



ReHouse Bay

Housing Recovery Program
Application

This Section is for Office Use Only

Date Received:

Received By:

Applicant ID #:



Housing Recovery Program

Application Form

SECTION 1: HEAD OF HOUSEHOLD (HOH) INFORMATION

First Name:		Last Name:	
Date of Birth:		Last 4 SSN #:	
Race:		Ethnicity: <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Not Latino/Hispanic	
Primary Address:		Primary City, State, Zip:	
Home Phone:	Cell Phone:	Email:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
How did you hear about this program? <input type="checkbox"/> Internet <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Family/Friend <input type="checkbox"/> Other _____			
Are you currently working with a Case Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the cause of your hardship? <input type="checkbox"/> Hurricane Michael <input type="checkbox"/> COVID-19 <input type="checkbox"/> Other _____	

SECTION 2: HOUSEHOLD MEMBER INFORMATION

How many household members live in your home? 1 Person 2-4 People 5 + People

Household Member Name	Relationship to HOH	Date of Birth (mm/dd/yyyy)	Race	Last 4 SSN #	Marital Status

Are any of the following true of any household member?

(mark all that apply)

Developmentally Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physically Disabled or Handicapped	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elderly (Aged 62 Or Older)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survivor of Domestic Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Homeless	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving Social Security Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving Social Security Disability Income (SSID)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 3: EMPLOYMENT INFORMATION

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, please complete the information on the next page)</i>	If no, what was your prior occupation? <hr/> If no, what was the length of your prior employment? <hr/> If no, is it because of COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer Name:	Employer Phone:	Length of Employment:
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Employer Address:	Employer City, State, Zip:
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Are the other household members employed? Yes No

Household Member Name	Name of Employer	Occupation	Length of Employment

SECTION 4: FINANCIAL INFORMATION

What is the Estimated Annual Gross Income for your household? \$ _____

Note: Annual Gross Income Includes All Pre-Tax Income for Individuals 18 Years or Older Living in Your Home, Including Full-Time, Part-Time, or Overtime Salary, Social Security Or Disability Income, Pension(S), VA Benefits, Child Support, Etc. This Information Will Be Verified by Rehouse Bay Staff When Reviewing This Application.

Do you have Financial Assets? Yes No
(If yes, please complete the information below)

Financial Asset Type	Asset Balance/Value
Savings Account Name:	
Checking Account Name:	
401(K)/Pension	
Securities	
Property Value	
Pay Card	
Direct Express Card	

Do you have Monthly Income? Yes No
(If yes, please list in table below)

Monthly Gross Income Type	Income Amount
Employment Income	
Social Security	
VA Benefits	
Pension	
Social Security Income (SSI)	
Social Security Disability Income (SSID)	
TANF/Food Stamps	
Child Support	

SECTION 4: FINANCIAL INFORMATION (CONTINUED)

Do you have Monthly Expenses? Yes No

(If yes, please list in table below)

Monthly Expense Type	Expense Amount
Mortgage/Rent	
Second Mortgage	
Taxes	
Utilities	
Out-of-Pocket Medical Expenses	
Child Care	
Car Loan Payment	
Car Insurance	
Life/Health Insurance	
Homeowner/Renter Insurance	
Student Loan	
Internet/Cell Phone	
Credit Cards	

SECTION 5: HOW CAN REHOUSE BAY HELP YOU?

I need help repairing damages to my home from Hurricane Michael.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Sections 6 & 7</i>
I'm building a new home and need help with impact fees.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section 8</i>
I'm looking to buy my first home and need help with down payment or closing costs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section 9</i>
I need help with my mortgage payment to prevent foreclosure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section 10</i>
I need help with a security and/or utility deposit or need help with rent to prevent eviction.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section 11</i>
I am looking for other housing assistance. <i>(Please describe below or call the ReHouse Bay office at 850-872-7230 for assistance)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: OWNER OCCUPIED REHABILITATION

Is this property your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the sole deed holder of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you occupy the home during Hurricane Michael on October 10, 2018?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of structure is home?	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhome/Duplex <input type="checkbox"/> Modular Home <input type="checkbox"/> Manufactured Housing Unit (HMU)
What year was the home built?	
Property Address:	Property City, State, Zip:

Please briefly describe the damages to your home:

SECTION 7: HOMEOWNER ASSISTANCE: BENEFITS RECEIVED

Note: Assistance provided through the ReHouse Bay program may not duplicate other financial or housing assistance received (insurance, local, state, federal, non-profit, etc.) Please note that this information will be verified by rehouse bay staff.

Have you applied for and/or received any Hurricane Michael related assistance for repairs to your home? Yes No
 (If yes, please complete the information below)

Type of Assistance	Date requested (mm/dd/yyyy)	Did you receive assistance? (Y/N)	Assistance Award Amount (\$)
FEMA			
Small Business Administration (SBA)			
Other Social Assistance			

Have you applied for and/or received any Insurance related assistance for repairs to your home? Yes No
 (If yes, please complete the information below)

Insurance Carrier	Insurance Policy #	Insurance Proceeds	Did you file an Insurance Claim?	Did you have homeowner's insurance on Oct. 10, 2018?

SECTION 8: IMPACT FEES ASSISTANCE

Is this property your primary residence? Yes No

Are you the sole deed holder of this property? Yes No

What year was the home built?

Property Address:

Property City, State, Zip:

Please briefly describe the damages to your home:

SECTION 9: FIRST TIME HOMEBUYERS ASSISTANCE

Please complete the information below if you are interested in becoming a first-time homebuyer through ReHouse Bay. Note: the maximum purchase price of a home purchased through ReHouse Bay is **\$283,900**.

Has your family owned a home in the past three (3) years? Yes No

Have you located a house on the market that you are interested in purchasing? Yes No

If you have found a house on the market, what is the purchase price? \$

Are you interested in purchasing a newly constructed or existing home? Yes No

Do you have a minimum of \$2,000 to apply towards a home purchase? Yes No

Do you believe you will be able to obtain financing and secure a mortgage? Yes No

Have you already been pre-approved by a lender? Yes No

If you have been pre-approved by a lender, what is the loan amount? \$

What location are you interested in purchasing in?

- Callaway Lynn Haven Mexico Beach Springfield Panama City
 Panama City Beach Parker Unincorporated Bay County Other _____

SECTION 10: FORECLOSURE PREVENTION/MORTGAGE ASSISTANCE

Is this property your primary residence? Yes No

Are you the sole deed holder of this property? Yes No

Lending Institution Name:

Total Amount Delinquent:

Property Address:

Property City, State, Zip:

Please briefly describe the reason for mortgage delinquency:

SECTION 11: RENTAL ASSISTANCE

Do you need assistance with first month's rent and/or security? Yes No

(If yes, please complete the information below)

Rental Property Address:

Rental Property City, State, Zip:

Landlord/Leasing Agency Name	First Month's Rent Amount	Security Deposit Amount

Do you need assistance to prevent eviction? Yes No

(If yes, please complete the information below)

Landlord/Leasing Agency Name	Monthly Rent Amount	Amount Past Due

Are you seeking assistance for a utility deposit? Yes No

(If yes, please complete the information below)

Monthly Rent Amount	Monthly Rent Amount	Monthly Rent Amount

SECTION 12: APPLICANT RELEASE AND CERTIFICATION

Please initial one (1) of the boxes below to accept the release of information. Please read entirely before initialing.

I understand that submissions to ReHouse Bay, Panama City Office of Community Development, and/or Bay County will be shared solely for the purposes of housing services and to meet the objectives of the ReHouse Bay program. Submission of this form constitutes a consent to authorize any statement or information contained in this form or any subsequent documentation submitted to ReHouse Bay. False or fraudulent statements on this application may be subject to legal action. This completed form may be a public record pursuant to the Florida public records law (chapter 119) and subject to disclosure upon request. Certain information, for example social security numbers and blank account numbers, are protected and will not be disclosed.

I am exempt from the policy above because I am one of the following:
(please initial the relevant statutory exemption)

- _____ **An active or former sworn or civilian Law Enforcement Personnel**
Â§119.071(4)(D)2. A.
- _____ **A current or former Firefighter certified in compliance with**
S. 633.408 Â§119.071(4)(D)2. D.
- _____ **A current or former Justice of the Supreme Court,**
District Court of Appeal Judge Circuit Court Judge
or County Judge Â§V119.071(4)(D)2. E.
- _____ **A current or Former State Attorney, Assistance State**
Attorney, Statewide Prosecutor, or Assistant
Statewide Prosecutor Â§V119.071(4)(D)2. F.
- _____ **Other (please explain and identify the relevant**
statutory exemption):

APPLICANT SIGNATURE

IMPORTANT: Please Read Before Signing

The Community Development Department collects social security numbers for the following purpose: Classification of accounts, identification and verification, credit worthiness and tracking purposes. Social security numbers are unique numeric identifiers and may be used for search purposes.

I/We hereby certify that all information furnished in this application is true and correct and is given for the purpose of obtaining Housing Assistance depending on my/our financial ability. Further, I/We authorize any employee of the City of Panama City/Community Development to verify any statement that I/We have made on this application obtained from any source maned herein.

Penalty for False or Fraudulent Statement, U.S.C. Title 18, Sec. 1001 provides: "Whoever, in any matter within the jurisdiction of any agency of the United States knowingly and willingly falsifies... or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000, imprisoned for not more than 5 years or both."

Completion of this form constitutes a digital signature. Please review your application completely before signing using your full, legal name.

Applicant Signature:

Date:

Please submit a signed copy of this form to:

**CITY OF PANAMA CITY COMMUNITY DEVELOPMENT OFFICE
 CITY HALL – SECOND FLOOR, ROOM 206
 501 HARRISON AVENUE, PANAMA CITY, FL 32401**

FOR USE BY REHOUSE BAY STAFF ONLY

Received By:

Received Date:

Review Date:

Applicant ID #:

Program Interest: