

Application for Financial Assistance

Required Documentation

- Government issued picture id for person or persons applying for assistance. Address on the ID **must** match address on lease/utility bill. (ID required for **all adults** on lease/utility bill)
- Proof of Income for applicants (1 month worth of paystubs, bank statements and/or tax return).
- **For Rent Assistance:** Current rental or **lease agreement** in the applicant’s name AND letter or **statement from the landlord** describing the amount delinquent AND a **W-9** from landlord.
- **For Utility Assistance:** Current **utility bill** in the applicant’s name (electric, gas, water). If requesting assistance with **FPL bill you must complete page 3.**

CDBG Eligibility

- Applicants must be a City of Palm Coast resident.
- Applicants must engage in care coordination and develop a household budget with their Care Coordinator to include a plan of sustainability.
- Meets HUD’s definition of low income (80%) Median Family Income (MFI). See FY 2023 Income Limits Summary. Or Meets HUD’s definition of Limited Clientele per HUD 24 CFR part 5, as defined on page 2 of this application.
- Attend a one-hour Budgeting Workshop (virtual) through our partnership with Truist Bank.

EFSP Eligibility

- Applicants must be a Flagler County resident.
- Applicants must engage in care coordination and develop a household budget with their Care Coordinator to include a plan of sustainability.
- Attend a one-hour Budgeting Workshop (virtual) through our partnership with Truist Bank.

ACKNOWLEDGEMENT & CERTIFICATION

- I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.
- I/We authorize the above-referenced Flagler Cares and any of its duly authorized representatives to verify all information provided in this application.
- I/We have not been reimbursed, nor applied for future reimbursement for the amount of income loss, for which grant funds are to be provided, by any program or insurance or other government program.

Applicant Last Name		Applicant First Name	
Address			
City		Zip code	

Applicant and Co-Applicant Name	Signatures	Date

2024 Income Limits Summary Income Limit Category (80% of Median Family Income)

Income Limit Area	Median Family Income	Family Size: 1	Family Size: 2	Family Size: 3	Family Size: 4	Family Size: 5	Family Size: 6	Family Size: 7	Family Size: 8
Palm Coast, FL	\$88,700	\$48,650	\$55,600	\$62,550	\$69,500	\$75,100	\$80,650	\$86,200	\$91,750

Self-Certification of Annual Income by Applicant

INSTRUCTIONS: This is a written statement from the applicant documenting their annual gross income, the number of applicant’s household, and the relevant characteristics of each member for the purposes of income determination. Adult applicants must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Classification for limited Clientele per HUD 24 CFR Part 5: Service is designed for the particular needs of or used exclusively by senior citizens, adults meeting the Bureau of the Census' Current Population Reports definition of “severely disabled”, persons living with AIDS, battered spouses, abused children, the homeless, illiterate adults, or migrant farm workers, for which the regulations provide a presumption concerning the extent to which low- and moderate-income persons benefit.

Household Member Information

Household Members First Names:	Head of Household	Co-Head of Household	Disabled	62+	Student ≥18	Child <18	Other Minor <15

Income Information

Annual gross income (total of all members)	
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Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to Flagler Cares.

Applicant and Co-Applicant Name	Signatures	Date

Instructions: Please check the box next to **EITHER** section A **OR** section B and fill the corresponding fields on this page **only** if you are requesting assistance with your FPL utility bill.



**Authorization for Release of General and/or Confidential Information
For FPL Payment Assistance Qualification**

(Revised 10-2-2018)

Note: The Applicant must sign this form in order for the agency to use the Florida Power & Light (FPL) ASSIST process in qualifying the FPL account for payment assistance. Refusal to sign this form may lead to disqualification. The Applicant may appeal this requirement by speaking to the agency Director/Manager, as the agency deems appropriate. The agency Director/Manager may opt to contact FPL to discuss any confidentiality concerns the Applicant may have regarding the application/qualification process.

FPL ACCOUNT HOLDER (CUSTOMER NAME): _____

SERVICE ADDRESS FOR FPL (INCL. CITY/ST/ZIP): _____

FPL ACCOUNT NUMBER: _ _ _ _ _ - _ _ _ _ _ PHONE FOR FPL ACCOUNT: _____

SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER

I hereby authorize FPL and this agency to disclose pertinent information to related community agencies. I understand that the need or purpose of this disclosure is solely to facilitate the assistance qualification process.

All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the FPL account for which I am seeking assistance.

ACCOUNT HOLDER'S SIGNATURE: _____ DATE: _____

SECTION B: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS NOT THE ACCOUNT HOLDER

As applicant for payment assistance for the above-referenced FPL account, I hereby confirm that I am not the Account Holder with FPL, but I am authorized by the Account Holder to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder.

All information is accurate to the best of my knowledge. The agency may verify my personal information contained in this authorization, including the FPL bill account for which I am seeking assistance.

APPLICANT'S NAME (NOT ACCOUNT HOLDER): _____

APPLICANT'S PHONE NUMBER: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

SECTION C: FOR AGENCY USE ONLY

Agency must maintain this form in the applicant's file and make it available to FPL upon request, for accounting and auditing purposes.

AGENCY NAME : _____ PHONE: _____

AGENCY CASEWORKER'S NAME (PLEASE PRINT): _____

AGENCY CASEWORKER'S SIGNATURE: _____ DATE: _____

AUTHORIZATION FOR USE OF FUNDS

(Flagler Cares – Internal Use Only)

Instructions: To be completed with the assigned Community Programs Team member working with the client.

I recommend the following assistance for the client listed below.

Client's First & Last Name)

Select assistance being recommended for approval:

Rent Assistance for the Month of: _____ Amount: \$ _____

Utility Assistance for the Month of: _____ Amount: \$ _____

Recovery Residence for the Week(s) of: _____ Amount: \$ _____

Psychiatric Evaluation

Medication Management

Behavioral Health Service

Community Programs Team Member's Signature

Date

Community Programs Team Member's Title

Approved

Denied

Reason for Denial:	
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Supervisor's Signature

Date

Supervisor's Title

Funding source selected:

CDBG (City of Palm Coast)

LSF CORE

EFSP (Flagler County)

Other: _____

Trinity Presbyterian Church (Direct Referral)

Chief Operating Officer's Signature

Date