



THE INDIAN RIVER COUNTY SHIP PROGRAM  
**REHABILITATION / IMPACT ASSISTANCE**  
**APPLICATION**

Indian River County Planning Division  
1801 27th Street, Vero Beach, FL 32960  
(772) 226-1594 or - email: [dbradford@ircgov.com](mailto:dbradford@ircgov.com)

**PLEASE READ THESE INSTRUCTIONS CAREFULLY:**

1. When your number is pulled from the waiting list, you will be contacted and asked to meet with the SHIP Housing Coordinator to complete your SHIP Rehabilitation or Impact Fee Assistance Application.
  - a. You will be asked to bring with you at that time:
    1. A copy of a valid photo ID for everyone in the household over the age of 18 (addresses should reflect the current address).
    2. A copy of a birth certificate for all household members.
    3. A copy of the deed to your home.
    4. A copy of a statement showing you are current in your monthly mortgage payment (if applicable).
    5. A copy of your Homeowner's Insurance Declaration Page (if applicable).
  - b. **It is very important to keep your contact information up to date on your SHIP Preliminary Intake Information Sheet with the SHIP office. If we are not able to contact you successfully, we may have to cancel your request for SHIP assistance.**
2. Your income and asset verification documents will be reviewed by SHIP staff and a title search on your property will be conducted to determine eligibility for SHIP Program assistance.
3. A conditional letter of approval or cancellation will be mailed to you once the determination has been made regarding your application.
4. When staff requests documents, please be sure to supply them in a timely manner, so your application could move forward.

**NOTE: When staff requests documents, please be sure to supply them in a timely manner, so your application could move forward.**



The following items **MUST** be submitted within **TWO WEEKS** from the date indicated on the letter you receive from the SHIP office AFTER YOUR **NUMBER** is pulled from the waiting list:

- ☐ **Completed (formal) SHIP Application**
- ☐ Copies of the last, **most current 6 pay stubs** for everyone in the household employed over the age of 18 years of age.
- ☐ Copies of your last, most current **6 months** of bank statements for **all accounts** for **everyone** in the household.
- ☐ Copies of your most current statement(s) for all Retirement, Pension, or Annuity accounts (*company name, address, telephone, fax numbers & amount*), including 401K, 403 B, IRA, etc.
- ☐ All members of the household 18+ who are currently unemployed **must** complete and sign the Unemployment Benefits form. A notarized affidavit explaining the reason for unemployment is required for all household members over the age of 18 years of age who are currently unemployed. Please contact SHIP for a blank affidavit.
- ☐ If you, your spouse, or any children in the household receive any benefits from the Social Security Administration, **a statement dated within the last 30 days**, detailing the amount received must be submitted with your application.
- ☐ **Child Support:** A copy of the Court Order, Divorce Decree, or any other official documents related to child support are required for submission to determine income eligibility. You will be required to provide a 12 month history of child support received (must be obtained from the Clerk of Court in the county where the order was filed). **If you are eligible for Child Support but do not receive it, you will be required to do so in order to be eligible for SHIP.**
- ☐ If you, you are self-employed, you will be required to fill out a **Verification of Income from Business Form** and may be required to submit a tax return that details the business income from the prior two years. Please contact the SHIP office for a copy of the Verification of Income from Business form.
- ☐ A ***notarized*** copy of a 1040 US Income Tax return for the **previous 2 years** for **all** members of the household 18 years or older (a free transcript may be obtained by calling 1-800-829-1040)
- ☐ If you, are self-employed, you must submit a ***notarized*** copy of your IRS Schedule C form for the previous **2 years and submit the copies to SHIP.**
- ☐ If you did **not** file taxes, please call 1-800-829-1040 to request a letter stating **no taxes were filed.**
- ☐ If you did not file taxes because you are **exempt** from paying taxes, please contact the SHIP office to sign a "No Tax Return" affidavit (requires notarization).

**\*NOTE: SHIP staff may ask for more information on case-by-case basis.**

### **Allowed Rehabilitation Work:**

- ❖ Roof repair or replacement including replacement of all rotten wood
- ❖ Plumbing work as needed
- ❖ Electrical work as needed
- ❖ Heating and air conditioning, including insulation and ceiling fans
- ❖ Replacement of doors and windows, if in poor condition
- ❖ Replacement of kitchen cabinets, if in poor condition
- ❖ Replacement of damaged drywall as needed
- ❖ Painting, carpeting and vinyl flooring, only as part of larger rehabilitation work
- ❖ Replacement of rotted siding
- ❖ Replacement of bathroom tubs, lavatories, and sinks as needed to bring the units to a safe and sanitary standard
- ❖ Replacement of kitchen sinks as needed
- ❖ Pressure wash, only to prepare for any allowed painting or repair
- ❖ Driveway/culvert - **only** if no driveway exists
- ❖ Repairs to make a house accessible for a disabled member of the household
- ❖ Repair or replacement of septic tank, lift station, drain field or private well as required by the public health department
- ❖ Termite repairs and treatment
- ❖ Installation of storm shutters
- ❖ Hurricane mitigation work activities
- ❖ Replacement of water heater as needed
- ❖ Application of green building standards to increase energy efficiency of the unit
- ❖ Repair of permitted porch to make it safe
- ❖ Replacement of range hood; installation if none existing
- ❖ Repair or replacement of existing smoke alarm and/or carbon monoxide alarm; installation if none existing
- ❖ Plastic screen, metal screen, or metal mesh for soffit vents
- ❖ Replacement of stairs as needed
- ❖ Other repairs as required by the building department to bring the house up to current minimum housing code

### **Rehabilitation work *not allowed* includes any of the following:**

- ❖ Appliances
- ❖ Carpeting which is not part of larger rehabilitation work
- ❖ Tile floors or walls – except in bathrooms
- ❖ Wood flooring
- ❖ Patio, porch, garage or any room addition
- ❖ Painting which is not part of larger rehabilitation work
- ❖ Landscaping, laying sod, or similar work
- ❖ Any kind of cosmetic work
- ❖ Swimming pool and similar facilities
- ❖ Tile or slate roofing
- ❖ Hardi plank siding unless replacing existing portions
- ❖ Fence

**INDIAN RIVER COUNTY  
LOCAL HOUSING ASSISTANCE PLAN  
INCOME CLASSIFICATIONS - REHABILITATION LOANS**

**YOU MAY BE ELIGIBLE TO RECEIVE REHABILITATION ASSISTANCE IF YOUR GROSS  
ANNUAL HOUSEHOLD INCOME IS:**

<b>HOUSEHOLD SIZE</b>	<b>MAJOR AND MINOR REHABILITATION*</b> Up to \$50,000			<b>EMERGENCY REHABILITATION ONLY**</b> Up to \$20,000
	<b>EXTREMELY LOW LESS THAN</b> 30% of MI	<b>VERY LOW LESS THAN</b> 50% of MI	<b>LOW LESS THAN</b> 80% of MI	<b>MODERATE LESS THAN</b> 120% of MI
<b>1 Person</b>	\$12,400	\$20,650	\$33,000	\$49,560
<b>2 Persons</b>	\$16,240	\$23,600	\$37,700	\$56,640
<b>3 Persons</b>	\$20,420	\$26,550	\$42,400	\$63,720
<b>4 Persons</b>	\$24,600	\$29,450	\$47,100	\$70,680
<b>5 Persons</b>	\$28,780	\$31,850	\$50,900	\$76,440
<b>6 Persons</b>	\$32,960	\$34,200	\$54,650	\$82,080
<b>7 Persons</b>	\$36,550	\$36,550	\$58,450	\$87,720
<b>8 Persons</b>	\$38,900	\$38,900	\$62,200	\$93,360

**Median Income (MI) = \$61,900.00 (Source: Florida Housing Finance Agency)**

\*In order to qualify for an Indian River County SHIP Program major or minor rehabilitation loan, your total household gross annual income must fall under the low-income category or below.

\*\*Moderate income applicants can only qualify for emergency rehabilitation loan assistance.

Updated: 04/24/2017



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**Indian River County Planning Division  
1801 27th Street, Vero Beach, FL 32960  
(772) 226-1594 or - email: [dbradford@ircgov.com](mailto:dbradford@ircgov.com)**



## REPAIR WORK LIST

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**NOTE: Application will not be processed unless the following list is provided.**

**PLEASE PROVIDE A LIST OF ALL REPAIR WORK NEEDED:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_



**INDIAN RIVER COUNTY PLANNING DIVISION**  
**SHIP REHABILITATION ASSISTANCE APPLICATION**  
1801 27TH STREET VERO BEACH, FLORIDA 32960  
(772) 226-1594

**RESIDENT HOUSEHOLD CONTACT INFORMATION**

PLEASE COMPLETE APPLICATION WITH BLACK OR BLUE PEN

APPLICANT AND CO-APPLICANT NAME	STREET ADDRESS	MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS

Number of persons in household: Adults 18 or older: \_\_\_\_\_ Children younger than 18: \_\_\_\_\_

Phone #1: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone #2: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

EMPLOYMENT INFORMATION FOR ALL JOBS (FULL TIME OR PART TIME) MUST BE PROVIDED FOR ALL PERSONS, AGED 18 AND OLDER, WHO WILL OCCUPY THE IDENTIFIED HOUSING UNIT.

NAME OF HOUSEHOLD MEMBER 18 YEARS AND OLDER	EMPLOYER'S NAME	EMPLOYER'S MAILING ADDRESS	EMPLOYER'S PHONE & FAX NUMBER	DATE OF HIRE	POSITION/TITLE



**IF YOU HAVE BEEN EMPLOYED IN YOUR CURRENT POSITION FOR LESS THAN ONE YEAR, COMPLETE THE FOLLOWING:**

**Applicant Name:**

\_\_\_\_\_

**Name and Address of Previous Employer:**    ☐ Self Employed    (Submit affidavit)

\_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_                      Monthly Income \$ \_\_\_\_\_

Position/Title/Type of Business                      Business Phone  
\_\_\_\_\_ (     )                      - \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

**Co-Applicant Name:**

\_\_\_\_\_

**Name and Address of Previous Employer:**    ☐ Self Employed    (Submit affidavit)

\_\_\_\_\_

Dates: From \_\_\_\_\_ To: \_\_\_\_\_                      Monthly Income \$ \_\_\_\_\_

Position/Title/Type of Business                      Business Phone  
\_\_\_\_\_ (     )                      - \_\_\_\_\_

**PRIMARY RESIDENT/APPLICANT:**

**If you are not employed and not a seasonal farm worker, are you one of the following persons with special housing needs?** NOTE: This information is requested for data reporting purposes. Completion is optional unless you are claiming Special Needs Person status for LHA-Program qualification. If claiming special needs status, you must provide sufficient documentation to verify your claim.

- ☐ Elderly
- ☐ Physically Disabled
- ☐ Homeless
- ☐ Other, please explain: \_\_\_\_\_

**CO-APPLICANT:**

**If you are not employed and not a seasonal farm worker, are you one of the following persons with special housing needs?** NOTE: This information is requested for data reporting purposes. Completion is optional unless you are claiming Special Needs Person status for LHA-Program qualification. If claiming special needs status, you must provide sufficient documentation to verify your claim.

- ☐ Elderly
- ☐ Physically Disabled
- ☐ Homeless
- ☐ Other, please explain: \_\_\_\_\_





## INCOME AND ASSET INFORMATION

### A) INCOME

In the table below, list household's income for all persons, aged 18 and older, who will occupy the identified unit. As proof of income the applicant must sign all applicable verification forms attached to the back of this application.

<b>SOURCE OF INCOME (EMPLOYMENT, SOCIAL SECURITY, CHILD SUPPORT, WELFARE PAYMENT, TIPS, AND OTHERS)</b>	<b>NAME OF HOUSEHOLD MEMBERS EARNING THE INCOME</b>	<b>AMOUNT (\$) GROSS MONTHLY INCOME</b>
1.		
2.		
3.		
4.		
5.		
6.		
<b>TOTAL</b>		

### B) ASSET INFORMATION

Provide asset information on the following tables for all household members:

<b>NAME OF FINANCIAL INSTITUTION (PLEASE LIST THE NAME THAT APPEARS FIRST FOR EACH INDIVIDUAL ACCOUNT)</b>	<b>CHECKING</b>	<b>SAVINGS</b>	<b>ADDRESS AND PHONE NUMBER OF THE FINANCIAL INSTITUTION</b>	<b>LAST 4 DIGITS OF ACCOUNT NUMBER</b>	<b>CASH/ MARKET VALUE</b>
					\$
					\$
					\$
					\$
					\$



TYPE OF ASSET (PLEASE SPECIFY)	ADDRESS OR NAME AND PHONE NUMBER	ACCOUNT NUMBER	CASH/MARKET VALUE	INCOME FROM ASSETS
Equity in Real Estate Owned ( <b><i>Not your primary residence</i></b> )			\$	\$
Individual Retirement Account (IRA) and Keogh Accounts			\$	\$
Retirement and Pension Funds which may be withdrawn before retirement			\$	\$
Stocks, Bonds, Treasury Bills, Certificates of Deposit, Money Market Funds			\$	\$
Net Worth of Business(es) Owned			\$	\$
Lump Sum Receipts (inheritance, capital gains, lottery winnings, insurance settlements, others)			\$	\$
Personal property held as an investment (gems, jewelry, antique cars, paintings, etc.)			\$	\$
Cash on Hand			\$	\$
Total for all assets			\$	\$

**Have you disposed of any of your assets in the last two years for less than market value? (Circle one)**

**YES**

**NO**

If '**yes**', please request a blank affidavit from the SHIP office to provide a detailed explanation.



## DECLARATIONS

Please complete the following section. If you answer "YES" to any questions A through F, please provide explanation on a separate sheet. (Check appropriate box ☒)

- |  | <u><b>Borrower</b></u>                                   | <u><b>Co-Borrower</b></u>                                |
|--|--|--|
| a. Are there any outstanding judgments against you?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Have you declared bankruptcy within the past 2 calendar years?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Have you had property <b>foreclosed</b> upon or given title or <b>Deed in Lieu</b> thereof in the last calendar year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are you a party to a lawsuit, as either plaintiff or defendant?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee? If "Yes" provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes" give details as described in the preceding question.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## LENDER DATA

Identify all lenders, mortgage companies or similar private parties who hold a lien, a mortgage or similar financing agreement for the identified housing unit (enter N/A if not applicable).

\_\_\_\_\_  
Mortgage/Lien 1

\_\_\_\_\_  
Mortgage/Lien

Any additional mortgage/lien holders:  
\_\_\_\_\_

**ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18 ARE REQUIRED TO INITIAL  
AND SIGN THIS ACKNOWLEDGMENT & AGREEMENT**

**ACKNOWLEDGMENT AND AGREEMENT**

The undersigned specifically acknowledge(s) and agree(s) that: (1) the award requested by this application will be secured by a mortgage or deed of trust on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the assistance indicated herein; (4) occupation of the property will be as indicated above; (5) verification or re-verification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Lender, even if the application is not approved; (6) the lender, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) ownership of the loan may be transferred to successor or assign of the Lender without notice to me and/or the administration of the loan account may be transferred to an agent, successor or assign of the Lender without prior notice to me; (8) the Lender, its agents, successors and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property; (9) the Lender, its agents, successors and assigns may request and obtain a credit report(s) providing a credit history for me/us in completing the Lender's review of this application.

**Initials** \_\_\_\_\_

**NOTICE - BE AWARE THAT:**

**FLORIDA STATUTE SECTION 837.06 - FALSE OFFICIAL STATEMENTS LAW STATES THAT:**

"WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE," PUNISHABLE AS PROVIDED BY A FINE TO A MAXIMUM OF \$500.00 AND/OR MAXIMUM OF A SIXTY DAY JAIL TERM.

**Initials** \_\_\_\_\_

**Certification:** I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

X _____	_____ / _____ / _____
Applicant's Signature	Date

X _____	_____ / _____ / _____
Co-Applciant's Signature (if any)	Date

X _____	_____ / _____ / _____
Household Member 18 yrs. + Signature	Date

X _____	_____ / _____ / _____
Household Member 18 yrs. + Signature	Date



## UNIT RESIDENT HOUSEHOLD INFORMATION FORM

PLEASE PRINT OR TYPE ALL INFORMATION:

**Primary Resident Applicant Name** (Including Jr. or Sr., if applicable):

\_\_\_\_\_ **Age:** \_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Home Number:

Phone Work Number:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

❖ **Marital Status:**

\_\_\_\_ Married

\_\_\_\_ Separated

\_\_\_\_ Unmarried

❖ **Citizenship/Residency:**

\_\_\_\_ U.S. Citizen

\_\_\_\_ Registered Alien

(**IDENTIFY:** single, divorced, or widowed)

**Second Resident/Co-Applicant** (Including Jr. or Sr., if applicable):

\_\_\_\_\_ **Age:** \_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Primary Resident \_\_\_\_\_

Phone Home Number:

Phone Work Number:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

❖ **Marital Status:**

\_\_\_\_ Married

\_\_\_\_ Separated

\_\_\_\_ Unmarried

❖ **Citizenship/Residency:**

\_\_\_\_ U.S. Citizen

\_\_\_\_ Registered Alien

(**IDENTIFY:** single, divorced, or widowed)

**Third Resident** (Including Jr. or Sr., if applicable):

\_\_\_\_\_ **Age:** \_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Primary Resident \_\_\_\_\_

Phone Home Number:

Phone Work Number:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

❖ **Marital Status:**

\_\_\_\_ Married

\_\_\_\_ Separated

\_\_\_\_ Unmarried

❖ **Citizenship/Residency:**

\_\_\_\_ U.S. Citizen

\_\_\_\_ Registered Alien

(**IDENTIFY:** single, divorced, or widowed)

**Fourth Resident** (Including Jr. or Sr., if applicable):

\_\_\_\_\_ **Age:** \_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Primary Resident \_\_\_\_\_

Phone Home Number:

Phone Work Number:

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

❖ **Marital Status:**

\_\_\_\_ Married

\_\_\_\_ Separated

\_\_\_\_ Unmarried

❖ **Citizenship/Residency:**

\_\_\_\_ U.S. Citizen

\_\_\_\_ Registered Alien

(**IDENTIFY:** single, divorced, or widowed)

PLEASE COPY THIS FORM IF THERE ARE MORE THAN 4 HOUSEHOLD MEMBERS



## HOUSEHOLD INFORMATION:

MEMBER #	FULL NAME	RELATIONSHIP	DATE OF BIRTH	AGE	RACE*
1		HOH			
2					
3					
4					
5					
6					
7					
8					

\*This information is requested for data reporting purposes only. Completion of this information is optional.

☐ Black

☐ Caucasian

☐ Native American/Eskimo

☐ Hispanic

☐ Asian

☐ Other (Please identify)



## **HOMEOWNER'S INSURANCE NOTICE:**

For any emergency works that are covered under your homeowner's insurance, the SHIP Program requires that you open a claim with your insurance company before any SHIP funds can be awarded for repair of your home. We understand that the amount awarded by your insurance company may not cover any or all of the items being requested for repair. If any funds are awarded from a homeowner's insurance claim, those funds must be paid to the contractor performing the repairs and if determined eligible for SHIP funds, the SHIP Program should cover additional costs needed for the job. A copy of the homeowner's insurance inspection report and a copy of any checks/deposits will be required for submission to SHIP if a claim is processed and funds are awarded from the insurance company.

If you do not have homeowner's insurance, the SHIP Program strongly recommends that you obtain homeowner's insurance after the repairs have been made. Homeowner's insurance should be more affordable once the house is up to code and all repairs have been completed.



INDIAN RIVER COUNTY  
LOCAL HOUSING ASSISTANCE PROGRAM  
INDIAN RIVER COUNTY PLANNING DIVISION  
1801 27TH STREET, VERO BEACH, FL 32960  
(772) 226-1594

**APPLICANT/TENANT RELEASE AND CONSENT**

I/We, \_\_\_\_\_, the undersigned hereby authorize the below listed groups and individuals, to release without liability, information regarding my/our employment, income, and/or assets to Indian River County for purposes of verifying information provided as part of my/our request for assistance under the S.H.I.P. Program.

**INFORMATION COVERED:**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets, and medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for the S.H.I.P. Program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:**

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers  
Previous landlords (including Public  
Housing Agencies)  
Support and Alimony Providers

Welfare Agencies  
State Unemployment Agencies  
Social Security Admin.  
Credit Agencies

Veterans Administration  
Retirement Systems  
Banks and other Financial  
Institutions

**CONDITIONS:**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. **THE ORIGINAL OF THIS AUTHORIZATION IS ON FILE AND WILL STAY IN EFFECT FOR ONE YEAR AND ONE MONTH FROM THE DATE SIGNED.** I/We understand that I/We have a right to review this file and correct any information therein that I/We find to be incorrect or outdated.

**SIGNATURES:**

_____ Head of Household	_____ (print name)	_____ Date
_____ Spouse	_____ (print name)	_____ Date
_____ Adult Member	_____ (print name)	_____ Date
_____ Adult Member	_____ (print name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.