



SHIP HOME REHABILITATION PROGRAM

Preliminary Intake Information Sheet

Lake County Housing and Community Services Division
 2008 Classique Lane, Tavares, FL 32778
 (352) 742-6540 or email: ssmithwick@lakecountyfl.gov

<i>Please print all information clearly</i>	
APPLICANT NAME	
CO-APPLICANT NAME	
ADDRESS	City: _____ Zip: _____
MAILING/If Different	City: _____ Zip: _____
PHONE NUMBER	()
CELL NUMBER	()
EMAIL	
Number of adults in the household (18 yrs or older)	
Number of Children in Household (under 18 yrs old)	
Estimated Gross Annual Income for Household (all household members)	\$ _____
Estimated Total Assets for household (all household members)	\$ _____

PLACE A MARK IN THE CORRECT BOX FOR EACH QUESTION BELOW:	YES	NO
Is anyone in the household employed?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in the household self-employed?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in the household applied for social security disability?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household receive Social Security Disability (SSI or SSDI)?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household receive Child Support?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household receive Cash Assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household receive Alimony?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have a Checking Account?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have a Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have a 401K, Pension, or Retirement Account?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household meet the attached "Special Needs" Definition?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Has the applicant or co-applicant owned a home in the last 3 Years?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Signature _____ Date _____
 Co-Applicant Signature _____ Date _____

FOR OFFICE USE ONLY	NUMBER ASSIGNED <input style="width: 50px; height: 20px;" type="text"/>	FISCAL YEAR <input style="width: 50px; height: 20px;" type="text"/>	PRE-QUAL ATTACHED <input style="width: 50px; height: 20px;" type="text"/>
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LAKE COUNTY HOUSING & COMMUNITY SERVICES DIVISION
STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) PROGRAM

NOTICE TO APPLICANT

Priority will be given to applications from households having a member with Developmental Disabilities or a person with Special Needs as defined in Section 420.004, Florida Statutes

- * **The first priority will be given to persons with developmental disabilities; or**
- * A disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader Willi Syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can be reasonably be expected to continue indefinitely.
- * An adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition 420.0004(7) FL Statutes.
- * A young adult formerly in foster care who is eligible for services under s. 409.1451(5);
- * A survivor of domestic violence as defined in s. 741.28; or
- * A person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) of from veteran's disability benefits (hearing, visual, mobility).

Other Special Needs - Disabling Condition as defined in 420.0004(7) FL Statutes

- * Diagnosable substance abuse disorder
- * Serious mental illness
- * Chronic physical illness or disability
- * Services designed for frail elders that have a chronic physical illness or disability

For more information, please call Stacey Smithwick at (352) 742-6562



SHIP APPLICATION PROCESS

1. Complete this SHIP preliminary intake information sheet and submit it to the Housing office to obtain your placement on the waiting list.
2. You will remain active on the waiting list until funding is available for you.
3. You **must** provide in writing, to the Housing Office, any changes to your contact information (new address, phone number(s), email, etc).
4. Staff will contact you when your name has come up on the waiting list and will provide you with an interview date/time where you must bring all required documentation to determine your income eligibility. Failure to attend the interview or call to reschedule will result in your application being closed.

NOTICE - BE AWARE THAT:

FLORIDA 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 \$500.00 AND/OR MAXIMUM OF A SIXTY DAY JAIL TERM.