



OSCEOLA COUNTY HUMAN SERVICES  
APPLICATION FOR SHIP HOUSING ASSISTANCE

CIRCLE ONE

Down Payment   Rehab.   Foreclosure Prevention   Taxes & Ins.   Rental Security

APPLICANT

CO-APPLICANT

Full Legal Name: \_\_\_\_\_ / \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ / City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_/\_\_\_\_/\_\_\_\_ / \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Check One : Single \_\_\_ Married \_\_\_ Divorced \_\_\_ / Single \_\_\_ Married \_\_\_ Divorced \_\_\_

Home Phone: \_\_\_\_\_ /Hm: \_\_\_\_\_

Cell Number: \_\_\_\_\_ /Cell: \_\_\_\_\_

Work Number: \_\_\_\_\_ /Wk: \_\_\_\_\_

E-mail: \_\_\_\_\_ / \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS**

	NAME	DATE OF BIRTH	AGE	RELATIONSHIP
1.	_____	____/____/____	(____)	/ _____
2.	_____	____/____/____	(____)	/ _____
3.	_____	____/____/____	(____)	/ _____
4.	_____	____/____/____	(____)	/ _____
5.	_____	____/____/____	(____)	/ _____

**Not including yourself, you must include all persons who will be part of the household during the next 12 months.** Children that visit part time; (summer & weekends, etc.) are not considered household members per SHIP guidelines. This home must be their "Primary Residence."

1. Is Applicant, Co-Applicant, or any other household member, age 18 or older, **a full time student**? Yes/No

If Yes, name of person (s)\_\_\_\_\_

2. Does the Applicant, Co-Applicant **currently own a home** or **owned a home** in the past three years? Yes/No

If Yes, name who and status of ownership.\_\_\_\_\_

3. Is Applicant & Co-Applicant currently one household (living in one home?) Yes/No

If "No", will both occupy home to be purchased? Yes/No

### Employment Information

Please list ALL other sources of income (For ALL Household Members 18 and Over).

List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Cash Gifts  
Unemployment, Workers Compensation, Welfare payments, Part-time job / Employment Income, etc.

Applicant

Co-Applicant

Employer's Name:\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

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

\_\_\_\_\_ / \_\_\_\_\_

Phone:\_\_\_\_\_ Fax:\_\_\_\_\_ / \_\_\_\_\_ Fax:\_\_\_\_\_

Position:\_\_\_\_\_ Start Date:\_\_\_\_ - \_\_\_\_ - \_\_\_\_ / \_\_\_\_\_ Start Date:\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Gross Pay Rate: \$\_\_\_\_\_ Hr/Wk/Bi-Wkly/Mo/Ann Gross Pay Rate: \$\_\_\_\_\_ Hr/Wk/Bi-Wkly/Mo/Ann  
(Circle One) (Circle One)

All Overtime, Tips, Commission, Bonus, \$\_\_\_\_\_ per \_\_\_\_\_ / All Overtime, Tips, Commission, Bonus, \$\_\_\_\_\_ per \_\_\_\_\_

Type of Income	/	Receiving Person	/	For	Gross Amount:	Weekly / Monthly
1.	_____ / _____	_____ / _____	_____ / _____	\$ _____ / _____		
2.	_____ / _____	_____ / _____	_____ / _____	\$ _____ / _____		
3.	_____ / _____	_____ / _____	_____ / _____	\$ _____ / _____		
4.	_____ / _____	_____ / _____	_____ / _____	\$ _____ / _____		

List Additional Incomes on back of this page. **Total \$** \_\_\_\_\_ / \_\_\_\_\_

**Assets and Asset Income (For All Household Members, including Minors). List Checking, Savings, Stocks, Bonds 401K, IRA's, Retirements, CD's, Properties, Investments, etc.**

Name of Bank / Company	Type	Current Balance
1. _____ / _____	_____ / _____	_____ / _____
2. _____ / _____	_____ / _____	_____ / _____
3. _____ / _____	_____ / _____	_____ / _____
4. _____ / _____	_____ / _____	_____ / _____

List Additional accounts on back of this page **Total: \$** \_\_\_\_\_

**Liabilities / Debts (For ALL Household Members 18 and Over), List Credit Card Debt, Auto, Real Estate and Mortgage Loans, etc.**

Creditor's Name / Company	Type	Balanced Owed	Monthly Payment
1. _____ / _____	_____ / _____	_____ / _____	_____ / _____
2. _____ / _____	_____ / _____	_____ / _____	_____ / _____
3. _____ / _____	_____ / _____	_____ / _____	_____ / _____
4. _____ / _____	_____ / _____	_____ / _____	_____ / _____
5. _____ / _____	_____ / _____	_____ / _____	_____ / _____

List Additional Liabilities / Debts on back of this page, include in total. **Total: \$** \_\_\_\_\_ **\$** \_\_\_\_\_

## Ethnic Group / Special Needs

For Reporting Purposes Only, Please check all that apply.

**Ethnic Group:** White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_  
Asian/Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

**Special Needs:** Farm Worker \_\_\_\_\_ Disabled or Disabled \_\_\_\_\_ Elderly \_\_\_\_\_  
Homeless \_\_\_\_\_ Other \_\_\_\_\_

### Initial

\_\_\_\_\_ I certify that the application information which I have provided is true and complete to the best of my knowledge.

\_\_\_\_\_ I consent to the disclosure of information for the purpose of income verification related to making a determination of my eligibility for program assistance.

\_\_\_\_\_ I agree to provide any documentation needed to assist in determining my eligibility for program assistance.

\_\_\_\_\_ I understand that this application will only be valid through the current State Fiscal year which runs through June 30, 200\_\_.

\_\_\_\_\_ I understand that, if this application for assistance is approved, such approval is conditioned upon my eligibility on the day that assistance is provided.

\_\_\_\_\_ I understand the Florida Statutes, chapter 817, provides that making willful false statements or misrepresentations regarding income, asset or liability information, relating to my financial condition, is a misdemeanor of the first degree, punishable by fines and/or imprisonment as provided under Florida Statutes, sections 775.082 or 775.083.

\_\_\_\_\_ I understand that all applicant files, including income documentation, are open to the public in accordance with Florida's Public Records Law, Florida Statutes, chapter 119.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



EQUAL HOUSING OPPORTUNITY Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.