

#### Budget and Finance Department Billing and Collection Division

PO Box 490, Station 47 Gainesville, FL 32627-0490 (352) 334-5024 (Ofc) (352) 393-8316 (Fax) www.cityofgainesville.org

February 2022

#### 2022 Fire Assessment Hardship Assistance Program

Dear Neighbor:

The Fire Assessment Hardship Assistance Program provides a reduction in the Fire Assessment non ad-valorem portion of low-income and senior homeowners' annual property tax bills. The City of Gainesville is accepting applications for the 2022 Program. Enclosed with this letter is a checklist of the required documentation, the eligibility criteria, and the program application.

Those who qualify for the 2022 program and who have an outstanding balance with the Alachua County Tax Collector for property taxes, may be able to have the assistance applied to the 2019, 2020 and/or 2021 property tax bills.

If you meet this year's eligibility requirements, please submit your completed application, along with all required documentation **on or before Monday, May 2, 2022**. Questions about late applications can be directed to Billing & Collection. You may submit your application packet in either of the following ways:

**By Mail**: City of Gainesville

Attn: FAHAP/B & C

Station 47 PO Box 490

Gainesville, FL 32627-0490

**In Person**: City Hall 3rd Floor located at 200 E University Avenue.

If you have any questions about the program or if you need other assistance, please call (352) 334-5024. Community builders are available to assist you Monday through Friday from 8 a.m. until 5 p.m., excluding holidays.

Thank you.

This application checklist/information sheet is given to help you complete the Fire Assessment Hardship Assistance Program application. The application has 7 steps and each step is included in the information below.

If you call for help or have questions, have this sheet and your application with you when you call.

# Fire Assessment Hardship Assistance Program Application Checklist/Information Sheet

### Application

Step No.	Information
#1 2 Options	First-time Applicants: Check the "No" box. You must also verify that your property is located in the Gainesville corporate city limits. You may go to www.acpafl.org and do a property search by address or parcel number. When you look at your property's information, the jurisdiction must be Gainesville 3600 or Gainesville 3700 and you must have a current homestead exemption.  Renewal Applicants: Check the "Yes" box. Nothing else is required for Step 1;
	all other steps are required.
#2 Everyone	All Applicants: Make sure that each box is filled in and that the name(s) you list in the "Name(s)" are the deeded owner(s) names.
#3 Everyone	All Applicants: For every person who lives at this address and <u>is not</u> on the property deed, list the name and date of birth.
	If any person in this household files a federal tax return: Attach a copy of pages 1 & 2 of your IRS Form 1040 for 2020 for each person.
#4 3 Options	If any person in this household does not file a federal tax return: Attach proofs of income including W-2, social security 1099, retirement or annuity 1099, or other income statements.  If no person in this household has proof of income, submit a copy of IRS Form
	4506-T.
#5	If any person in this household has bank and/or investment accounts, provide the most recent account <u>complete</u> statements for checking and/or savings accounts, certificates of deposits, mutual fund accounts, money market accounts, bonds, and any other cash equivalents <b>for each person</b> .
2 Options	If no person in this household has bank and/or investment accounts, provide proof of social security benefit card.
#6 Everyone	All Applicants: If any person in this <u>household</u> has income and/or <u>household</u> bank and/or investment accounts: Complete a section for each income source and for each bank or investment account. If you need more space, attach a separate sheet of paper with the information needed.
#7 Everyone	All Applicants: Read the certification and then sign and date.





Hardship Assistance Program PO Box 490, Station 47 Gainesville, Florida 32627 352-334-5024

# Fire Assessment Hardship Assistance Program 2022 Eligibility Requirements

Eligibility Review 1: Residency

Applicants must own and occupy the home and the property must be homesteaded.

#### Eligibility Review 2: Income

Homeowners less than age 65:

Household	Maximum Income*
Size	to be Eligible
1	\$21,018
2	\$28,275
3	\$35,532
4	\$42,790
5	\$50,048
6	\$57,305
7	\$64,563
8 or more	\$71,823

#### Homeowners more than age 65:

Household	Maximum Income*
Size	to be Eligible
All	\$33,279

<sup>\*</sup>Based on adjusted gross income, if available, and includes income from <u>all</u> household residents.

#### Eligibility Review 3: Bank/Investment Accounts

#### All homeowners:

Household	Maximum Balance*
Size	to be Eligible
1	\$2,000
2 or more	\$5,000

<sup>\*</sup>Includes <u>all</u> checking, savings, money market accounts, certificates of deposit, bonds, and any other cash equivalents owned by all household residents.



## City of Gainesville

Hardship Assistance Program PO Box 490, Station 47 Gainesville, Florida 32627 352-334-5024

## Fire Assessment Hardship Assistance Program Application

Please review the		This application and supporting documents are due by May 1 <sup>st</sup> to		
Step 1: Have you applied with this program before?			Hardship Assistance Program PO Box 490, Station 47	
tep 2: Provide pr	operty and ho	meowner information.	Gainesville, Florida	32627
PROPERTY ADDR	ESS			
HOMEOWNER INFORMATION	NAME(s)		DATE OF BIRTH	
	EMAIL ADDRESS		PHONE NUMBER	
	MAILING ADDRESS	(if different from property address)		
tep 3: Provide in	formation for a	all other household residents.		
OTHER HOUSEHOLD RESIDENT INFORMATION	NAME		DATE OF BIRTH	
	NAME		DATE OF BIRTH	
	NAME		DATE OF BIRTH	
	NAME		DATE OF BIRTH	
tep 4: Do vou, or	any resident i	n your household, file a federal in	ocome tay return?	
			icome tax returns	
	th copy of page			
	th proof of inco ther annual sto	ne documents, such as W-2, social tements.	l security 1099, retirement or (	annuity
tep 5: Do you, or	any resident i	n your household, have bank/invo	estment accounts?	
☐ YES *Attac	h most recent	account statements.		
□ NO *Atta	ich other docur	nents, such as proof of social secu	ırity benefit card.	

Step 6: Provide income and bank/investment account details for all residents in your household.

AMOUNT RECEVIED LAST YEAR	\$	SOURCE OF INCOME	<ul> <li>□ Wages □ Social Security or Veteran Benefit</li> <li>□ Retirement Plan or Annuity</li> <li>□ Other</li> </ul>
NAME			
AMOUNT RECEVIED	_	SOURCE OF	☐ Wages ☐ Social Security or Veteran Benefit
LAST YEAR	\$	INCOME	□ Retirement Plan or Annuity □ Other
NAME			
AMOUNT RECEVIED	4	SOURCE OF	☐ Wages ☐ Social Security or Veteran Benefit
LAST YEAR	\$	INCOME	☐ Retirement Plan or Annuity ☐ Other
NAME			
AMOUNT RECEVIED LAST YEAR	\$	SOURCE OF INCOME	<ul> <li>□ Wages □ Social Security or Veteran Benefit</li> <li>□ Retirement Plan or Annuity</li> <li>□ Other</li> </ul>
HOUSEHOLD BANK	C/INVESTMENT A	CCOUNT INFORMATION	
NAME			
CURRENT ACCOUNT BALANCE	\$	TYPE OF ACCOUNT	<ul> <li>□ Checking □ Savings</li> <li>□ Money Market, Certificate of Deposit, or Bonds</li> <li>□ Other</li> </ul>
NAME			
CURRENT ACCOUNT	4	TYPE OF	□ Checking □ Savings
BALANCE	\$	ACCOUNT	<ul> <li>□ Money Market, Certificate of Deposit, or Bonds</li> <li>□ Other</li> </ul>
NAME			
CURRENT ACCOUNT	4	TYPE OF	□ Checking □ Savings
BALANCE	\$	ACCOUNT	<ul> <li>□ Money Market, Certificate of Deposit, or Bonds</li> <li>□ Other</li> </ul>
NAME			
CURRENT ACCOUNT	\$	TYPE OF ACCOUNT	<ul><li>□ Checking □ Savings</li><li>□ Money Market, Certificate of Deposit, or Bonds</li></ul>