



SPECIAL PROGRAMS OFFICE

c/o Monroe County Housing Authority
1403 12th St.
Key West, FL 33040
(305)-292-1221 FAX (305)-292-1162

Dear Plantation Key Property and Homeowner:

As you know, the Village is constructing a wastewater treatment facility to serve the residents of your neighborhood. Currently each household will be responsible to secure the services of a licensed plumbing contractor to connect to the sewer system and abandon the property's existing septic tank or cesspool.

Islamorada has secured a Community Development Block Grant (CDBG) to assist the low- to very-low income homeowners with the costs of connection to the system. The Special Programs Office of the Monroe County Housing Authority is administering the CDBG Grant. The purpose of this letter is to outline the eligibility requirements for CDBG assistance and request information necessary to certify applicant eligibility.

The Village's CDBG Program will provide direct payments to plumbing contractors for sewer connections, septic tank or cesspool abandonment and permit fees for eligible homeowners based on available funding. In addition, CDBG will pay a portion of any applicable system development charges to the Village on your behalf. CDBG assistance to residents is based on program requirements and funding priorities, as outlined below. Assistance will be in the form of a grant for property owners who occupy the property and have a Homestead Exemption.

Program Requirements: The CDBG program is restricted to assist only very low- and low-income persons or households. Very low- and low-income households, adjusted for family size, are listed below. To be eligible for CDBG assistance, your total gross household income may NOT exceed the following amounts:

One Person	\$32,050	Five Persons	\$49,400
Two Persons	\$36,600	Six Persons	\$53,100
Three Persons	\$41,200	Seven Persons	\$56,750
Four Persons	\$45,750	Eight Persons	\$60,400

Funding Priorities: The Village has established the following Funding Priorities:

- 1 Homeowners, primary residence
- 2 Landlords renting to very low- and low-income tenants

The information collected as a result of this application process will determine household eligibility, funding levels and funding priorities. If you believe you are qualified for

“dedicated to the quality of life through housing and community initiatives” assistance based on the income limits and priorities outlined above, you must complete the enclosed application forms, as appropriate, and return the required documentation in order that the Special Programs Office may certify your eligibility. **Read and carefully follow the application instructions.**

The enrollment period has been extended **indefinitely**. **Applications will be continually accepted as individual homes in Phase 1 are connected to the treatment plant.** It is anticipated that our office will complete the certification of eligibility of responding households as the applications are received. After eligibility has been established we will issue CDBG grant funding commitments to individual households. The commitment letter will further detail how and when funding assistance will be provided.

Thank you in advance for your support and cooperation in Islamorada's effort to assist local residents connecting to the Plantation Key Colony Wastewater System. Should you have any questions after reviewing the enclosed material, please feel free to call Gilda Boza at the Special Programs in the Key West office at (305) 292-1221 or Village of Islamorada Grant Writer Donna Sogegian, at 664-6450.

Sincerely,

Gilda Boza CDBG Program Administrator

Attachments: Application Instructions
Application Form
Release of Information Form
Resident Income Certification
Social Security Consent Form

PLANTATION KEY

SEWER SYSTEM CONNECTIONS – CDBG PROGRAM APPLICATION INSTRUCTIONS

To be eligible for assistance, you must *complete, sign and return* ALL of the attached application forms as appropriate. A self-addressed envelope is included for your convenience.

APPLICATION

ALL applicants must complete the Application Form.

Property owners renting to eligible tenants will identify themselves on the application as the owner and the tenant will complete the application.

APPLICANT RELEASE OF INFORMATION FORM

ALL applicants must sign the Applicant Release of Information Form

RESIDENT INCOME CERTIFICATION FORM

ALL applicants must complete and sign the Income Certification Form.
List ALL household members and ALL sources of household income.

SOCIAL SECURITY CONSENT FOR RELEASE OF INFORMATION FORM

IF any of your income is from Social Security, sign the Social Security Consent Form used for benefit verification, otherwise leave blank.

Complete the information on the form for each household member who receives Social Security benefits.

PROVIDE A COPY OF YOUR LATEST FEDERAL INCOME TAX RETURN

ALL applicants must provide a complete copy of their latest Federal Tax Returns (Form 1040). This includes all schedules filed. If you are not required to submit a Federal Income Tax Return, you must complete the Statement of No Tax Return provided herein. If you are a property owner renting to eligible tenants, you are NOT required to submit a Federal Tax Return; the tenant is required to submit this form.

IRS 1040 Forms can be obtained by request through the IRS automated system at 1800-829-1040, or by following the directions at the IRS website and selecting **1.6 Copies and Transcripts** under “**Frequently Asked Questions by Subcategory**” at:
<http://www.irs.gov/faqs/index.html>

When completed, return the application to the Special Programs Office, Monroe County Housing Authority in the envelope provided. Mail or deliver your application as follows:

MAIL or HAND DELIVERY To:
Special Programs Office, MCHA
1400 Kennedy Dr.
Key West, Florida 33040

Should you have any questions, please feel free to call Mark Bell or Paulette Rivas at the Special Programs Office, (305) 292-1221. It is anticipated that our office will complete the eligibility

certification of all responding households within 60 days. At that time, we will begin issuing CDBG grant funding commitments to individual households.

PLANTATION KEY
SEWER LATERAL CONNECTIONS – CDBG PROGRAM APPLICATION
APPLICANT INFORMATION

Owner's Name _____

Co-Owner's Name _____

Renter(s) Name _____

Street Address _____, Plantation Key, Florida

Mailing Address _____

Home Phone _____

HOUSEHOLD COMPOSITION

Total number of persons currently residing in the household _____

INCOME

Based on household composition, my/our total gross annual income does not exceed the following (check one):

One Person	\$32,050	Five Persons	\$49,400
Two Persons	\$36,600	Six Persons	\$53,100
Three Persons	\$41,200	Seven Persons	\$56,750
Four Persons	\$45,750	Eight Persons	\$60,400

PRIORITY (Check One)

- _____ 1. Owner Occupied, Primary Residence (Primary residence established by verification of homestead exemption on file with Monroe County Property Appraisers Office)
- _____ 2. Rental Property, Income Eligible Tenants

OTHER RELEVANT CIRCUMSTANCES (please explain):

APPLICANT RELEASE OF INFORMATION FORM

I / We, the undersigned, hereby authorize the release without liability of information regarding my / our employment, income or assets to the SPECIAL PROGRAMS OFFICE, MONROE COUNTY HOUSING AUTHORITY for the purposes of verifying information provided as part of my / our application for assistance in the Plantation Key Colony Wastewater Project.

I / We understand that previous or current information regarding me/us may be needed. Verifications and inquiries may be requested including, but not limited to: personal identity, employment, income, assets, medical or child care allowances. I / We understand that this authorization will only be used to obtain information about me / us that is pertinent to my eligibility in the Plantation Key Colony Wastewater Project.

Privacy Act Notice: This information is to be used primarily by the agency collecting it or its assignees in determining whether I / we may qualify for the program. However, this application information may be disclosed outside the agency as required and permitted by law. I / we do not have to provide this information, but if I / we do not, my / our application for assistance maybe delayed or rejected.

Conditions: I / We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for two years and six months from the date signed. I / We understand that I / we have a right to review this file.

Signatures Date Signed _____

Head of Household Print Name Date of Birth Social Security #

Spouse/Other Adult Member Print Name Date of Birth Social Security #

Additional Adult Member Print Name Date of Birth Social Security #

NOTE: THIS RELEASE CONSENT FORM CANNOT BE USED BY THE SPECIAL PROGRAMS OFFICE TO OBTAIN A COPY OF YOUR TAX RETURN ON YOUR BEHALF.

RESIDENT INCOME CERTIFICATION

Name(s) of Property Owner(s) or Renter(s): _____

Property address: _____

A. Household Information (include all persons currently residing in the household)

Member	Names	Relationship	Age
1			
2			
3			
4			
5			
6			

B. Annual Income

Member	Wages/Salary (include tips, commission, bonuses & OT)	Benefits/ Pensions	Public Assistance	Other Income	Sources
1					
2					
3					
4					
5					
6					
Totals	\$	\$	\$	\$	

Enter total income from all sources for all members

\$

This amount is the **Annual Household Income**

- C. Recipient Statement:** The information on this form is to be used to determine maximum income for eligibility. I / We have provided, for each person set forth in Item A, acceptable verification of current annual income. I / We certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

Signature of Head of Household

Date _____

Signature of Spouse/Other Adult Member

Date _____

- D. Household Data:** Indicate the number of the appropriate categories for each of the individuals identified above as part of the household. Total gender and ethnicity should EQUAL total number in household. Identify number of Special Needs as appropriate.

Note: Information concerning the race or ethnicity of the occupants is being gathered for statistical use only. No occupant is required to give such information unless he or she desires to do so, and refusal to give such information will not affect any rights.

[illegible]

SOCIAL SECURITY, CONSENT FOR RELEASE OF INFORMATION

TO: Social Security Administration
From: Special Programs Office, Monroe County Housing Authority
Re: Request for Information, Benefit Verification

AUTHORIZATION: State and Federal Regulations require the Monroe County Housing Authority to verify Social Security Benefit Income of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will only be used to determine eligibility for assistance.

Name Social Security Number

Address Date of Birth

Name Social Security Number

_____ **Date of Birth**

I want this information released to the above organization to verify my income. I am an applicant for federal/state assistance under the Islamorada Community Development Block Grant, Plantation Key Colony Sewer Lateral Connection Program.

Please release the following information:

X-Gross monthly Social Security benefit amount

X-Gross monthly Supplemental Security benefit amount

X-Amount of monthly deductions for Medicare paid by the applicant

Signature

Date

Signature

Date STATEMENT OF NO TAX RETURN

To be completed by applicants who are not required to file Federal Income Tax Returns

Head of Household _____

Spouse/Other Adult Member _____

Property Address _____

I / We do not, are not required, to file a Federal Income Tax Return because:

The sources and amounts of my/our income are:

Recipient Name	Source	Amount	Per Wk/Mo/Yr
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		Total	\$

Signature, Head of Household Print Name Social Security # Date

Signature, Spouse/Other Adult Member Print Name Social Security # Date