



Hurricane Loss Mitigation Program
201 West Moody Blvd.
Bunnell, FL 32110
Phone: (386) 437-7500
Email: sgurnee@bunnellcity.us

APPLICATION FOR HURRICANE LOSS MITIGATION PROGRAM

(Please complete all sections)

GENERAL INFORMATION:		
Applicant Name:	Co-Applicant Name:	
Street Address:	City, State, Zip Code:	
Home Telephone:	Work Telephone:	Email:
Are you a US Citizen or Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long at this address: _____ years Do you have a homestead exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have Homeowner's Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Homeowner's Insurance Company:		
How many people live at this address: _____ people		

HOUSEHOLD OCCUPANTS:						
	Full Name:	Relationship to Applicant:	Date of Birth:	Age:	Gender:	Social Security Number:
1		Applicant	/ /			
2			/ /			
3			/ /			
4			/ /			
5			/ /			
6			/ /			
7			/ /			
8			/ /			

Applicant(s) Name: _____

RESIDENCE INFORMATION:	
Name of 1 st Mortgage Company:	Loan Number:
Mailing Address:	
Name of 2 nd Mortgage Company:	Loan Number:
Mailing Address:	

EMPLOYMENT INFORMATION:	
Applicant's Employer:	Co-Applicants Employer:
Name: _____	Name: _____
Phone: _____ How Long?: _____	Phone: _____ How Long?: _____
Address: _____	Address: _____
Supervisor: _____	Supervisor: _____

LAST TAX YEAR'S INCOME: <i>(Gross annual income, from all sources)</i>				
Source:	Applicant's:	Co-Applicant:	Other Household Member: (18 & Over)	Subtotal:
Employment (salary/wages):				\$
Interest/Dividends:				\$
Business Net Income:				\$
Rental Net Income:				\$
Social Security, Pensions:				\$
Unemployment, Workers Comp:				\$
Alimony, Child Support:				\$
Welfare Payments:				\$
V.A –Widow Pension:				\$
Other:				\$
TOTAL ANNUAL INCOME FROM ALL SOURCES:				\$ _____

Applicant(s) Name: _____

CERTIFICATIONS & WAIVER OF PRIVACY:

INITIAL:

_____ The applicant(s) certifies that the property is NOT the subject of a pending or threatened foreclosure, and no mortgage (or other encumbrance creating a lien against the property) is in default.

_____ The applicant(s) certifies that all information in this application, including supporting information and documents, is given for the purpose of applying for assistance under the Hurricane Loss Mitigation Program, and is true and complete to the best of the applicant(s)'s knowledge and belief.

_____ The applicant(s) further certifies that he/she is aware that any person who knowingly fails, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose a material fact used in determining his/her qualification to receive State or Federal assistance is guilty of a crime, will be punished in accordance with Florida Statute 409-325m subsection (5), and will be disqualified from the program.

_____ The applicant(s) understand that all information provided by the applicant is subject to Florida's public records laws.

_____ The applicant(s) certifies that he/she is aware that a 5-year vanishing lien shall be placed on the house, which shall be reduced on each anniversary date of the execution of the Note by an amount equal to twenty (20%) percent of the original principle as long as the applicant(s) hold equitable and legal title to the property and maintain personal residence on the premises.

_____ The applicant(s) certifies that he/she is aware that HLMP is a mitigation retrofit program, not a housing rehabilitation program, which requires the mitigation of the entire envelope of the house. It is not a program to 'fix' problems but rather to prevent/reduce future loss from hurricane hazards.

Applicant's Signature

Co-Applicant's Signature

Applicant's Name, printed

Co-Applicant's Name, printed

STATE OF FLORIDA,
COUNTY OF FLAGLER

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 2016, by _____ . He/she (check one) is personally known to me, or who has produced identification, (identification produced _____).

[Notary Seal]

Notary Public: _____
Printed Name: _____
My Commission Expires: _____
Commission Number: _____

STATE OF FLORIDA,
COUNTY OF FLAGLER

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 2016, by _____ . He/she (check one) is personally known to me, or who has produced identification, (identification produced _____).

[Notary Seal]

Notary Public: _____
Printed Name: _____
My Commission Expires: _____
Commission Number: _____

Applicant(s) Name: _____