

MONROE COUNTY CDBG SEWER HOOK-UP APPLICATION

APPLICANT/HEAD OF HOUSEHOLD INFORMATION:

Applicant/Head of Household (HOH) Name: _____

Property Address: _____

Mailing Address (if different from property address): _____

Alternate Key Number (if known): _____

Rent: _____ Own: _____ Monthly Rent/Mortgage: _____ Number Living in Unit: _____

Phone Number: _____ Email Address: _____

Housing Unit Location: _____ Unincorporated portion of Monroe County OR
_____ Within the Corporate Limits of: _____ (Islamorada, Marathon, Key West)

PROPERTY OWNER INFORMATION (if different from applicant):

Owner Name: _____ Mailing Address: _____

Phone of Owner: _____ Email of Owner: _____

Name and Address of Mortgage Holder (if applicable): _____

	Name (Please list each Household member)	Age	Sex		Name (Please list each Household member)	Age	Sex
1	_____ Relation to HOH: _____			4	_____ Relation to HOH: _____		
2	_____ Relation to HOH: _____			5	_____ Relation to HOH: _____		
3	_____ Relation to HOH: _____			6	_____ Relation to HOH: _____		

Household Assets (Bank Accounts, Stocks, Retirement Accounts, MMs and/or CDs)

Household Member – Include Name of Financial Institution	Describe Asset (Bank Account, MM, CD, IRA, etc.)	Value of Asset (Current Balance)
Total Cash Value of Assets	\$	\$

HOUSEHOLD ANNUAL INCOME: List YEARLY income of HOH and each additional member of the household.

Source	Head of Household	Household Member Name: _____	Household Member Name: _____	Household Member Name: _____
Salary				
Tips/Bonuses				
Interest/Dividends				
Business Income				
Pension				
Rental Income				
Social Security				
Unemployment Benefits				
Workers Compensation				
Alimony/Child Support				
Welfare Payments				
Other				
TOTAL ANNUAL INCOME				

SOURCES OF INCOME VERIFICATION

NOTE: If self-employed list company name and address

1. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

2. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

3. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

- Other Income Source: _____
 Name: _____
 Address: _____

 Phone: _____
 Dates Worked: _____

HOUSING AND URBAN DEVELOPMENT REQUIREMENTS

Head of Household Marital Status: Married: _____ Unmarried (single, divorced or widowed): _____ Separated: _____

Head of Household Race:

_____ White (non-Hispanic) _____ African American _____ Asian
_____ American Indian or Alaska Native _____ Native Hawaiian Pacific Islander _____ Am Indian or Alaskan
Native & White
_____ Asian & White _____ African Am & White _____ American Indian/Alaskan Native
_____ Other Multi-Racial _____ & African American

Check all that applies to Head of Household:

Elderly: _____ Handicap/Physically Disabled: _____ Female Head of Household: _____ Hispanic Ethnicity: _____

APPLICATION CERTIFICATION FORM NOTICE – PLEASE BE AWARE THAT:

Fl statute section 837.06 - false official statements law states that: "whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree," punishable as provided by a fine to a maximum of \$500 and/or maximum of a 60 day jail term.

The undersigned specifically certifies that: (1) all statements made in this application are made for the purpose of obtaining the assistance indicated herein and are true and accurate; (2) verification or re-verification of any information contained in the application may be made at any time by the County or its consultant during the project to verify applicants qualification; (3) pay restitution for all costs occurred may be required for supplying false income information.

Applicants Name: _____

Signature: _____ Date: _____

***** Each additional household members receiving income must sign below******

Verification or re-verification of any information contained in the application may be made at any time by the County or its consultant during the project to verify applicants qualification:

1. Print Name: _____

Signature: _____ Date: _____

2. Print Name: _____

Signature: _____ Date: _____

3. Print Name: _____

Signature: _____ Date: _____

4. Print Name: _____

Signature: _____ Date: _____

Mail Application To:

Government Services Group, Inc.
22968 Overseas Highway
Cudjoe Key, FL 33042
Phone Number: 305.745.2062

IMPORTANT NOTE: You must provide a legible photo ID with your application before it can be processed.