

# Application for Senior Citizen Emergency Home Repair Funding

Questions?  
Call (386) 758-3340  
or Email  
cares@columbiacountyfla.com

## Instructions

This application addresses emergency repairs that, if unaddressed, hinder a senior citizen's (age 65 and older) ability to live safely in their home.

An example of these free repairs would be:

- Roof replacement or repair
- Septic system repair or replacement
- Well repair or replacement
- Public utility system connection
- Electrical issues
- Plumbing issues
- Accessibility modifications necessary for safety/quality of life (ramps, shower/ toilet modifications, etc.)
- HVAC (Heating and Air) system installation, repair or replacement.
- Structural issues
- Others not listed...specify in application

To qualify, applicants must:

- Be 65 years of age or older
- Be a citizen living in Columbia County, FL. including within the City of Lake City and Town of Ft. White
- Own and live in the home with property taxes current
- Plan to remain in home for at least 5 years
- Meet the household Income guidelines in the table below (generally HUD 50%and FED 150%)
- Provide a copy of Drivers License or State Identification
- Provide a copy of Property Deed - obtainable from Columbia County Property Appraiser (floridapa.com). After locating the property, click on "Book/Page" to get a copy.
- Provide a copy of Social Security Cards for all household member(s)
- Provide Proof of Property Taxes Paid from Home – Columbia County Tax Collector (columbiataxcollector.com)
- Provide Proof of income. Examples of income proof are:
  - Tax Statements
  - Pay stubbs
  - Retirement statements
  - SNAP documentation
  - Bank statements
  - Social Security statements
- Notorized Copy of Application Affidavit

\* This program is funded through the American Rescue Plan Act of 2021 (ARPA) and eligibility is dependent on US Treasury regulations.

Household Size	Very Low Income (30% to 50% of AMI)	Low Income (51% to 80% AMI)
1	*Up to - \$20,600	Up to - \$32,900
2	*Up to - \$23,550	Up to - \$37,600
3	*Up to - \$26,500	Up to - \$42,300
4	*Up to - \$29,400	Up to - \$47,000
5	*Up to - \$31,800	Up to - \$50,800
6	*Up to - \$34,150	Up to - \$54,550
7	*Up to - \$36,500	Up to - \$58,300
8 or more	*Up to - \$38,850	Up to - \$62,050

# Applicant

**Applicant Name (First Mid.Last) \***

**Applicant Phone \***

**What is the address of the home that is in need of repair? \***

# Applicant Questions

**Date of Birth \***

**Sex \***

**Race \***

**Ethnicity \***

**Marital Status \***

**Do you own your home? \***

**Are there any liens on the property? \***

**Are property taxes paid? \***

**Do you live in a mobile home? \***

**Are you or any persons in your household disabled? If so, list any changes needed to the housing unit (such as wheelchair ramp, etc.) \***

# Monthly Income

What is the total number of people in the household? \*

What is the total annual household income amount? \*

Please enter the dollar amount of monthly income from the sources listed below. Leave the amount as zero if you do not receive income from that source.

**Rental Property:**

**Temporary Assistance to Needy Families (TANF):**

**Child Support:**

**Supplemental Social Security:**

**Social Security:**

**Unemployment Compensation:**

**Self Employment:**

**Veterans Benefits:**

**Pensions:**

**Unemployment Insurance:**

**Other income source not listed**

**Alimony:**

**Other Income:**

**Other Assistance:**

# Employment

What is the name of the primary income recipient/earner? \*

Please enter the current employment information of household members who contribute to the household finances including parents and children.

Family Member Name 1	Employer/Address	Hired on(mm/yy)	Hourly Wage	Hrs/Week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>

Family Member Name 2	Employer/Address	Hired on(mm/yy)	Hourly Wage	Hrs/Week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>

Family Member Name 3	Employer/Address	Hired on(mm/yy)	Hourly Wage	Hrs/Week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>

Family Member Name 4	Employer/Address	Hired on(mm/yy)	Hourly Wage	Hrs/Week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>

Family Member Name 5	Employer/Address	Hired on(mm/yy)	Hourly Wage	Hrs/Week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>

# Requested Home Repairs

**Please check off the home repairs in need: \***

- Roof
- Electrical
- Plumbing
- Septic, Well or Utilities
- Public Utilities Connection
- Air Conditioning (HVAC)
- Accessibility modificatlons (ie.wheelchair ramp, shower, etc)
- Structural issues
- Others not listing

**Please provide a detailed explanation of the repairs needed and any known cause of the damage: \***

**Has a contractor provided a quote for the needed repairs? \***    **If yes, please provide the quoted amount:**

<input type="text" value=""/>	<input type="text" value=""/>
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**If yes, please provide the name of the contractor and phone number**

# Required Documents

This type of application has documents that are required prior to submission.  
You may continue to fill out the application but it cannot be submitted until the required documents are uploaded.

Please print, sign and notarize this affidavit and attach to your application below.

## Drivers license or State Identification

*Required before application can be submitted.*

## Proof of income

*Required before application can be submitted.*

*Examples of proof of income are tax statements, pay stubs, retirement statements, bank statements, social security statements, and SNAP documentation.*

## Proof of Property Taxes Current

*Required before application can be submitted.*

*Proof of Current Property Taxes can be found on the Tax Collector's website here: <https://www.columbiataxcollector.com/>*

## Property deed

*Required before application can be submitted.*

*Property deeds may be found on the property appraisers website here: <http://columbia.floridapa.com/gis/> After finding the parcel, click on the "Book/Page" link to get a copy the deed.*

## Signed Affidavit

*Required before application can be submitted.*

## Social Security Card for all household member(s)

*Required before application can be submitted.*

# Submit Application

The submitted Application, including attachments, is subject to disclosure under Florida's public records law subject to limited applicable exemptions. Applicant acknowledges, understands, and agrees that, except as noted below, all information in its application and attachments will be disclosed, without any notice to Applicant, if a public records request is made for such information, and the County will not be liable to Applicant for such disclosure.

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Social Security numbers are collected, maintained and reported by the County to be in compliance with IRS 1099 reporting requirements and are exempt from public records pursuant to Florida Statutes §119.071.

If Applicant believes that information in its application, including attachments, contains information that is confidential and exempt from disclosure, Applicant must include a general description of the information and provide reference to the Florida statute or other law which exempts such designated information from disclosure in the event of a public records request. The County does not warrant or guarantee that information designated by Applicant as exempt from disclosure is in fact exempt, and if the County disagrees, it will make such disclosures in accordance with its sole determination as to the applicable law.

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I certify that, I am authorized to submit this application on behalf of the individual, the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. You are authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event that money is provided pursuant to this application, the County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud in this process or ensure compliance with federal requirements. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making a false written declaration may be charged as a felony of the third degree.

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I hereby give permission for County's representative to enter said property for the purpose of inspection and developing a scope of work.

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Once confirmed, our team will begin the review process and may notify you for further information or instructions. You must check the box labelled "Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct." in order to submit.

**OWNER'S ELECTRONIC SUBMISSION STATEMENT:**

**Under penalty of perjury, I declare that all the information contained in this funding request application is true and correct.**



**AFFIDAVIT IN SUPPORT OF AMERICAN RESCUE PLAN ACT (ARPA)  
APPLICATION**

**STATE OF FLORIDA  
COUNTY OF COLUMBIA**

BEFORE ME this day personally appeared \_\_\_\_\_,  
who, after being duly sworn, and under penalty of perjury deposes and says:

1. My name is \_\_\_\_\_, I am over the age of 18 and sui juris. I make this affidavit in my capacity as reflected on my application to Columbia County, Florida for participation in the county's ARPA Program for the allocation of funds provided to the County pursuant to the act.

2. On \_\_\_\_\_, \_\_\_\_ 2022, I completed for the County's consideration an application to participate in the Columbia County's ARPA Program.

3. Each of my responses and the information I provided in support of the application are true, complete, and correct to the best of my knowledge. I have made no misrepresentations or purposeful omissions of any information requested of me in support of the application.

4. I understand that if my application is determined to have been made falsely or through the provision of incomplete or misleading information, any funds awarded in connection with the ARPA Program may be rescinded and repayment of all such amounts already received required. I further understand that I may be held criminally responsible for making a false statement to a public servant in violation of Florida Statutes chapter 837.

**Further affiant sayeth naught.**

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

The foregoing instrument was sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_ 2022 by \_\_\_\_\_, who is personally known to me or who provided \_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
Notary Public, State of Florida