



Fire Assessment Hardship Assistance Program Application

Please review the Eligibility Requirements prior to applying.

This application and supporting documents are due by May 1st to:
Hardship Assistance Program
PO Box 490, Station 47
Gainesville, Florida 32627

Step 1: Have you applied with this program before?

- YES NO

Step 2: Provide property and homeowner information.

PROPERTY ADDRESS			
HOMEOWNER INFORMATION	NAME(s)		DATE OF BIRTH
	EMAIL ADDRESS		PHONE NUMBER
	MAILING ADDRESS	(if different from property address)	

Step 3: Provide information for all other household residents.

OTHER HOUSEHOLD RESIDENT INFORMATION	NAME		DATE OF BIRTH
	NAME		DATE OF BIRTH
	NAME		DATE OF BIRTH
	NAME		DATE OF BIRTH

Step 4: Do you, or any resident in your household, file a federal income tax return?

- YES **Attach copy of pages 1-2.*
- NO **Attach proof of income documents, such as W-2, social security 1099, retirement or annuity 1099, or other annual statements.*

Step 5: Do you, or any resident in your household, have bank/investment accounts?

- YES **Attach most recent account statements.*
- NO **Attach other documents, such as proof of social security benefit card.*

Step 6: Provide income and bank/investment account details for all residents in your household.

HOUSEHOLD INCOME INFORMATION			
NAME			
AMOUNT RECEIVED LAST YEAR	\$	SOURCE OF INCOME	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security or Veteran Benefits <input type="checkbox"/> Retirement Plan or Annuity <input type="checkbox"/> Other _____
NAME			
AMOUNT RECEIVED LAST YEAR	\$	SOURCE OF INCOME	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security or Veteran Benefits <input type="checkbox"/> Retirement Plan or Annuity <input type="checkbox"/> Other _____
NAME			
AMOUNT RECEIVED LAST YEAR	\$	SOURCE OF INCOME	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security or Veteran Benefits <input type="checkbox"/> Retirement Plan or Annuity <input type="checkbox"/> Other _____
NAME			
AMOUNT RECEIVED LAST YEAR	\$	SOURCE OF INCOME	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security or Veteran Benefits <input type="checkbox"/> Retirement Plan or Annuity <input type="checkbox"/> Other _____

HOUSEHOLD BANK/INVESTMENT ACCOUNT INFORMATION			
NAME			
CURRENT ACCOUNT BALANCE	\$	TYPE OF ACCOUNT	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market, Certificate of Deposit, or Bonds <input type="checkbox"/> Other _____
NAME			
CURRENT ACCOUNT BALANCE	\$	TYPE OF ACCOUNT	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market, Certificate of Deposit, or Bonds <input type="checkbox"/> Other _____
NAME			
CURRENT ACCOUNT BALANCE	\$	TYPE OF ACCOUNT	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market, Certificate of Deposit, or Bonds <input type="checkbox"/> Other _____
NAME			
CURRENT ACCOUNT BALANCE	\$	TYPE OF ACCOUNT	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market, Certificate of Deposit, or Bonds <input type="checkbox"/> Other _____

Step 7: Certify application and information.

I hereby apply for the Fire Assessment Hardship Assistance, claim this application and attached documents are complete and accurate, and certify ownership and residence of the property. I authorize the City of Gainesville to review this information and request other information necessary to determine eligibility for this assistance.

Homeowner Signature _____ **Date** _____

Homeowner Signature _____ **Date** _____