

**HURRICANE LOSS MITIGATION PROGRAM (HLMP)**  
**Calhoun County, Florida**  
**APPLICATION**  
*This Application is valid for 180 days*

**DOCUMENTATION REQUIRED WITH APPLICATION**

- Photo IDs - Applicant and Co-Applicant
- Home Ownership Paperwork- Property Appraisers, Copy of Deed, Copy of Mortgage
- Homeowner Insurance Paperwork (must have insurance even if your home free and clear)

<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:				

**Property Information**

Is the property your primary residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parcel Number:
Single Family Dwelling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Site Built? Yes <input type="checkbox"/> No <input type="checkbox"/> Year Built:
Existing Liens on Property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Title Search Will be Performed
			Property Assessed Value:

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

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

The Hurricane Loss Mitigation Program is funded by the State of Florida to complete wind retrofits within Calhoun County. Calhoun County contracts with licensed contractors in the State of Florida. All workmanship is guaranteed by the Licensed Contractor in which the program has a contract. Calhoun County is not liable for work or damages performed by the Licensed Contractor. The Contractor is responsible for any damages done to the Owner's property.

Calhoun County does not choose the homes to participate in the program. All homes are selected by the engineers at the State of Florida who perform a Benefit Cost Analysis (BCA) on your home. Your home must meet the BCA to qualify.

**By signing the application, you are agreeing to the parameters of the program, including all the below statements:**

- Inspections must be completed on all homes prior to submitting the application to the state. If you do not answer or return the inspectors call, you will not be able to participate in the program.
- All construction must be completed in a timely manner. If selected for the program, you are agreeing to work with the contractor on the construction schedule. In addition, you will allow the contractor to access all areas of your home, including your attic.
- All window A/C units, other items in your windows and decorative shutters must be removed. Failure to do this could result in repayment of all funds expended on your residence.
- All areas around the house must be debris free for the contractor to safely complete the scope of work designated in his contract.
- The contractor will choose the appropriate retrofit measures for your home. You will not have the ability to choose colors, designs, or materials.
- You agree to be present or have a representative at the residence on the selected date for the final inspection conducted by the State of Florida.

**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 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 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.

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

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