



[Assistance Programs](#) [FAQ](#) [Contact](#)

Welcome to the Escambia County Cares Act Portal

The national COVID-19 pandemic has significantly impacted many residents of Escambia County and our business community. The Escambia County Board of County Commissioners is pleased to provide financial grant opportunities to eligible residents and small businesses. Grants will be provided to:

- Residents and families who have been financially impacted;
- Small businesses that have been forced to temporarily close and/or lost significant business revenue; and
- Residents seeking re-employment or better jobs through a worker training program.

[Learn More ▶](#)



Time to Apply!

Applications for the Escambia Cares Rent and Mortgage Assistance Grant Program will be accepted beginning Tuesday, Sept. 1, 2020 through Monday, Sept. 14, 2020 or until funds have been committed. The application link will be available online at 8 a.m.

More information will be released later about the Escambia Cares Family Emergency Financial Assistance Grant Program and the Escambia Cares Business Emergency Financial Assistance Grant Program.



This site provides the criteria for eligibility for these grants as well as an online application to submit. If you are unable to complete the application online, please call the Escambia County Recovery Line at 850-471-6600. It is critical that applications be submitted as soon as possible as this support will be provided on a first-qualified, first-served basis.

[Apply Now ▶](#)

Helpful Links



Apply Now



[Assistance Programs](#) [FAQ](#) [Contact](#)

Assistance Programs

[Escambia Cares Rent and Mortgage Assistance Grant Program](#)

Purpose:

Grants for residents of Escambia County that are overdue on mortgage or rent payments. [News release with additional information](#)

Minimum Eligibility Requirements:

- Escambia County resident (including City of Pensacola and Town of Century)
- Income adversely impacted by COVID-19
- Total household income cannot exceed 120% Area Median Income
- This program is for **past due** rent, mortgage and utilities ONLY

To expedite assistance, applicants should gather the following information in advance:

- Photo identification for all members of the household over the age of 18
- Social security cards for all members of the household
- Documentation of a loss or reduction of income due to COVID-19, such as employer notice of reduced hours or layoff due to COVID; two pay stubs that show a reduction in income; unemployment letter; and/or other documentation showing a reduction in income related to COVID-19
- Current income information for ALL members of the household. This includes income from employment, child support, alimony, social security, disability, retirement, unemployment, veterans benefits, or self employment income. *NOTE: food stamps are not considered income*
- Current asset information for ALL household members. This includes checking and savings accounts, IRA, CD, bonds, stocks, real estate, whole life insurance, pensions, etc.
- For RENTERS, current Lease in household member's name and contact information for your landlord (landlord must agree to participate)
- FOR OWNERS, most recent mortgage statement in household member's name and contact information (lender must agree to participate). Property must be primary residence as evidenced by Homestead Exemption
- FOR UTILITY ASSISTANCE, most recent utility bill(s) in household member's name showing amount(s) owed



Please have all the above documentation prepared to upload before you start the application. You will not be able to save your work. [Instructions](#)

Apply online starting at 8 a.m. Sept. 1, 2020. Applications will be accepted through Monday, Sept. 14, 2020 or until funds have been committed.

[Apply Online](#)

[Printable Application](#)

Escambia Cares Family Emergency Financial Assistance Grant Program and Escambia Cares Business Emergency Financial Assistance Grant Program information to come...

Have questions about an Assistance Program or application? [Visit the FAQ page to find more information.](#)



Uploading Documents –

- **Click Select**

Provide your Photo ID

Select

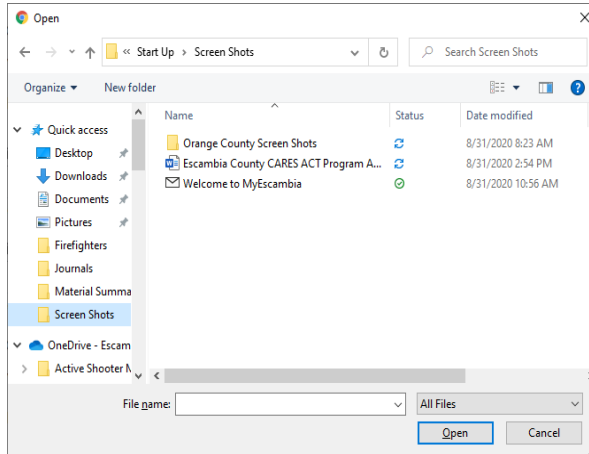
File size max is 20MB.

Provide your Social Security Card

Select

File size max is 20MB.

- **Locate the document on your computer and click “OPEN”**



Step 1 – Register

escambia
CARES

Register

First name

Last name

Email


Password


Re-type password

Please make sure your password is at least 8 characters long, has at least 1 number or non-alphanumeric character and at least one capital letter and undercase letter.

[Register](#)

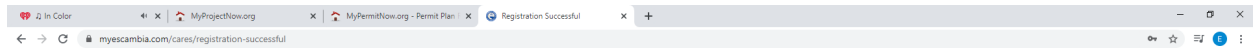
[Login](#)

 Escambia County Board of County Commissioners
221 Palafox Place, Suite 400
P.O. Box 1591
Pensacola, Florida 32591-1591
850.471.6600





Registration Confirmation - Click HERE to login



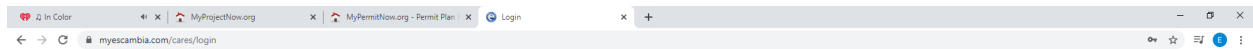
You are now successfully registered on MyEscambia.com. [Click HERE to login](#).



Escambia County Board of County Commissioners
221 Palafox Place, Suite 400
P.O. Box 1591
Pensacola, Florida 32591-1591
850.471.6600



Step 2 – Enter Email and Password and click “Login”



Log in

Before you submit an application, you must first login with your MyEscambia account.

[Go here to register with MyEscambia.](#)

Email

ekissel@myescambia.com

Password

☒ Remember me

Login

[Forgot your password?](#)

[Register](#)



Escambia County Board of County Commissioners
221 Palafox Place, Suite 400
P.O. Box 1591
Pensacola, Florida 32591-1591
850.471.6600



Step 3 – Application

Currently we only have the RENT AND MORTGAGE ASSISTANCE PROGRAM APPLICATION available

Log out

Rent and Mortgage Assistance Program Application

Applicant Information (Household Member 1)

First Name Last Name

Address 1 Address 2

City State Zip Code

Email Phone

Date of Birth

Marital Status

☐ Married

☐ Single

☐ Other

Step 4 – Complete Application (Please ensure that you have all the required documentation PRIOR to starting the application process as you will not be able to save and come back)

Log out

Rent and Mortgage Assistance Program Application

Applicant Information (Household Member 1)

First Name Last Name

Address 1 Address 2

City State Zip Code

Email Phone

Date of Birth

Marital Status

☐ Married

☐ Single

☒ Other



Step 4 – Complete Application Continued (You will need to be able to UPLOAD a copy of your PHOTO ID and SOCIAL SECURITY CARD)

Are you disabled?

☐ Yes

☒ No

Are you currently employed?

☒ Yes

☐ No

☐ Other

Do you rent your residence?

☒ Yes

☐ No

Do you own your residence?

☐ Yes

☒ No

Provide your Photo ID

Select

File size max is 20MB.

Provide your Social Security Card

Select

File size max is 20MB.

Do you have any other household members?

☒ Yes

☐ No

Household Member 2

Step 4 – Complete Application Continued (If you have additional household members please be prepared to answer additional questions on each of them as well as upload THEIR PHOTO ID if over 18 and a copy of their SOCIAL SECURITY CARD)

Do you have any other household members?

☒ Yes

☐ No

Household Member 2

2. First Name

2. Last Name

2. Relationship

2. Date of Birth

2. Marital Status

☐ Married

☐ Single

☐ Other

2. Is household member listed disabled?

☐ Yes

☐ No

2. Employed

☐ Yes

☐ No

☐ Other

2. Picture ID if 18 or older

Select

File size max is 20MB.

2. Upload Social Security Card

Select

File size max is 20MB.



Step 4 – Complete Application Continued (COVID-19 Impact and Assistance – please be ready to tell us how you have been impacted by COVID-19 and any assistance that you have already received. Also be prepared to UPLOAD documentation showing loss of income)

COVID-19 Impact and Assistance

Has anyone's employment and income in your household been impacted by COVID-19?

☒ Yes
☐ No

First name of impacted household member: John
Last name of impacted household member: Smith
Date household member became unemployed or under-employed: 03/15/2020

Name of employer of affected household member prior to being impacted by COVID-19: Escambia County

What was the annual gross income of the affected household member prior to being affected by COVID-19 or March 1, 2020, whichever is later?
\$ 30,000

Is the affected household member receiving unemployment benefits?

☒ Yes
☐ No

If yes, how much are they receiving monthly for unemployment benefits?
\$ 600

Additional information about hardship

Documentation showing loss of income as a result of COVID-19
Select
Max 20MB

Did you request any COVID-19 assistance from another program or agency?

Step 4 – Complete Application Continued

Did you request any COVID-19 assistance from another program or agency?

☐ Yes
☒ No

Race and Ethnicity of Applicant

Race (Check all that apply)

☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ Asian
☐ White
☒ Other

Ethnicity

☐ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
☒ Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Household Assets

Do you have household assets?

☒ Yes
☐ No

For ALL Household Members, including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have a financial account, must sign a Verification of No Financial Accounts.



Step 4 – Complete Application Continued (If you select “Yes” to household assets please be ready to answer additional questions regarding the assets)

Household Assets

Do you have household assets?

☒ Yes
☐ No

For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have a financial account, must sign a Verification of No Financial Accounts.

Household Asset 1

1. First Name of Asset Holder	1. Last Name of Asset Holder	1. Asset Type	1. Bank or Financial Institution	1. Cash Value of Asset
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

(Checking or savings account, IRA, Life Insurance, 401K, etc.)

1. Interest Rate (if applicable)	1. Annual Income from Asset
<input type="text"/>	\$ <input type="text"/>

1. Would you like to add another Household Asset?

☐ Yes
☐ No

Income Verification

Does this household have any annual income to report? Skipping this section may delay your application.

☐ Yes
☐ No

Housing/Utilities Request

Step 4 – Complete Application Continued (Income Verification will need to be completed for each household member that has an income)

Income Verification

Does this household have any annual income to report? Skipping this section may delay your application.

☒ Yes
☐ No

Household Income 1

1. First Name of Household Member	1. Last Name of Household Member
<input type="text"/>	<input type="text"/>

1. Full Time Student?

☐ Yes
☐ No

1. Source of Income	1. Rate of Pay
<input type="text"/>	<input type="text"/>

1. Payment Frequency

☐ Hourly
☐ Weekly
☐ Monthly
☐ Bimonthly
☐ Other

1. Annual Income
\$ <input type="text"/>

1. Would you like to add another Household Income?



Step 4 – Complete Application Continued

myescambia.com/cares/rent-and-mortgage-assistance-application

Housing/Utilities Request

Check all that apply to you

- ☐ Mortgage Assistance
- ☐ Rental Assistance
- ☐ Water/Sewer Utility Assistance
- ☐ Electric Utility Assistance
- ☐ Gas/Other Utility Assistance

IF SELECTED FOR ASSISTANCE, ALL ADULT HOUSEHOLD MEMBERS (18 YEARS AND OLDER) MUST SIGN THE DOCUMENTS BELOW

- Self Certification of Income Form
- Duplication of Benefit Agreement
- Resident/Tenant Income Certification Form

Disclosure Statements

- ☐ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Escambia CARES - Mortgage, Rent, & Utility Assistance Program.
- ☐ I/we understand that Florida Statute Chapter 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a crime punishable by fines and imprisonment provided under sections 775.082 and 775.083, Florida Statutes. I/we further understand that any willful misstatement of information will be grounds for disqualification.
- ☐ I/we certify that the application information provided is true, complete, and current.
- ☐ I/we understand and agree that the collection of Social Security number(s) is for the purpose of personal identification and is imperative for the performance of the County's duties and responsibility as it relates to the verification of information disclosed on the application for the Escambia County Mortgage, Rent, and Utility Assistance Program.
- ☐ I/we agree to provide any requested documentation to assist in determining eligibility and I am/we are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.
- ☐ I/we further understand and agree that any willful misstatement of information will be grounds for disqualification.

Step 4 Complete Application Continued MORTGAGE ASSISTANCE (Depending on what type of Assistance you are seeking you will have different questions to answer)

myescambia.com/cares/rent-and-mortgage-assistance-application

Housing/Utilities Request

Check all that apply to you

- ☒ Mortgage Assistance
- ☐ Rental Assistance
- ☐ Water/Sewer Utility Assistance
- ☐ Electric Utility Assistance
- ☐ Gas/Other Utility Assistance

Mortgage Assistance

Past Due Mortgage Amount	Current Mortgage Bill Amount	Monthly Mortgage Amount
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Mortgage Holder Name	Mortgage Account Number
<input type="text"/>	<input type="text"/>

Mortgage Holder Address	Mortgage Holder Address 2	Mortgage Holder City	Mortgage Holder State	Mortgage Holder ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mortgage Holder Phone	Mortgage Holder Email
<input type="text"/>	<input type="text"/>

(if known)

For which months is mortgage payment owed? Payments owed prior to March 1, 2020 are not eligible.

- ☐ March 2020
- ☐ April 2020
- ☐ May 2020
- ☐ June 2020
- ☐ ...



Step 4 Complete Application Continued MORTGAGE ASSISTANCE

myescambia.com/cares/rent-and-mortgage-assistance-application

(If known)

For which months is mortgage payment owed? Payments owed prior to March 1, 2020 are not eligible.

☐ March 2020

☐ April 2020

☐ May 2020

☐ June 2020

☐ July 2020

☐ August 2020

☐ September 2020

Are you or a household member related to the mortgage holder?

☐ Yes

☐ No

Most Recent Mortgage Statement showing delinquent amount owed for Mortgage Assistance requests

IF SELECTED FOR ASSISTANCE, ALL ADULT HOUSEHOLD MEMBERS (18 YEARS AND OLDER) MUST SIGN THE DOCUMENTS BELOW

- Self Certification of Income Form
- Duplication of Benefit Agreement
- Resident/Tenant Income Certification Form

Disclosure Statements

☐ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Escambia CARES - Mortgage, Rent, & Utility Assistance Program.

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Step 4 Complete Application Continued RENTAL ASSISTANCE

myescambia.com/cares/rent-and-mortgage-assistance-application

Housing/Utilities Request

Check all that apply to you

☐ Mortgage Assistance

☒ Rental Assistance

☐ Water/Sewer Utility Assistance

☐ Electric Utility Assistance

☐ Gas/Other Utility Assistance

Rental Assistance

Past Due Rent Amount Current Rent Bill Amount Monthly Rent Amount

\$ \$ \$

Company/Landlord Address Company/Landlord Address 2 Company/Landlord City Company/Landlord State Company/Landlord ZIP Code

Company/Landlord Phone Company/Landlord Email

(If known)

For which months is rent owed? Rent owed prior to March 1, 2020 is not eligible.

☐ March 2020

☐ April 2020

☐ May 2020

☐ June 2020

☐ July 2020

☐ August 2020

☐ September 2020



Step 4 Complete Application Continued RENTAL ASSISTANCE

When the Sun Goes Down x MyProjectNow.org x MyPermitNow.org - Permit Plan x Rent and Mortgage Assistance x
myescambia.com/cares/rent-and-mortgage-assistance-application

(if known)

For which months is rent owed? Rent owed prior to March 1, 2020 is not eligible.

☐ March 2020
☐ April 2020
☐ May 2020
☐ June 2020
☐ July 2020
☐ August 2020
☐ September 2020

Are you or a household member related to the landlord?

☐ Yes
☐ No

Current Lease for Rent Assistance requests

Max 20MB

IF SELECTED FOR ASSISTANCE, ALL ADULT HOUSEHOLD MEMBERS (18 YEARS AND OLDER) MUST SIGN THE DOCUMENTS BELOW

- Self Certification of Income Form
- Duplication of Benefit Agreement
- Resident/Tenant Income Certification Form

Disclosure Statements

☐ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Escambia CARES - Mortgage, Rent, & Utility Assistance Program.

☐ I/we understand that Florida Statute Chapter 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relation to financial condition is a crime punishable by fines and imprisonment provided under sections 775.082 and 775.083, Florida

Step 4 Complete Application Continued WATER/SEWER UTILITY ASSISTANCE

When the Sun Goes Down x MyProjectNow.org x MyPermitNow.org - Permit Plan x Rent and Mortgage Assistance x
myescambia.com/cares/rent-and-mortgage-assistance-application

Housing/Utilities Request

Check all that apply to you

☐ Mortgage Assistance
☐ Rental Assistance
☒ Water/Sewer Utility Assistance
☐ Electric Utility Assistance
☐ Gas/Other Utility Assistance

Water/Sewer Utility Assistance

Past Due Water/Sewer Amount Current Water/Sewer Bill Amount

\$ \$

Water/Sewer Company Name Water/Sewer Company Account Number

Most Recent water/sewer bill showing delinquent amount owed

Max 20MB

IF SELECTED FOR ASSISTANCE, ALL ADULT HOUSEHOLD MEMBERS (18 YEARS AND OLDER) MUST SIGN THE DOCUMENTS BELOW

- Self Certification of Income Form
- Duplication of Benefit Agreement
- Resident/Tenant Income Certification Form

Disclosure Statements

☐ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Escambia CARES - Mortgage, Rent, & Utility Assistance Program.



Step 4 Complete Application Continued ELECTRIC UTILITY ASSISTANCE

When the Sun Goes Down x MyProjectNow.org x MyPermitNow.org - Permit Plan x Rent and Mortgage Assistance A +

myescambia.com/cares/rent-and-mortgage-assistance-application

Housing/Utilities Request

Check all that apply to you

☐ Mortgage Assistance

☐ Rental Assistance

☐ Water/Sewer Utility Assistance

☒ Electric Utility Assistance

☐ Gas/Other Utility Assistance

Electric Utility Assistance

Past Due Electric Amount Current Electric Bill Amount

\$ \$

Electric Company Name Electric Company Account Number

Most Recent electric bill showing delinquent amount owed


Max 20MB

IF SELECTED FOR ASSISTANCE, ALL ADULT HOUSEHOLD MEMBERS (18 YEARS AND OLDER) MUST SIGN THE DOCUMENTS BELOW

- Self Certification of Income Form
- Duplication of Benefit Agreement
- Resident/Tenant Income Certification Form

Disclosure Statements

☐ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Escambia CARES - Mortgage, Rent, & Utility Assistance Program.



Step 4 Complete Application Continued GAS/OTHER UTILITY ASSISTANCE

When the Sun Goes Down x MyProjectNow.org x MyPermitNow.org - Permit Plan x Rent and Mortgage Assistance A +

myescambia.com/cares/rent-and-mortgage-assistance-application

Housing/Utilities Request

Check all that apply to you

☐ Mortgage Assistance

☐ Rental Assistance

☐ Water/Sewer Utility Assistance

☐ Electric Utility Assistance

☒ Gas/Other Utility Assistance

Gas/Other Utility Assistance

Past Due Gas/Other Amount Current Gas/Other Bill Amount

\$ \$

Gas/Other Company Name Gas/Other Company Account Number

Most Recent gas/other bill showing delinquent amount owed


Max 20MB

IF SELECTED FOR ASSISTANCE, ALL ADULT HOUSEHOLD MEMBERS (18 YEARS AND OLDER) MUST SIGN THE DOCUMENTS BELOW

- Self Certification of Income Form
- Duplication of Benefit Agreement
- Resident/Tenant Income Certification Form

Disclosure Statements

☐ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Escambia CARES - Mortgage, Rent, & Utility Assistance Program.





Step 5 – Disclosure Statements (Please read these carefully and check the box next to each one acknowledging that you have read and understand them)

Disclosure Statements

☐ The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the Escambia CARES - Mortgage, Rent, & Utility Assistance Program.

☐ I/we understand that Florida Statute Chapter 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a crime punishable by fines and imprisonment provided under sections 775.082 and 775.083, Florida Statutes. I/we further understand that any willful misstatement of information will be grounds for disqualification.

☐ I/we certify that the application information provided is true, complete, and current.

☐ I/we understand and agree that the collection of Social Security number(s) is for the purpose of personal identification and is imperative for the performance of the County's duties and responsibility as it relates to the verification of information disclosed on the application for the Escambia County Mortgage, Rent, and Utility Assistance Program.

☐ I/we agree to provide any requested documentation to assist in determining eligibility and I am/we are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.

☐ I/we further grant permission and authorize any bank, employer, or other third party to disclose information deemed necessary to complete this application. I/we authorize the County or any of its duly authorized representatives or agents to obtain information from a third party regarding our eligibility and continued participation in the Rent, Mortgage, & Utility Assistance Program.

☐ I/we understand that information provided to the County may be subject to Florida Public Records Law, except as exempted by law. I/we understand and agree that it's my/our responsibility to inform the County of any applicable exemption.

☐ I agree to save harmless, indemnify, and defend County and its agents, officers, and employees from any and all claims, suits, actions, damages, liabilities, expenditures, or causes of action of any kind, losses, penalties, interest, demands, judgments, and cost of suit, including attorneys' fees and paralegals' fees, for any expense, damage, or liability incurred by any of them in the performance of this Assistance Program. I also understand and agree that such indemnification by me relating to any matter, which is the subject of this Assistance Program, shall extend throughout the term of this Assistance Program and any statutes of limitation thereafter.

Once an application is submitted, it can only be "Re-opened" by an Administrator. Please [email Administrator](#) to have the application re-opened.

Signature (Type your initials)

Step 6 – SIGNATURE and SUBMIT (Type in your initials and click the Submit button)

Once an application is submitted, it can only be "Re-opened" by an Administrator. Please [email Administrator](#) to have the application re-opened.

Signature (Type your initials)

EK

Please verify all information before submitting.

Step 7 - Confirmation



[Assistance Programs](#) [FAQ](#) [Contact](#)

[Log out](#)

Rent and Mortgage Assistance Program Application

Your application has been submitted and will be reviewed by our staff. Thank you.

