

**CONNECTFREE PROGRAM APPLICATION-HOMEOWNER**

Hand Deliver Application to: HCD Division, Thomas Center, 306 NE 6th Ave, Bldg. B Room 245, Gainesville, FL

**HOMEOWNER INFORMATION**

<b>Owner:</b>	_____	_____	_____
	<b>First</b>	<b>Initial</b>	<b>Last</b>
<b>Co-Owner:</b>	_____	_____	_____
	<b>First</b>	<b>Initial</b>	<b>Last</b>

**PROPERTY INFORMATION**

**Property Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**PROPERTY OWNERSHIP INFORMATION**

<b>Do you own this property?</b>	<b>Yes</b>	<b>No</b>	
<i>If yes, is this property your primary residence?</i>	<b>Yes</b>	<b>No</b>	
<i>If no, is this residence a rental property?</i>	<b>Yes</b>	<b>No</b>	
<b>How long have you owned this residence?</b>	<b>Years</b>		
<b>How long have you lived in this residence?</b>	<b>Years</b>		
<b>Is your Mortgage Current?</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Are your Property Taxes Current?</b>	<b>Yes</b>	<b>No</b>	

**CONTACT INFORMATION**

<b>Phone</b>	<b>Owner</b>	<b>Co-Owner</b>
<b>Home:</b>		
<b>Work:</b>		
<b>Cell:</b>		

**CONNECTION SERVICE INFORMATION**

<b>What type of connection assistance do you need?</b>	<b>Water</b>	<b>Sewer</b>
<b>Are you connected to City Water?</b>	<b>Yes</b>	<b>No</b>
<b>Are you connected to City Sewer?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have a well?</b>	<b>Yes</b>	<b>No</b>
<b>Has your well ever been tested?</b>	<b>Yes</b>	<b>No</b>
<b>Does your well have any known or suspected contamination?</b>	<b>Yes</b>	<b>No</b>
<b>Is your water discolored or have an odor?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have a septic tank?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have any sewage discharge to the ground surface?</b>	<b>Yes</b>	<b>No</b>

*Please describe any problems with your well and/or septic tank:*


**HOUSEHOLD MEMBER INFORMATION**

**(Please list ALL Household Members who are/will be living with you in this Residence):**

**(If Rental Property, Please List ALL Tenant Household Members who are/will be living in this Residence):**

<b>Name</b>	<b>Relationship</b>	<b>Gender</b>	<b>Race</b>

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**HOUSEHOLD INCOME INFORMATION'**  
 (Please list ALL Household Members 18 years and older who are/will be receiving Inocme in this Residence):  
 (Not Applicable for Rental Properties)

Name	Source/Type of Income	\$\$\$ Amount				
		Weekly	Bi-Weekly	Semi-Monthly	Monthly	Annual

**HOUSEHOLD ASSETS INFORMATION**  
 (Please list ALL Household Members 18 years and older Assets who are/will living in this Residence):  
 (Not Applicable for Rental Properties)

Household Member	\$\$\$ Current Balance/Value					
	Checking	Savings	CD's	Bonds/Stocks	IRA/401K	Other

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; assets 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/we further understand that any willful misstatements 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.

Owner Signature	_____	Date	_____
Co-Owner Signature	_____	Date	_____
Household Member	_____	Date	_____
Household Member	_____	Date	_____
Household Member	_____	Date	_____
Household Member	_____	Date	_____

City Staff Use Only:			
Property Eligible	Yes	No	_____
GRU Service Area	Yes	No	_____
Low Income Household	Yes	No	_____
Low Income Area	Yes	No	_____
Non Profit-Special Needs	Yes	No	_____
Governmental Entity-Special Needs	Yes	No	_____
Public Health Safety Issue Prelim	Yes	No	_____
Referred to Health Dept.	Yes	No	_____
Public Health Safety Issue Confirmed	Yes	No	_____
Priority Status Assigned (circle one):	Tier 1	Tier 2	Tier 3
Waiting List	Yes	No	_____

Reviewed By:	_____	Date:	_____
Pre-Approved By:	_____	Date:	_____
Final Approved By:	_____	Date:	_____

*(Final Approval subject to cost feasibility as determined by GRU-see GRU Transmittal Sheet)*