DATE:** _____

SEAL AND STATEMENT BY A CERTIFIED NOTARY IS REQUIRED:

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____ who is personally known to me or who provided valid identification.

(SEAL)

_____(Signature of Notary)

_____(Printed Name of Notary)

_____(Title or Rank)



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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize City of Jacksonville's Municipal Code Compliance Division to release without liability, information regarding my employment, income, and/or assets to the City of Jacksonville's Municipal Code Compliance Division, for the purposes of verifying information provided as part of determining eligibility for assistance under the Jacksonville Assistance and Relief Program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, public assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

- | | |
|---|---------------------------------|
| Present Employers | Alimony/Child Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration |
| State Unemployment Agency | Veteran's Administration |

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant

Printed Name

Date

NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506-T, "Request for Copy of Tax Return" and prepare and sign separately.