

**HURRICANE LOSS MITIGATION PROGRAM (HLMP)  
Calhoun County, Florida  
APPLICATION**

*This Application is valid for 180 days*

**DOCUMENTATION REQUIRED WITH APPLICATION**

- Photo ID- Applicant and Co-Applicant
- Home Ownership Paperwork- Property Appraisers, Deed, Mortgage
- Homeowner Insurance Paperwork

<b>Applicant/Co-Applicant General Information</b>	<b>Applicant</b>		<b>Co-Applicant</b>	
Full Name:				
Social Security #: ( Last 4 digits only)				
Date of Birth:		Age:		Age:
Street Address:			Home Phone:	
City/State/Zip:			Cell Phone:	
Mailing Address:			Email Address:	
City/State/Zip:				
Name(s)	Social Security #	Date of Birth / Age	Relationship to Applicant	

**Property Information**

<b>Is property your primary residence?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Parcel Number:</b>
<b>Single Family Dwelling?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Site Built?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Year Built:</b>
<b>Existing Liens on Property?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Title Search <u>May</u> be Performed by Department</b>
<i>Note 1: Copy of property deed must be attached to this application.</i>			<b>Property Assessed Value:</b>

**Applicant/Co-Applicant Employment Information:**

Employee Name:	Employer Name:		
Position:	Supervisor:		
Address:	Phone:	Time Employed:	
Employee Name:	Employer Name:		
Position:	Supervisor:		
Address:	Phone:	Time Employed:	

**Special Needs (For reporting purposes only, please check all that apply for Head of Household Only):**

Disabled \_\_\_\_\_ Elderly \_\_\_\_\_ Other \_\_\_\_\_

**OTHER INFORMATION**

**What type of wind retrofit technique are you interested in?**

- |  |   |
|--|---|
| <input type="checkbox"/> Protection of Opening (Doors/Windows) | <input type="checkbox"/> Roof Deck Attachment         |
| <input type="checkbox"/> Gable End Bracing                     | <input type="checkbox"/> Roof to Wall Connections     |
| <input type="checkbox"/> Roof Covering Material                | <input type="checkbox"/> Unsure/Need More Information |

**Terms, Recapture and Default:** Eligible applicants who qualify for assistance for mitigation assistance will be in the form of a five-year zero-percent deferred payment loan. The five-year deferred loan will be forgiven at a rate of 20% per year. Sale or transfer of property within the five-year loan term will result in a pro-rated repayment. Therefore, upon default the balance of the HLMP loan will be immediately due and repayable to Calhoun County.

*I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date