

CONNECTFREE PROGRAM APPLICATION-HOMEOWNER

Hand Deliver Application to: HCD Division, Thomas Center, 306 NE 6th Ave, Bldg. B Room 245, Gainesville, FL

HOMEOWNER INFORMATION

Owner:	_____	_____	_____
	First	Initial	Last
Co-Owner:	_____	_____	_____
	First	Initial	Last

PROPERTY INFORMATION

Property Address: _____

Mailing Address (if different): _____

PROPERTY OWNERSHIP INFORMATION

Do you own this property?	Yes	No	
<i>If yes, is this property your primary residence?</i>	Yes	No	
<i>If no, is this residence a rental property?</i>	Yes	No	
How long have you owned this residence?	Years		
How long have you lived in this residence?	Years		
Is your Mortgage Current?	Yes	No	N/A
Are your Property Taxes Current?	Yes	No	

CONTACT INFORMATION

Phone	Owner	Co-Owner
Home:		
Work:		
Cell:		

CONNECTION SERVICE INFORMATION

What type of connection assistance do you need?	Water	Sewer
Are you connected to City Water?	Yes	No
Are you connected to City Sewer?	Yes	No
Do you have a well?	Yes	No
Has your well ever been tested?	Yes	No
Does your well have any known or suspected contamination?	Yes	No
Is your water discolored or have an odor?	Yes	No
Do you have a septic tank?	Yes	No
Do you have any sewage discharge to the ground surface?	Yes	No

Please describe any problems with your well and/or septic tank:

HOUSEHOLD MEMBER INFORMATION

(Please list ALL Household Members who are/will be living with you in this Residence):

(If Rental Property, Please List ALL Tenant Household Members who are/will be living in this Residence):

Name	Relationship	Gender	Race

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HOUSEHOLD INCOME INFORMATION'
 (Please list ALL Household Members 18 years and older who are/will be receiving Inocme in this Residence):
 (Not Applicable for Rental Properties)

Name	Source/Type of Income	\$\$\$ Amount				
		Weekly	Bi-Weekly	Semi-Monthly	Monthly	Annual

HOUSEHOLD ASSETS INFORMATION
 (Please list ALL Household Members 18 years and older Assets who are/will living in this Residence):
 (Not Applicable for Rental Properties)

Household Member	\$\$\$ Current Balance/Value					
	Checking	Savings	CD's	Bonds/Stocks	IRA/401K	Other

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; assets or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 and 775.083. I/we further understand that any willful misstatements 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.

Owner Signature	_____	Date	_____
Co-Owner Signature	_____	Date	_____
Household Member	_____	Date	_____
Household Member	_____	Date	_____
Household Member	_____	Date	_____
Household Member	_____	Date	_____

City Staff Use Only:			
Property Eligible	Yes _____	No _____	
GRU Service Area	Yes _____	No _____	
Low Income Household	Yes _____	No _____	
Low Income Area	Yes _____	No _____	
Non Profit-Special Needs	Yes _____	No _____	
Governmental Entity-Special Needs	Yes _____	No _____	
Public Health Safety Issue Prelim	Yes _____	No _____	
Referred to Health Dept.	Yes _____	No _____	
Public Health Safety Issue Confirmed	Yes _____	No _____	
Priority Status Assigned (circle one):	Tier 1 _____	Tier 2 _____	Tier 3 _____
Waiting List	Yes _____	No _____	

Reviewed By:	_____	Date:	_____
Pre-Approved By:	_____	Date:	_____
Final Approved By:	_____	Date:	_____

(Final Approval subject to cost feasibility as determined by GRU-see GRU Transmittal Sheet)