

**CITY of HOLLYWOOD, FLORIDA**  
**HOUSING PROGRAMS**  
**APPLICATION**

Application for:  
 Sewer Connection Only \_\_\_\_\_

**SECTION 1. APPLICANT INFORMATION**

Name	Telephone: Cell Phone:
Address	# of bedrooms _____ # of baths _____
E-mail:	# years living at this address _____
Emergency contact name: _____ phone : _____ relationship: _____	# of persons in household _____

Is the home listed your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have full Homestead Exemption? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive income for renting or subletting any section of your home? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION 2. LIST ALL PERSONS WHO RESIDE IN YOUR HOME**

Name of all household members	Social Security Number	Relationship to head of household	Date of birth	Age	Gender	Retired/ Disabled	Employed
		Head				yes/ no	yes / no
						yes / no	yes / no
						yes / no	yes / no
						yes / no	yes / no
						yes / no	yes / no
						yes / no	yes / no
						yes / no	yes / no

Does anyone live with you that is not listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION 3. ALL INCOME FROM ALL SOURCES FOR ALL HOUSEHOLD MEMBERS**

Household Member	Name of Employer	Address	Telephone	Employed from / to	rate of pay	monthly gross income

**SECTION 4. OTHER INCOME INCLUDING SOCIAL SECURITY, AFDC, CHILD SUPPORT, ALIMONY, PENSIONS, IRA'S, ETC.**

Beneficiaries name	Type of benefit	Monthly benefit amount	Social security or claim number

**SECTION 5. LIST ALL ASSETS INCLUDING CHECKING ACCOUNTS, SAVINGS ACCOUNTS, C.D.'S, CREDIT UNION ACCOUNTS, STOCKS, BONDS, LIFE INSURANCE, OTHER REAL ESTATE, BOATS, ETC. INCLUDING ANY BUSINESS OR FAMILY ASSET DISPOSED OF TWO YEARS BEFORE THE APPLICATION DATE. PLEASE LIST ASSETS FOR ALL HOUSEHOLD MEMBERS, INCLUDING THOSE OF MINOR CHILDREN AND ANY ASSET TO WHICH A HOUSEHOLD MEMBER'S NAME IS ASSOCIATED.**

Household Member	Asset/ Bank or company name	Address	Type of account	Account number	Total cash value	Annual income from assets

**SECTION 6. IF OWN ANY OTHER PROPERTY COMPLETE THE FOLLOWING**

Property Address	Mortgage Company	Mthly. Payment	Rental Payment	Principal Balance	Property Value


Please provide the county property tax office information for the location of your properties *(use back of page if necessary)*:

Tax Office Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax Office Website: \_\_\_\_\_

**SECTION 7. SEPTIC SYSTEM**

Septic System (Concrete, PVC, Fiberglass etc.)	Location (Front yard, Back yard, Side yard)	Distance from Septic Tank to the edge of road in Linear Feet

**SECTION 8. VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES ONLY**

FEDERAL AND STATE GOVERNMENTS REQUIRE THAT THE FOLLOWING INFORMATION BE PROVIDED FOR STATISTICAL PURPOSES ONLY. THIS INFORMATION WILL NOT AFFECT YOUR ELIGIBILITY FOR ASSISTANCE. REFER TO THE DEFINITIONS BELOW BEFORE CHECKING OFF THE CATEGORIES.

APPLICANT RACE/NATIONAL ORIGIN/ETHNICITY

	CHECK ONE	CHECK ONE NON- HISPANIC HISPANIC	
WHITE-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLACK/ AFRICAN AMERICAN-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASIAN-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMERICAN INDIAN/ ALASKAN NATIVE-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMERICAN INDIAN/ ALASKAN NATIVE & WHITE-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASIAN & WHITE-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLACK/ AFRICAN AMERICAN & WHITE-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMERICAN INDIAN/ ALASKAN NATIVE & BLACK/ AFRICAN AMERICAN.-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER MULTI-RACIAL-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASIAN/ PACIFIC ISLANDER-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HISPANIC-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Definitions

- a) American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America, [including Central America), and who maintains tribal affiliation or community attachment.
- b) Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- c) Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- d) Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- e) White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnic categories:

- a) Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- b) Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**SECTION 9.**

I/We have attached income documentation on all income sources and completed all applicable sections of this application. The attached documentation shall be used to support the Annual Gross Income (total of all members) on the Self-Certification Form in Appendix A.

**Section 1 – I have attached the following documents as proof of ownership.**

Deed  
 Other \_\_\_\_\_

**Section 2 - I have attached the following documents to identify household members.**

Copy of driver's license or ID for each adult household member.

**Section 3 – I have attached the following income documentation**

Most recent 2 months of consecutive (back to back) pay check stubs (4-6 check stubs) each adult member; or  
 W-2 for each adult household member; or  
 Federal tax return form 1040 for each adult household member; or  
 Most recent IRS Tax Form 1099 for each adult household member-Year to date Profit and Loss Statement

**Section 4 - I have attached the following documentation for “Other Income”.**

Most recent Benefit Award Letters for each adult household member.  
 Most recent Pension or Ira Statement for each adult household member.  
 Most recent Workers Compensation Statements for each adult household member.  
 Alimony Agreement, Child Support Agreement, Divorce Decree or other for each household member.  
 Other \_\_\_\_\_

**Section 5. I have attached the following documentation as proof of assets**

Six most recent bank statements for each household member including those of minor children (ALL Bank Accounts).  
 Other \_\_\_\_\_

**Section 6. I have attached the following information to show income from investment property.**

Deed  
 Mortgage(s)  
 Lease(s)  
 I do not own other property  
 Other \_\_\_\_\_

**Section 7. I have completed the Septic System Chart**

Yes  
 No

**Section 8. This section is provided for statistical purposes only. This information will not affect your**

**eligibility for assistance.**

**Section 9. I have attached all applicable documents as requested by this checklist.**

Yes

No

**Section 10. I/We have signed and dated the Applicant's Declaration with two witnesses.**

Yes

No

**Appendix A. – I/We have signed and dated the Self Certification Form in Appendix A**

Yes

No

**SECTION 10. APPLICANT'S DECLARATION**

I/we hereby certify that all the information furnished when applying for this program is true and correct to the best of my/our knowledge and belief. Should it be found that I/we willfully falsified any information upon which eligibility was determined, this application shall be null and void and I/we shall return any sums spent by the City of Hollywood on me or my property including any legal fees and administrative cost incurred by the City of Hollywood.

WARNING: PENALTY FOR FALSE OR FRAUDULENT STATEMENT: 18 U.S.C. § 1001, provides: "Whoever, in any matter within the jurisdiction of any executive, legislative, or judicial branch of Government of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement, or entry, shall be fined under this title or imprisoned not more than five years or both." 18 U.S.C § 3571 provides for the imposition of fines for felonies in an amount not to exceed \$250,000.00 or alternatively, for fines based on gain or loss as provided in 18 U.S.C. § 3571(d). A violation of 18 U.S.C. § 1001 is a Class D felony pursuant to 18 U.S.C. § 3559(a)(4).

PLEASE NOTE: ALL APPLICANT FILES AND INCOME DOCUMENTATION IS SUBJECT TO PUBLIC REVIEW IN ACCORDANCE WITH FLORIDA'S PUBLIC RECORDS LAW, CHAPTER 119, FLORIDA STATUTES.

I AUTHORIZE THE CITY OF HOLLYWOOD TO ORDER AND CONDUCT A CREDIT INVESTIGATION AND VERIFY ALL INFORMATION LISTED HEREIN.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME