



CITY OF
MOUNT
D O R A

**CITY OF MOUNT DORA
FIRE ASSESSMENT FEE HARDSHIP
REIMBURSEMENT PROGRAM**

INSTRUCTIONS FOR SUBMITTING APPLICATION

To qualify for the Fire Assessment Fee Hardship reimbursement, you must:

- Own and occupy the homesteaded property
- 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
- Have paid your 2022 Property Tax Bill in full
- Meet the 2022 Income Limits Documentation System established by the U.S. Department of Housing and Urban Development:

<u>Income Limits</u>	1 Person \$29,050	2 Person \$33,200	3 Person \$37,350	4 Person \$41,450	5 Person \$44,800	6 Person \$48,100	7 Person \$51,400	8 Person \$54,750
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Application packets should be submitted to the City Manager’s Office at Mount Dora City Hall, 510 N. Baker Street, 2nd Floor, Mount Dora, FL 32757, on or before **Friday, March 31, 2023 at 5:00 p.m.** and include the following:

- Completed, notarized application signed by ALL record property owners
- Copies of Proof of Income (example: 2021 IRS Tax return, Social Security benefits statement, W-9s, etc.)
- Copy of Proof of Payment for 2022 Property Taxes



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**CITY OF MOUNT DORA FIRE ASSESSMENT FEE HARDSHIP
REIMBURSEMENT PROGRAM APPLICATION FOR FY2022-23**

Name:	Social Security #:		Date of Birth:	Marital Status:
Address:	Apt. #	Zip	Age:	Sex: M F
		:	Phone:	How Long in Mount Dora:
Employer:	Occupation:		Employers Phone:	Monthly Pay: \$
Other Adult Name:	Social Security #:		Date of Birth:	Marital Status:
Other Adult Employer:	Apt. #	Zip	Age:	Sex: M F
		:	Employers Phone:	Monthly Pay: \$

IS THE PROPERTY YOU ARE APPLYING FOR HOMESTEADED? YES NO

OTHER MEMBERS IN THE HOUSEHOLD

Name:	Social Security #:	Date of Birth:	Relationship:
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

TOTAL MONTHLY GROSS INCOME FOR HOUSEHOLD

Employment	\$	Social Security	\$
Unemployment	\$	SSI	\$
Workman's Comp	\$	SSD	\$
Child Support	\$	AFDC	\$
Pension	\$	V.A. Pension	\$
Other: i.e. family support, interest, etc.	\$	TOTAL	\$

COMPLETE THIS YELLOW SECTION ONLY IF YOU NEED TO DEDUCT OUT-OF-POCKET PRESCRIPTION MEDICATION EXPENSES IN ORDER TO MEET THE ELIGIBLE INCOME GUIDELINES. BE SURE TO INCLUDE VERIFICATION OF THIS EXPENSE WITH YOUR APPLICATION PACKET. (I.E.: RECEIPTS, PHARMACY PRINTOUT, AND/OR PHYSICIAN ORDERED SUPPLEMENTS, ETC.)
TOTAL HOUSEHOLD MONTHLY OUT-OF-POCKET EXPENSE FOR PRESCRIPTION MEDICATION EQUALS:

\$ _____

**COMPLETED APPLICATION & ALL SUPPORTING DOCUMENTATION
MUST BE RECEIVED IN THE CITY MANAGER'S OFFICE
BY/BEFORE 5:00 PM ON FRIDAY, MARCH 31, 2023**



**CITY OF MOUNT DORA FIRE ASSESSMENT FEE
HARDSHIP REIMBURSEMENT PROGRAM
FY2022-23 REIMBURSEMENT REQUEST**

AUTHORITY

Pursuant to Resolution No. 2020-70, 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 2022 Income Limits Documentation System established by the U.S. Department of Housing and Urban Development, as adjusted for family size. **Documentation evidencing income is required (i.e., 2021 Tax Return, Social Security Statement, etc.)** The following chart sets forth the total household income which cannot be exceeded for the property owner(s) to be eligible for hardship assistance:

<u>Income Limits</u>	1	2	3	4	5	6	7	8
	Person	Person	Person	Person	Person	Person	Person	Person
	\$29,050	\$33,200	\$37,350	\$41,450	\$44,800	\$48,100	\$51,400	\$54,750

In order to apply for aid under the Fiscal Year 2022-23 Hardship Assistance Program, property owner(s) must file this reimbursement request 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 PHONE #: _____ CELL PHONE #: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE #: _____ CELL PHONE #: _____

B . PROPERTY PHYSICAL ADDRESS AND TAX PARCEL ID NUMBER OF THE PROPERTY:

PHYSICAL ADDRESS: _____

TAX PARCEL ID#/ALT. KEY #: _____

DATE MY 2022 PROPERTY TAXES WERE PAID _____

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 further swear or affirm that I am the owner of the above-listed residential property, am entitled to a homestead exemption pursuant to the requirements of Florida Statutes, Chapter 196, and 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. My 2022 property taxes have been paid and I am requesting a reimbursement from the City of Mount Dora in the amount of \$159.00 (the 2021 non-ad valorem Fire Assessment Fee less \$50).

SIGNATURE OF APPLICANT/OWNER	DATE SIGNED
STATE OF FLORIDA COUNTY OF LAKE	
<p>The foregoing instrument was executed before me, by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 202____, by _____, who personally swore or affirmed that the information provided is true and correct and who is personally known to me OR has produced _____ as identification</p> <p style="text-align: center;">(stamp)</p>	
NOTARY PUBLIC, State of Florida	

SIGNATURE OF APPLICANT/OWNER	DATE SIGNED
STATE OF FLORIDA COUNTY OF LAKE	
<p>The foregoing instrument was executed before me, by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 202____, by _____, who personally swore or affirmed that the information provided is true and correct and who is personally known to me OR has produced _____ as identification</p> <p style="text-align: center;">(stamp)</p>	
NOTARY PUBLIC, State of Florida	