



Household Member Income & Asset Information

(The information below must be filled out for each household member)

Name: _____

CURRENT EMPLOYMENT INFORMATION		
Employer	Phone Number	
Street Address, City, State, Zip		
Position Held/Title	Supervisor's Name	Supervisor's Contact Number
Time Employed	Rate of Pay	Pay Frequency
Total Annual Income (gross salary, overtime, bonuses, tips, etc.):		
CURRENT EMPLOYMENT INFORMATION		
Employer	Phone Number	
Street Address, City, State, Zip		
Position Held/Title	Supervisor's Name	Supervisor's Contact Number
Time Employed	Rate of Pay	Pay Frequency
Total Annual Income (gross salary, overtime, bonuses, tips, etc.):		
OTHER INCOME		
Type: (Ex.- SSA, SSI, Pension, Annuities, Child Support, Unemployment, Alimony)	Amount	Frequency
<input type="checkbox"/> I am unemployed (An affidavit will be required to be completed and notarized)		

WARNING: 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.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.083.

Household Member Signature: _____ Date: _____

Date/Time intake: _____ Permit Number: _____



City of Palm Beach Gardens
 Owner-Occupied Residential Rehabilitation Assistance Program



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(The information below must be filled out for each household member)

Name: _____

ASSET INFORMATION				
ASSET TYPE	CASH VALUE	BANK NAME	ACCOUNT NUMBER	BALANCE
Checking Account	\$			\$
Checking Account	\$			\$
Savings Account	\$			\$
Savings Account	\$			\$
Credit Union	\$			\$
401K, IRA, CD, Annuity	\$			\$
Whole Life Insurance	\$			\$
Stocks/Bonds	\$			\$
Real Property	\$			\$
Personal Property held as Investment (antique cars, coin collection, jewelry, etc)	\$			\$
Other: _____	\$			\$
Other: _____	\$			\$
<input type="checkbox"/> I have no assets (An affidavit will be required to be completed and notarized)				

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WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.083.

Household Member Signature: _____ Date: _____

Date/Time intake: _____

Permit Number: _____



Authorization for Release of Information

(This form must be completed for each household member over the age of 18 years old)

I, _____, the undersigned, hereby authorize release, without liability, information regarding my employment income and/or assets to the City of Palm Beach Gardens for the purposes of verifying information provided, as part of determining eligibility for assistance under the Residential Rehabilitation Assistance Program. I understand that only information necessary for determining eligibility can be requested.

Type of Information to be verified:

Verifications that may be requested are, but not limited to, personal identity, employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, Certificates of Deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions disability or death benefits; unemployment, disability and/or workers' compensation; welfare assistance; net income from the operation of a business; and alimony or child support payments, etc.

Criminal background checks *may* be performed to determine eligibility.

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

- | | |
|--|---------------------------------------|
| Past/Present Employers | Alimony/Child/Other Support Providers |
| Banks, Financial, or Retirement Institutions | Social Security Administration |
| State Unemployment Agency | Veterans Administration |
| Welfare Agency | Internal Revenue Service |
| Credit Reporting Agencies | Other: _____ |

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 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. Request a Copy of Tax Return and prepare and sign separately.

Date/Time intake: _____ Permit Number: _____



Conflict of Interest Disclosure

(To be completed by all household members over the age of 18)

In accordance with 24 CFR 570.611, applicants can be denied participation in the Residential Rehabilitation Assistance Program if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official, or appointed official of the recipient or sub recipients and the applicant currently within the past 12 months:

- Exercises or has exercised any functions or responsibilities with respect to funds for this program.
- Participates or has participated in the decision-making process related to the funds for this program.
- Is or was in a position to gain inside information with regard to the program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected, or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the Residential Rehabilitation Assistance Program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge the conflict.

Please read statements #1 and #2 and check the statement that applies to you:

____ 1. A conflict of interest **DOES NOT EXIST** as it relates to the Residential Rehabilitation Assistance Program Application.

____ 2. A conflict of interest **DOES EXIST** as it relates to the Residential Rehabilitation Assistance Program Application.

If you placed a checkmark by statement #2, please explain the Conflict of Interest:

Signature

Printed Name

Date

Date/Time intake: _____ Permit Number: _____