

**City of Mount Dora**  
**APPLICATION FOR HARDSHIP ASSISTANCE**  
**FISCAL YEAR 2019-20**  
**FIRE PROTECTION SERVICES SPECIAL ASSESSMENT**  
(Application Deadline – September 15, 2019)

PLEASE READ ENTIRE APPLICATION FORM CAREFULLY BEFORE SIGNING

**AUTHORITY**

Pursuant to Resolution 2019-71, the City of Mount Dora has created a Hardship Assistance Program to aid residential property owners, who meet certain eligibility criteria, with paying the City’s annual Fire Services Special Assessment.

**REQUIRED INFORMATION**

To qualify for hardship assistance:

- (1) An applicant must be the owner(s) of the residential property and entitled to a homestead exemption pursuant to the requirements of Florida Statutes, Chapter 196.
- (2) The owner(s) shall have the present intent to maintain the residential property as his/her/their permanent residence throughout the remainder of the Fiscal Year for which the assessment is imposed.
- (3) The total household income of all lawful occupants of the property shall be less than or equal to 50% of the 2018 Income Limits Documentation System established by the U.S. Department of Housing and Urban Development, as adjusted for family size. **The following chart sets forth the total household income which cannot be exceeded for the property owner(s) to be eligible for hardship assistance:**

<b><u>Income Limits</u></b>	1 Person \$22,400	2 Person \$25,600	3 Person \$28,800	4 Person \$31,950	5 Person \$34,550	6 Person \$37,100	7 Person \$39,650	8 Person \$42,200
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- (4) Prior to September 15, 2019, and prior to August 1 each year thereafter, the owner(s) shall file an application with the City, in the approved form and under oath, demonstrating entitlement to hardship assistance.

In order to apply for aid under the Fiscal Year 2019-20 Hardship Assistance Program, property owner(s) must file this application with the City, under oath, providing the following information:

(PLEASE PRINT CLEARLY)

**A. Name of all Owners of the Property:**

Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_

**B. Property Physical Address and Tax Parcel ID Number of the Property (Property):**

Property Physical Address: \_\_\_\_\_

Tax Parcel ID #: \_\_\_\_\_

C. **Owner Contact Information:**

Telephone Number: \_\_\_\_\_

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

D. **Name of all occupants of the Property, including all dependents, giving names, addresses, ages, relationships and employment:**

Occupant 1: \_\_\_\_\_

Occupant 2: \_\_\_\_\_

Occupant 3: \_\_\_\_\_

Occupant 4: \_\_\_\_\_

Occupant 5: \_\_\_\_\_

Occupant 6: \_\_\_\_\_

Occupant 7: \_\_\_\_\_

Occupant 8: \_\_\_\_\_

E. Proof of the total household income of all occupants of the Property from all sources and other documentation required to demonstrate qualification within the specified Income Limits. Substantive documentation may include: Social Security Income Statements, IRS Income Tax Returns and W2. The owner(s) shall furnish such other information as may be reasonably requested. Applications submitted without proper documentation may be denied.

F. By signing below, owner(s) swear or affirm entitlement to hardship assistance and the present intent to maintain the above listed Property as their permanent residence for the remainder of the Fiscal Year.

**APPROVAL PROCEDURE**

Eligibility for hardship assistance will be determined by the City Manager based upon the information provided by the owner(s). The City Manager may adjust a Fire Protection Assessment imposed for the Fiscal Year beginning October 1, 2019, upon a parcel of residential property if the owner(s) timely and satisfactorily demonstrate through the application and attached documentation that the criteria is met for reducing the assessment.

Within twenty (20) days after the filing of a timely and complete application with appropriate documentation attached, the City Manager shall review the same and determine if the owner(s) is/are qualified for hardship assistance. **If deemed qualified for the hardship assistance, the owner(s) shall be required to pay the first Fifty Dollars (\$50.00) of the Fire Services Special Assessment** imposed on the residential property and the City shall pay the remainder of the Fire Protection Assessment on behalf of the owner(s).

**AFFIDAVIT**

I hereby swear or affirm that the information I have provided in this application, and in any accompanying documentation, is true and correct. **I fully understand and acknowledge that if I qualify for the hardship assistance program, I am still required to pay the first Fifty Dollars (\$50.00) of the Fire Services Special Assessment imposed on my residential property.**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

**STATE OF FLORIDA  
COUNTY OF LAKE**

The foregoing instrument was executed before me this \_\_\_\_ day of \_\_\_\_\_, 2019, by \_\_\_\_\_, who personally swore or affirmed that information provided is true and correct and who is personally known to me OR has produced \_\_\_\_\_ as identification.

(stamp)

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

**STATE OF FLORIDA  
COUNTY OF LAKE**

The foregoing instrument was executed before me this \_\_\_\_ day of \_\_\_\_\_, 2019, by \_\_\_\_\_, who personally swore or affirmed that information provided is true and correct and who is personally known to me OR has produced \_\_\_\_\_ as identification.

(stamp)

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

**SUBMIT COMPLETED APPLICATION and SUPPORTING DOCUMENTS TO:**

**City of Mount Dora  
Mount Dora Fire Protection Assessment  
Attention: City Manager  
510 N Baker Street  
Mount Dora, Florida 32757  
(352) 735-7100**