



County of Volusia - Community Assistance

121 W. Rich Avenue DeLand, FL 32720

(386) 736-5955

Hurricane Disaster Recovery Program - Relocation Assistance

Eligibility Requirements

- Damaged property address must be located within Volusia County **except** the city limits of Daytona Beach or Deltona
- Have not moved into a new property
- The household annual income cannot exceed the Area Median Income (AMI) income below:

Household Size →	1	2	3	4	5	6
1% - 80% AMI →	\$43,350	\$49,550	\$55,750	\$61,900	\$66,900	\$71,850
81% - 120% AMI → (Limited Funding Available)	\$65,040	\$74,400	\$83,640	\$92,880	\$100,320	\$107,760

How is displacement defined?

*Displacement is defined as a Volusia County resident whose home or rental unit was impacted as a direct result of Hurricane Ian or Nicole causing them to have to relocate to another location.*

Application Checklist

The following original completed forms are required to submit an application

<u>Form</u>	<u>Completed by</u>
Application	Head of Household Signed by all household members 18 or older
Release of Information	All household members 18 or older

Copies of the following supporting documents are required to complete your application

<u>Supporting Document</u>	<u>Household member(s)</u>
Picture ID	All household members 18 or older
Benefit letter(s) dated within the last 120 days	All applicable household members
<b>Note:</b> Benefits include, but are not limited to; Social Security, SSI, SSDI, VA, Long Term Disability, Unemployment, TANF (Cash Assistance). <b>1099 forms are not acceptable.</b>	
1-month current paystubs	All employed household members
<b>Note:</b> Self-employed persons must submit their most current tax return along with a year-to-date profit and loss.	
1-month current bank statements	All applicable household members who have checking and/or savings accounts, 401(k), pensions, IRA/Investment account, etc. <b>All pages required.</b>
Documentation of displacement ( <i>i.e. letter from property manager/landlord, eviction notice, etc.</i> )	Head of Household must provide
Proof of FEMA disaster application filing and result	1 per household
Rental lease agreement for damaged property	1 per household (If applicable)

Failure to provide any of the above-mentioned documentation may result in denial of assistance.



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Applicant Information

Applicant:

Address of Damaged  
Property:

Current Mailing Address:

Contact Numbers:

E-Mail Address:

Do you rent or own the above damaged property address? ☐ Rent ☐ Own

Have you moved into a new property? ☐ Yes ☐ No

**Please choose one or more of the following:**

*The following information is collected for reporting purposes only:*

Race: ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Asian ☐  
Black or African American ☐ Other/Multi-Racial  
Hispanic Ethnicity: ☐ Yes ☐ No

Household Composition

List current household members:

Household Member Name	Relationship to Applicant	Social Security Number	Birthdate	Age	Marital Status	Employed
	Applicant					<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional pages as necessary



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Household Income

List income for ALL household members. Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Social Security, unemployment, other benefits.

Household Member Name	Full-time Student?	Source of Income If Applicable (Include employer name)	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Attach additional pages as necessary

Household Assets

Do you own any real estate assets? ☐ Yes ☐ No If yes, complete the following:

Property Address, City and State	Is there a mortgage?	What is the current balance owed on the mortgage?	Is there income from the property?	Amount of annual income from property
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach additional pages as necessary

Household Assets (Continued)

List assets for ALL household members. Check yes or no for each household member and asset type.

Household Member Name	Checking	Savings	401(k), Pension	Stocks, Bonds, Investments
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**Impact and Need (*Below box must be checked*)**

☐ I have been displaced from my property as a direct result of Hurricane Ian or Nicole.

Provide a brief explanation of how you were displaced from your property due to Hurricane Ian or Nicole:

**Penalties for False or Fraudulent Statement**

Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

**Florida's Public Records Law**

Information provided by applicant(s) may be subject to Chapter 119 Florida Statutes, regarding Open Records.

**Acknowledgement and Certification**

- I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Hurricane Disaster Recovery Program.
- I/We hereby certify that the property address listed is our primary residence.
- I/We hereby certify that I/we have not moved to a new property.
- I/We hereby certify that all the information provided herein is true and correct.
- 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 County of Volusia and any of its duly authorized representatives to verify all information provided in this application.
- I/We understand that additional information may be required to move forward with this program.
- I/We acknowledge in the event of a duplication of benefit, repayment of funds will be determined by the County of Volusia.

**Applicant(s) Signature**

All household members 18 or older must sign.

Print Name	Signature	Date



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Please answer following questions.

1. Have you applied for FEMA disaster assistance? ☐ Yes ☐ No
2. If you answered yes to question number one, please provide your FEMA registration no., type of assistance received, and total amount of assistance received?

3. Have you received rental assistance from any other source (local, state, federal, private, non-profit, homeowner insurance, etc.)? ☐ Yes ☐ No
4. If you answered yes to question number three, please list type of assistance received, total amount received, and the timeframe assistance was provided?

Duplication of Benefits (*All boxes must be checked*)

- ☐ In the event I received, receive or am scheduled to receive additional funds related to rental assistance for the same purpose within the same time period for Hurricane Ian or Nicole not previously disclosed, I shall immediately notify, in writing, Community Assistance who will determine if the funds or a portion of the funds are a duplication of benefits.
- ☐ I understand, that if funds from other sources, for the same purpose, within the same time period, should be received, that this may be a duplication of benefit and I may be required to **repay** the assistance provided by this program.

Applicant(s) Signature

All household members 18 or older must sign.

Print Name	Signature	Date

Please provide your landlord information if your property was damaged and you are seeking rental assistance.

Landlord Information for Damaged Property

Landlord Name:	
Landlord Phone Number:	
Landlord Email Address:	



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Release of Information

Your signature on this form, and the signature of the co-head if applicable, authorizes the state or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and participation in the Hurricane Disaster Recovery Program.

Privacy Act Notice Statement: County of Volusia requires the collection of the information listed in this form to determine an applicant's eligibility for the program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. County of Volusia is authorized to ask for this information under the National Affordable Housing Act of 1990.

Inquiries to the following sources may be needed to process this application:

Past and Present Employers

Agencies Providing Welfare or Assistance

Unemployment Agencies

Social Security Administration

Retirement Systems

Veterans Administration

Information may be released to sources, including but not limited to the following, related to the assistance received from this application. The purpose of sharing this information is to coordinate services and prevent a duplication of benefits:

Agencies Providing Welfare or Assistance

Volusia County Municipalities providing assistance

All Volusia County Non-Profit Entities

Applicant's Authorization: I authorize the County of Volusia, to obtain information about me and my household that is pertinent to determining my eligibility for participation in the program. I acknowledge that:

1. A photocopy of this form is as valid as the original; AND
2. I have the right to review information received using this form; AND
3. I have the right to a copy of information provided to the County of Volusia and to request correction of any information I believe to be inaccurate; AND
4. All household members 18 or older will sign this form and cooperate with the County of Volusia in the eligibility verification process.

Applicant(s) Signature

All household members 18 or older must sign.

Print Name	Signature	Date