

February 2023

2023 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 2023 Program. Enclosed with this letter is a checklist of the required documentation, the eligibility criteria, and the program application.

Those who qualify for the 2023 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 2020, 2021 and/or 2022 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 1, 2023.** 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 is not on the property deed, list the name and date of birth.
#4 3 Options	If any person in this <u>household</u> files a federal tax return: Attach a copy of pages 1 & 2 of your IRS Form 1040 for 2022 for each person.
	If any person in this <u>household</u> 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 <u>household</u> has proof of income, submit a copy of IRS Form 4506-T.
#5 2 Options	If any person in this <u>household</u> 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 for each person .
	If no person in this <u>household</u> 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.



Fire Assessment Hardship Assistance Program 2023 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 Size	Maximum Income* to be Eligible
1	\$22,375
2	\$30,100
3	\$37,825
4	\$45,552
5	\$53,278
6	\$61,004
7	\$68,730
8 or more	\$76,459

Homeowners more than age 65:

Household Size	Maximum Income* to be Eligible
All	\$35,459

*Based on adjusted gross income, if available, and includes income from all household residents.

Eligibility Review 3: Bank/Investment Accounts

All homeowners:

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

*Includes all checking, savings, money market accounts, certificates of deposit, bonds, and any other cash equivalents owned by all household residents.



Fire Assessment Hardship Assistance Program Application

Please review the Eligibility Requirements prior to applying.

This application and supporting documents are due by May 1st to:

Hardship Assistance Program
PO Box 490, Station 47
Gainesville, Florida 32627

Step 1: Have you applied with this program before?

- YES NO

Step 2: Provide property and homeowner information.

PROPERTY ADDRESS			
HOMEOWNER INFORMATION	NAME(s)	DATE OF BIRTH	
	EMAIL ADDRESS	PHONE NUMBER	
	MAILING ADDRESS <small>(if different from property address)</small>		

Step 3: Provide information for all other household residents.

OTHER HOUSEHOLD RESIDENT INFORMATION	NAME	DATE OF BIRTH	
	NAME	DATE OF BIRTH	
	NAME	DATE OF BIRTH	
	NAME	DATE OF BIRTH	

Step 4: Do you, or any resident in your household, file a federal income tax return?

- YES **Attach copy of pages 1-2.*
- NO **Attach proof of income documents, such as W-2, social security 1099, retirement or annuity 1099, or other annual statements.*

Step 5: Do you, or any resident in your household, have bank/investment accounts?

- YES **Attach most recent account statements.*
- NO **Attach other documents, such as proof of social security benefit card.*

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

HOUSEHOLD INCOME INFORMATION			
NAME			
<i>AMOUNT RECEIVED LAST YEAR</i>	\$	<i>SOURCE OF INCOME</i>	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security or Veteran Benefits <input type="checkbox"/> Retirement Plan or Annuity <input type="checkbox"/> Other _____
NAME			
<i>AMOUNT RECEIVED LAST YEAR</i>	\$	<i>SOURCE OF INCOME</i>	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security or Veteran Benefits <input type="checkbox"/> Retirement Plan or Annuity <input type="checkbox"/> Other _____
NAME			
<i>AMOUNT RECEIVED LAST YEAR</i>	\$	<i>SOURCE OF INCOME</i>	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security or Veteran Benefits <input type="checkbox"/> Retirement Plan or Annuity <input type="checkbox"/> Other _____
NAME			
<i>AMOUNT RECEIVED LAST YEAR</i>	\$	<i>SOURCE OF INCOME</i>	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security or Veteran Benefits <input type="checkbox"/> Retirement Plan or Annuity <input type="checkbox"/> Other _____

HOUSEHOLD BANK/INVESTMENT ACCOUNT INFORMATION			
NAME			
<i>CURRENT ACCOUNT BALANCE</i>	\$	<i>TYPE OF ACCOUNT</i>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market, Certificate of Deposit, or Bonds <input type="checkbox"/> Other _____
NAME			
<i>CURRENT ACCOUNT BALANCE</i>	\$	<i>TYPE OF ACCOUNT</i>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market, Certificate of Deposit, or Bonds <input type="checkbox"/> Other _____
NAME			
<i>CURRENT ACCOUNT BALANCE</i>	\$	<i>TYPE OF ACCOUNT</i>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market, Certificate of Deposit, or Bonds <input type="checkbox"/> Other _____
NAME			
<i>CURRENT ACCOUNT BALANCE</i>	\$	<i>TYPE OF ACCOUNT</i>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market, Certificate of Deposit, or Bonds <input type="checkbox"/> Other _____

Step 7: Certify application and information.

I hereby apply for the Fire Assessment Hardship Assistance, claim this application and attached documents are complete and accurate, and certify ownership and residence of the property. I authorize the City of Gainesville to review this information and request other information necessary to determine eligibility for this assistance.

Homeowner Signature _____ **Date** _____

Homeowner Signature _____ **Date** _____