



County of Volusia
Community Assistance
121 W. Rich Avenue
DeLand, FL 32720
(386) 736-5955



Disaster Recovery – Relocation Program: Application Packet

This checklist is to assist your household in gathering the required supporting documentation needed to complete the attached application package. When completing the application, if an error is made, please strike through once and initial.

Completed applications can be submitted in person or mailed to the Community Assistance Division at 121 W Rich Avenue, DeLand, FL 32720, any Volusia County Public Library, or submitted through a secure upload portal at <https://vcservices.vcgov.org/secureupload/d/housing>. For security purposes, please do not send sensitive information, including supporting documentation to the county via email.

Applications are processed on a first-ready, first-served basis as funding allows and may take up to 30 days to determine eligibility.

Check	Description of Documents
<input type="checkbox"/>	Application – completed and signed by all household members 18 and older
<input type="checkbox"/>	Release of Information – signed by all household members 18 and older
<input type="checkbox"/>	Acknowledgement – Initialed and signed by all homeowners
<input type="checkbox"/>	Picture ID for household members 18 and older
<input type="checkbox"/>	Birth Certificate for household members under the age of 18
<input type="checkbox"/>	One month of a most recent utility bill (ex: electric, water, or gas)
<input type="checkbox"/>	Any pertinent recorded documentation for all household members (if applicable) (Divorce decree, court order child support or alimony, including modifications, legal guardianship, etc.)
<input type="checkbox"/>	Current copy of any Social Security Award Letter (1099 is not acceptable)
<input type="checkbox"/>	Current copy of any retirement/pension statements (1099 is not acceptable)
<input type="checkbox"/>	Current copy of unemployment statement (if applicable)
<input type="checkbox"/>	Current copy of Temporary Assistance for Needy Families (TANF – cash assistance) (if applicable)
<input type="checkbox"/>	One-month current consecutive paystub for each employed household member 18 and older Note: Self-employed persons must submit the last 2 years tax returns along with a three-month profit and loss statement.
<input type="checkbox"/>	One-month current bank statement for all household members who have checking and/or saving accounts, IRA/Investment accounts, etc. All pages are required
<input type="checkbox"/>	Documentation of displacement (letter from property manager/landlord, eviction notice, etc.)
<input type="checkbox"/>	Proof of FEMA Disaster Application or insurance claim filing and result Note: If FEMA or insurance funds received, documentation of funds is needed

Household Area Median (AMI) Income

Household Size →	1	2	3	4	5	6
1% - 80% AMI →	\$50,650	\$57,850	\$65,100	\$72,300	\$78,100	\$83,900
81% - 120% AMI → (Limited Funding Available)	\$75,960	\$86,880	\$97,680	\$108,480	\$117,240	\$125,880



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Disaster Recovery – Relocation Program: Application

TO BE COMPLETED BY APPLICANT (Head of Household Information - legal owner of property or leaseholder)

Name:	
Property Address:	
City, State, Zip:	
Mailing Address:	
City, State, Zip:	
Contact Numbers:	
E-Mail Address:	
Occupancy Type:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renter
Disaster Impacted By:	<input type="checkbox"/> Hurricane Milton

When completing the following tables, please ensure the provided information is for the person assigned to that household member #

Household Composition, Characteristics, and Familial Status: List the Head of Household and **ALL** members of the household.

#	Household member name	Relationship to Head of Household	Social Security Number	Date of Birth	Marital Status	Employed	Does household member meet Special Needs definition on the special needs table?
1		Head of Household				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Income Information: List **ALL** household members and their incomes. Income includes: wages, salaries, tips, bonuses, alimony, child support, military income, part-time income, temporary income, unemployment benefits, self-employment, TANF, Social Security, pensions, retirement or other income. **Food Stamps (SNAP) are not considered income – do not list.**

#	Household member name	Full Time Student? If yes, include class schedule	Source of Income *See examples of items to list above	Monthly Gross Income
1		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
2		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
3		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
4		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
5		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
6		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Child Support: Does any family member have a court order to receive child support? ☐ Yes ☐ No

If yes, provide a payment print-out of the last 60 days for the following minor child(ren) or a notarized statement from the absent parent:

Minor's Name	Name of Absent Parent	Child Support Amount
		\$
		\$
		\$

Household Assets Information: List ALL household members below. Check yes or no for each family member and asset type.

#	Household member name	Checking		Savings		401(k), Pension		Stocks, Bonds, Investments		Other (describe)
1		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional Property: Do you own any other real estate besides your primary residence? ☐ Yes ☐ No

If yes, complete the following:

Property Address, City and State	Is there a mortgage?	What is the current balance owed on the mortgage?	Is there income from the property?	Amount of annual income from property
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Property Eligibility: Please answer the following questions below.

1. Was this home damaged as a result of Hurricane Ian or Hurricane Milton?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is this home located within the city limits of Daytona Beach or Deltona?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you own the home that sustained damages from the disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Do you rent the home that sustained damages from the disaster? If yes, provide the information below	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. Property management or landlord name	
b. Property management or Landlord phone number	
c. Property management or Landlord email address	
5. Is the damaged home your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have homestead exemption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Is the damaged home a mobile home or manufactured home? If yes, provide the information below	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Was the home built prior to June 1994?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you own the land?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Duplication of Benefits: Please answer the following questions below.

1. Did you file a claim with your insurance?	<input type="checkbox"/> Homeowner <input type="checkbox"/> Flood <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Did you receive insurance proceeds? If yes, provide the information below:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. How much assistance did you receive?	\$
b. What was the purpose of the assistance? <i>Attach additional pages if necessary.</i>	
3. Did you file a claim with FEMA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you receive FEMA Home Repair funds? If yes, provide the information below:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. How much assistance did you receive?	\$
b. What was the purpose of the assistance? <i>Attach additional pages if necessary.</i>	
5. Did you file a claim with SBA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did you receive an SBA loan or other subsidized loan? If yes, provide the information below:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. How much assistance did you receive?	\$
b. What was the purpose of the assistance? <i>Attach additional pages if necessary.</i>	
7. Did you receive other cash or other forms of assistance (funds from a state program, location program, non-profit, GoFundMe, etc.) If yes, provide the information below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. How much assistance did you receive?	\$
b. What was the purpose of the assistance? <i>additional pages if necessary.</i>	
c. What was the source of the assistance?	

Displacement: Provide a brief explanation of how your household was displaced from your property.

[illegible]

Special Needs: Special consideration may apply for eligible households with at least one member meeting one of the following definitions. If applicable, please check the appropriate box and include a copy of the documentation supporting this for your application to possibly receive special consideration.

<input type="checkbox"/>	Special Needs	<p>Per FS 420.0004, persons with special needs are defined as:</p> <ol style="list-style-type: none"> 1. An adult person requiring independent living services in order to maintain housing or develop independent living skills and who has disabling condition <i>or</i> 2. A young adult formerly in foster care who is eligible for services under FS 409.1451(5) <i>or</i> 3. A survivor of domestic violence as defined in FS 741.28 <i>or</i> 4. A person receiving benefits under <ol style="list-style-type: none"> a. Social Security Disability Insurance (SSDI) <i>or</i> b. Supplemental Security Income (SSI) <i>or</i> c. Veteran's Disability
<input type="checkbox"/>	Developmental Disability	<p>Per FS 393.063, persons with development disabilities are defined as:</p> <ol style="list-style-type: none"> 1. Persons with a disorder or syndrome that <ol style="list-style-type: none"> a. Is attributable to intellectual disability, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome <i>and</i> b. Manifest before the age of 18 <i>and</i> c. Constitutes a substantial handicap that can reasonably be expected to continue indefinitely

TO BE COMPLETED BY APPLICANT (Head of Household)			
<p>Essential Service Personnel: Please check the appropriate box if you meet the definition of an Essential Service Personnel.</p>			
<input type="checkbox"/> Building Trades	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Educator/School Employee	<input type="checkbox"/> First Responder
<input type="checkbox"/> Active Military	<input type="checkbox"/> Military Veteran	<input type="checkbox"/> Hospitality/Tourism Industry	<input type="checkbox"/> Nurse/Healthcare
<input type="checkbox"/> Service Industry <input type="checkbox"/> Government Employee <input type="checkbox"/> N/A			
<p>Household Demographics: It is the policy of the County of Volusia to provide fair housing opportunities to all person and to ensure that there is no discrimination in the provision of housing benefits against any person on the grounds of race, color, national origin, religion, gender, familial status or disability. The following questions are for the purpose of tracking the housing benefits of this project and will be summarized for reporting purposes.</p>			
Race (check one):	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other or Multi-Racial	Hispanic Ethnicity:	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT: PLEASE READ BEFORE SIGNING

ASSISTANCE ELIGIBILITY: The application package is only part of the eligibility process as there are additional program requirements needed before a household is determined income and program eligible. Submittal of this application and/or supporting documentation does not guarantee acceptance or approval for assistance; therefore, no commitment is made by either party.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083.

FLORIDA'S PUBLIC RECORDS LAW: Information provided by applicant(s) may be subject to Chapter 119 Florida Statutes, regarding Open Records.

WRITTEN STATEMENT REGARDING TO COLLECTION AND USE OF SOCIAL SECURITY NUMBERS: This statement is being provided to you pursuant to Section 119.071(5), Florida Statutes. The Community Assistance Division is required by 24 CFR 5.210, to collect the social security number(s) of applicant(s) and their household members, if any. Social security numbers are unique numeric identities that are used by this office to identify, verify, track and search information in conjunction with an applicant's application for assistance. Community Assistance Division may disclose social security numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities.

APPLICANT(S) CERTIFICATION:

- I/We certify that the application information provided is true and complete to the best of my knowledge.
- I/We authorize Community Assistance employees of the County of Volusia to verify any statement that I/We have made on this application obtained from any source named herein.
- I/We understand that any incorrect, incomplete, or fraudulent information may result in denial of the associated request for assistance.
- I/We understand that additional information may be required.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER MUST SIGN THIS APPLICATION:

Head of Household Signature

Date

Signature

Date

Signature

Date

Signature

Date



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Disaster Recovery – Relocation Program: Release of Information

A form for **each** adult household member must be completed.

Your signature on this form authorizes the state or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and participation in the Disaster Recovery – Relocation Program.

Privacy Act Notice Statement: County of Volusia requires the collection of the information listed in this form to determine an applicant's eligibility for the program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. County of Volusia is authorized to ask for this information under the National Affordable Housing Act of 1990.

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

Past and Present Employers	Welfare Agencies	Veterans Administration
Credit Reporting Agencies	Unemployment Agencies	Social Security Administration
IRS	Child Support and Alimony Providers	Retirement/Pension Systems
Previous Landlords (Including Public Housing Agencies)	Banks and Financial Institutions	Other Service Agencies (Including VIND, Transform 386)

Applicant's Authorization: I authorize the County of Volusia to obtain information about me and my household that is pertinent to determining my eligibility for participation in the program. I acknowledge that:

1. A photocopy of the original Release of Information form is valid for third-party requests; AND
2. I have the right to review and request a copy of information received and provided using this form; AND
3. I have the right to request correction of any information I believe to be inaccurate; AND
4. I will sign this form and cooperate with the County of Volusia in the eligibility verification process.

Print Name

Signature

Date

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER MUST COMPLETE THIS FORM



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Disaster Recovery – Relocation Program: Acknowledgement

1. Primary Residence Requirement

I/We have owned and occupied the home for a minimum of one year under a fee simple title and have homestead exemption status.

Initial _____ Initial _____

2. Application

I/We understand that an application and supporting documentation must be submitted to determine eligibility for the program and failure to do so may deny assistance.

Initial _____ Initial _____

3. Additional Information

I/We understand that additional information may be required.

Initial _____ Initial _____

4. Home Inspection

I/We understand that a full home inspection may be performed on the readily accessible areas of the housing unit to determine all minor and/or major system deficiencies in need of repair.

Initial _____ Initial _____

5. Consent to Sign County Documents

I/We agree to consent to sign all County forms, such as a rehabilitation agreement, funding and construction agreements, scope of work, etc.

Initial _____ Initial _____

6. Relocation

I/We have not already moved or temporarily relocated to a new property.

Initial _____ Initial _____

7. Duplication of Benefits

I/We acknowledge in the event of a duplication of benefit, repayment of funds will be determined by the County of Volusia.

Initial _____ Initial _____

8. Rehabilitation Assistance not Guaranteed

I/We understand that any rehabilitation assistance cannot be guaranteed.

Initial _____ Initial _____

9. County Policy and Program Procedure

I/We understand that the above-mentioned requirements and/or the County's policy are subject to change.

Initial _____ Initial _____

Head of Household Signature

Date

Co-Applicant (if applicable)

Date