

MONROE COUNTY SHIP SEWER HOOK-UP INCOME VERIFICATION

Household Information:

Head of Household: _____

Street Address: _____

Phone Number: _____ Number Living in Unit: _____
Rent: _____ Own: _____

Name and address of owner (if renting): _____ Amount of Monthly Payment: _____
OR _____

Name and address of Mortgage Holder: _____

Head of Household Marital Status:

_____ Married _____ Unmarried (single, divorced or widowed) _____ Separated

	Name	Age	Sex		Name	Age	Sex
1	_____ SS# _____			4	_____ SS# _____		
2	_____ SS# _____			5	_____ SS# _____		
3	_____ SS# _____			6	_____ SS# _____		

Head of Household Race: _____ Black (non-Hispanic) _____ White (non-Hispanic)
_____ Hispanic _____ Asian/Pacific Islander

Check all that apply to Head of Household: _____ Elderly
_____ Handicap/Physically Disabled
_____ Female Head of Household

Annual (Per Year) Income of Head of Household and each additional member of the household (use additional sheet if you need additional columns for other household members).

Source	Head of Household	Household Member Name: _____ Relation to Head of Household:	Household Member Name: _____ Relation to Head of Household:	Household Member Name: _____ Relation to Head of Household:
Salary				
Tips/Bonuses				
Interest/Dividends				
Business Income				
Pension				
Rental Income				
Social Security				
Unemployment Benefits				
Workers Compensation				

Alimony/Child Support			
Welfare Payments			
Other			

SOURCES OF INCOME VERIFICATION

1. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

2. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

3. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

- Other Income Source: _____
 Name: _____
 Address: _____

 Phone: _____
 Dates Worked: _____

- Other Income Source: _____
 Name: _____
 Address: _____

 Phone: _____
 Dates Worked: _____

Household Assets (Bank Accounts, Stocks, Retirement Accounts, MMs and/or CDs)

Household Member –Include Name of Financial Institution	Describe Asset	Value of Asset

Total Cash Value of Assets	\$	\$

**APPLICATION CERTIFICATION FORM
 NOTICE – PLEASE BE AWARE THAT:**

Fl 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 and/or maximum of a 60 day jail term.

The undersigned specifically certifies that: (1) all statements made in this application are made for the purpose of obtaining the assistance indicated herein and are true and accurate; (2) verification or re-verification of any information contained in the application may be made at any time by the County or its consultant during the project to verify applicants qualification; (3) pay restitution for all costs occurred may be required for supplying false income information.

Applicants Name: _____

Signature: _____ Date: _____

*** Each additional household members receiving income must sign below***
 Verification or re-verification of any information contained in the application may be made at any time by the County or its consultant during the project to verify applicants qualification:

1. Print Name: _____
 Signature: _____ Date: _____
2. Print Name: _____
 Signature: _____ Date: _____
3. Print Name: _____
 Signature: _____ Date: _____
4. Print Name: _____
 Signature: _____ Date: _____

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Structure to receive (check all that apply)

Sewer Hookup to Main _____
 Septic System Disposal _____

a. Total Annual Income as listed above: \$ _____

b. Number of people living in household: _____
c. Section 8 Income Limits 30% _____ 50% _____ 80% _____
Income determination (check category that applies based on Section 8 HUD standards)
_____ very low income _____ low/moderate income _____ over income
Staff Members Signature: _____ Date of Determination: _____

Mail Application To:
Monroe County Social Services
1100 Simonton Street, Ste. 1-190
Key West, FL 33040