

**MONROE COUNTY 2010 CDBG SMALL CITIES
SEWER HOOK-UP INCOME VERIFICATION**

Household Information:

Head of Household: _____

Street Address: _____

Phone Number: _____ Number Living in Unit: _____
Rent: _____ Own: _____

Name and address of owner (if renting): _____ Amount of Monthly
OR Payment: _____

Name and address of Mortgage Holder: _____

Head of Household Marital Status:

_____ Married _____ Unmarried (single, divorced or widowed) _____ Separated

	Name	Age	Sex		Name	Age	Sex
1	_____ SS# _____			4	_____ SS# _____		
2	_____ SS# _____			5	_____ SS# _____		
3	_____ SS# _____			6	_____ SS# _____		

Head of Household Race: _____ Black (non-Hispanic) _____ White (non-Hispanic)
_____ Hispanic _____ Asian/Pacific Islander

Check all that apply to Head of Household: _____ Elderly
_____ Handicap/Physically Disabled
_____ Female Head of Household

Annual (Per Year) Income of Head of Household and each additional member of the household (use additional sheet if you need additional columns for other household members).

Source	Head of Household	Household Member Name: _____ Relation to Head of Household:	Household Member Name: _____ Relation to Head of Household:	Household Member Name: _____ Relation to Head of Household:
Salary				
Tips/Bonuses				
Interest/Dividends				
Business Income				
Pension				
Rental Income				
Social Security				
Unemployment Benefits				
Workers Compensation				
Alimony/Child Support				
Welfare Payments				
Other				

SOURCES OF INCOME VERIFICATION

1. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

2. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

3. Name: _____
 Position/Title: _____
 Employer Name: _____
 Business Address: _____

 Business Phone: _____
 Dates Worked: _____

Other Income Source: _____
 Name: _____
 Address: _____

 Phone: _____
 Dates Worked: _____

Other Income Source: _____
 Name: _____
 Address: _____

 Phone: _____
 Dates Worked: _____

Household Assets (Bank Accounts, Stocks, Retirement Accounts, MMs and/or CDs)

Household Member –Include Name of Financial Institution	Describe Asset	Value of Asset
Total Cash Value of Assets	\$	\$

APPLICATION CERTIFICATION FORM
NOTICE – PLEASE BE AWARE THAT:

Fl statute section 837.06 - false official statements law states that: "whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree," punishable as provided by a fine to a maximum of \$500 and/or maximum of a 60 day jail term.

The undersigned specifically certifies that: (1) all statements made in this application are made for the purpose of obtaining the assistance indicated herein and are true and accurate; (2) verification or re-verification of any information contained in the application may be made at any time by the County or its consultant during the project to verify applicants qualification; (3) pay restitution for all costs occurred may be required for supplying false income information.

Applicants Name: _____

Signature: _____ Date: _____

*** Each additional household members receiving income must sign below***

Verification or re-verification of any information contained in the application may be made at any time by the County or its consultant during the project to verify applicants qualification:

1. Print Name: _____

Signature: _____ Date: _____

2. Print Name: _____

Signature: _____ Date: _____

3. Print Name: _____

Signature: _____ Date: _____

4. Print Name: _____

Signature: _____ Date: _____

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Structure to receive (check all that apply)

Sewer Hookup to Main _____

Septic System Disposal _____

a. Total Annual Income as listed above: \$ _____

b. Number of people living in household: _____

c. Section 8 Income Limits 30% _____ 50% _____ 80% _____

Income determination (check category that applies based on Section 8 HUD standards)

_____ very low income _____ low/moderate income _____ over income

Staff Members Signature: _____ Date of Determination: _____

Mail Application To:
Meridian Community Services Group
1111 12th St., Unit 106
Key West, FL 33040

2010 Small Cities Community Development Block Grant Program #12DB-C5-11-54-01-H15

Sewer Connection Program

CONFLICT OF INTEREST STATEMENT

Check the following that apply:

___ I hereby certify that I am **NOT** related to any of the current Monroe County or City Commission members as identified by the attached list. **OR**

___ I **AM** related to Commissioner _____; Relationship_____

___ I hereby certify that I am **NOT** a CITY or COUNTY employee within Monroe County nor am I related to any MONROE COUNTY employee or CITY employee within any City located in Monroe County. **OR**

___ I **AM** a MONROE COUNTY employee or CITY employee in a City located in Monroe County or I am related to the following MONROE COUNTY employee(s) or CITY employee(s) for any City located within Monroe County.

Name _____ Department_____ Relationship_____

Name _____ Department_____ Relationship_____

___ I certify that I am **NOT** related to any member of the Citizen's Advisory Task Force (refer to attached list). **OR**

___ I **AM** related to the following member(s) of the Citizen's Advisory Task Force:

Name _____ Relationship_____

Name _____ Relationship_____

Applicant Signature

Co-Applicant Signature

Print Name

Print Name

Address

Address

Elected Officials of Monroe County and Incorporated Areas

Board of County Commissioners

Sylvia Murphy, Commissioner

Heather Carruthers, Commissioner

George Neugent, Commissioner

David Rice, Mayor

Kim Worthington, Mayor Pro-Tem

City of Key West

Craig Cates, Mayor

Jimmy Weekley, Commissioner

Mark Rossi, Commissioner

Billy Wardlow, Commissioner

Barry Gibson, Commissioner

Teri Johnston, Commissioner

Clayton Lopez, Commissioner

City of Marathon

Ginger Snead, Councilman

Mike Cinque, Councilman

Richard Keating, Councilman

Dick Ramsay, Mayor Pro-Tem

Pete Worthington, Mayor

City of Key Colony Beach

Ron Sutton, Mayor

Geraldine Zahn, Vice-Mayor

Jeff Vorick, Commissioner

Mary Schmidt, Commissioner

John W. Deneale, Commissioner

City of Layton

Norman Anderson, Mayor

John Cromartie, Councilman

Clark Snow, Councilman

William Dilley, Councilman

Jean Murphy, Councilwoman

Philip Porter, Councilman

City of Islamorada – Village of Islands

Michael Reckwerdt, Mayor

Don Achenberg, Councilman

Dave Purdo, Councilman

Ken Philipson, Vice-Mayor

Bob Johnson, Councilman

COMMUNITY DEVELOPMENT BLOCK GRANT

CITIZENS ADVISORY TASK FORCE

Monroe County

John Hernandez

John Repetto

Tracey Holst

Derrick Johnson

Anna Nickerson

City of Key West

Mona Clark

Mildred Tynes

Esther Tupino

Kenneth Sullivan

Connie Gilbert

Mark Bell

Mia Castillo

City of Marathon

Lynda Berrigan

John Bartus

Karen Dennis

Sharron Bauer

Larry Shaffer