



CITY OF JACKSONVILLE HURRICANE MATTHEW DISASTER ASSISTANCE

Eligibility Requirements

- Households with annual incomes up to 120% of the average median income are eligible for assistance.

Household Size	Gross Income up to 120%
1	\$53,280
2	\$60,840
3	\$68,400
4	\$75,960
5	\$82,080
6	\$88,200
7	\$94,200
8	\$100,320

- Priority is given to the elderly and disabled population.
- The lowest income to the highest income (120% of the AMI) will be considered.
- The grant is for homeowners and landlords who provide housing to low-income renters.



Did your home sustain damage during the storm? You may qualify for a grant to help with emergency supplies or interim home repairs.



**City of Jacksonville
Neighborhoods Department**
214 N. Hogan St.
Ed Ball Building, 3rd Floor
Jacksonville, FL 32202
www.coj.net | 904.255.8200





Hurricane Matthew Disaster Relief

You may be eligible to receive a disaster relief grant up to \$12,000 from the state for the following:

- Purchase of emergency supplies for eligible households to weather-damaged homes.
- Interim repairs to avoid further damage; tree and debris removal required to make the individual housing unit habitable.
- Construction of wells or repairs to existing wells where public water is not available.
- Payment of insurance deductibles for rehabilitation of homes covered under homeowner's insurance policies.
- Security deposit, rental assistance for eligible recipients displaced from their homes due to damage from the storm.

* These funds are a grant, not a loan to be repaid.

** Funds will be paid directly to an approved contractor or service provider.

City of Jacksonville Hurricane Matthew Disaster Assistance Certification

Applicant's Name: _____
First M.I. Last D.O.B.

Co-Applicant's Name: _____
First M.I. Last D.O.B.

Home Address: _____ Zip Code: _____ Council District: _____

Telephone #: Applicant (hm.) _____ (cell) _____ How many people live in your household? _____

Are you the owner or a tenant? Landlord Name & #: _____

Are you or anyone in your household disabled? Yes No Do you have homeowners insurance? Yes No

Insurance Company: _____

The annual income from all sources of persons living in my household is \$ _____

Sources of income: _____

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Disaster Assistance Requested:

- | | | |
|--|---|---|
| <input type="checkbox"/> Waterproofing materials | <input type="checkbox"/> Roof | <input type="checkbox"/> Tree Removal |
| <input type="checkbox"/> Well repairs | <input type="checkbox"/> Insurance deductible | <input type="checkbox"/> Security deposit, rental Assistance while repairs are made through insurance |
| <input type="checkbox"/> Other: _____ | | |

Recipient Statement: The information on this form is to be used to determine maximum income for eligibility. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under § 775.082 or 775.83.

 Signature of Head of Household Date _____

 Signature of Spouse or Co-Head of Household Date _____

Signature of the SHIP Administrator or His/Her Designated Representative:

 (Signature) Date _____
 Name _____ Title _____
(Print or type name)

**Please return this completed application to: City of Jacksonville, Neighborhoods Department
 214 N. Hogan St., Ed Ball Building, 3rd Floor, Jacksonville, FL 32202**