





**LEVY COUNTY S.H.I.P PROGRAM  
APPLICATION FOR HOME REPAIR/REHABILITATION**

612 E Hathaway Avenue  
Bronson, FL 32621

Email: [gayle-marlon@levycounty.org](mailto:gayle-marlon@levycounty.org)  
Phone (352) 486-5268



**Applicant/Co-Applicant Employment Information:**

<b>Employer Name:</b>		<b>Employee Name:</b>	
Position:		Supervisor:	
Address:		City:	State/Zip Code:
Phone:	Fax:	Time Employed:	
Pay Rate:	Pay Frequency:	Monthly Income: (gross salary, overtime, tips, bonuses, etc.): \$	

<b>Employer Name:</b>		<b>Employee Name:</b>	
Position:		Supervisor:	
Address:		City:	State/Zip Code:
Phone:	Fax:	Time Employed:	
Pay Rate:	Pay Frequency:	Monthly Income: (gross salary, overtime, tips, bonuses, etc.): \$	

**NOTE: Attach additional sheets as necessary for all household members 18 years and over and or for multi jobs.**

**Other Sources of Income (For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)**

Name	Type of Income	Gross Annual Amount
1.		
2.		
3.		
4.		
		<b>Total \$</b>

**Assets and Asset Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)**

Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
<b>Total: \$</b>			<b>Total: \$</b>



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**Is the applicant categorized as a special needs/developmental disabilities\* individual pursuant to s. 420.0004 and s. 393.063, Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_**

\*s. 420.0004 (13) "Person with special needs" means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; a young adult formerly in foster care who is eligible for services under s. 409.1451(5); a survivor of domestic violence as defined in s. 741.28; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans' disability benefits.

s.420.0004 (7) "Disabling condition" means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is:

(a) Expected to be of long-continued and indefinite duration; and

(b) Not expected to impair the ability of the person with special needs to live independently with appropriate supports.

s. 393.063 (9) "Developmental disability" means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

**Ethnicity/Special Needs (For reporting purposes only, please check all that apply for head of Household Only):** White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Native American \_\_\_\_\_ Farm Worker \_\_\_\_\_ Disabled or Disabled Minor \_\_\_\_\_ Elderly \_\_\_\_\_ (62 or older) Homeless \_\_\_\_\_  
Other: \_\_\_\_\_

I/we 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 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we 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/we 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

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



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**LEVY COUNTY SHIP HOME REPAIR/REHABILITATION QUESTIONNAIRE**

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**Please provide the following information:**

Do you live in Levy County? Yes  No

Do you live within the city limits of a city? Yes  No  If yes, what city? \_\_\_\_\_

Do you own this home? Yes  No  Who's name (s) is the property deed in? \_\_\_\_\_

Do you live in the home currently? Yes  No  If not, what is your current address? \_\_\_\_\_

Do you have any liens or judgments against this property? Yes  No  If yes, explain what they are: \_\_\_\_\_

Are the property **TAXES current**? Yes  No  If no, what year (s) are still owed? \$ \_\_\_\_\_

Have any of the repairs currently being requested been paid for by other funding, but not completed? Yes   
No  If yes, please explain: \_\_\_\_\_

Other miscellaneous information: \_\_\_\_\_

**APPLICANT UNDERSTANDS THAT THE INFORMATION PROVIDED IS NEEDED TO DETERMINE SHIP ASSISTANCE ELIGIBILITY AND IN NO WAY ASSURES THAT THE APPLICANT WILL QUALIFY FOR ASSISTANCE.**

**I/WE STATE THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



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Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please list and explain areas that need to be repaired:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Direction to my house from Bronson:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_