



## Program Details

- **Roof MUST show obvious signs of leakage or damage AND;**
- Escambia County staff and/or hired contractor will inspect the property to determine extent of leaks and/or damage and determine eligibility for the Income-Based Roof Program.
- Escambia County will provide a licensed and insured contractor to conduct roof improvement services
- A five (5) year lien is required

## Documentation Requirements

**Applicant(s) must submit the following documentation to receive assistance through the Residential Income-Based Roof Program:**

- **Proof of Identity:**
  - Valid driver's license or state identification card AND;
  - Social Security Card(s) for each household member
- **Proof of Ownership**
  - Copy of Deed and/or current Mortgage Statement
- **Proof of Homestead Exemption**
  - Copy of Homestead Exemption Card
- **Ad Valorem Property Taxes- Proof of Non-Delinquent Status**
  - Recent Property Tax Bill, and/or Statement
- **Income Verification Documentation**

Applicant(s) must submit income/employment verification for all household members 18 years or older or signed statement indicating unemployment, and describing source of financial support. **Acceptable forms of documentation include:**

  - Third-Party Asset Verification Form, or Bank Statements for the past six (6) months **and;**
  - Pay stub issued within the past three (3) months containing pay period, and/or pay frequency, and rate of pay and/or;
  - Federal Income Tax Return from the previous tax year and/or;
  - Social Security Administration Letter/Statement issued within the past twelve (12) months containing current benefit amount and/or;
  - SSI Letter/Statement issued within the past twelve (12) months containing current benefit amount and/or;
  - Retirement, Pension and/or VA Payment Letter/Statement and/or;
  - Proof of all other sources of income including workers compensation, alimony, child support, welfare payments, interests, and/or dividends, overtime, bonuses, etc.



**APPLICATION FOR ASSISTANCE**  
Community Redevelopment Agency  
Residential Income-Based Roof Program

**Please submit completed and signed Application for Assistance: Community Redevelopment Agency  
Income-Based Roof Program (CRA Form Roof 2019-05), Hold Harmless Agreement, Notice to  
Applicant(s): Access to Financial Records, Third-Party Asset Verification and Florida Public Records  
Law, F.S. Chapter 119 and all other required documentation to:**

**Escambia County**  
**Community Redevelopment Agency**  
221 Palafox Place, Suite 305  
Pensacola, FL 32502  
Phone: (850) 595-3217 – Fax: (850) 595-3218  
Email: [CRA@myescambia.com](mailto:CRA@myescambia.com)



**APPLICATION FOR ASSISTANCE**  
 Community Redevelopment Agency  
 Residential Income-Based Roof Program  
*CRA Form Roof 2021*

**APPLICANT NAME:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**CO-APPLICANT NAME:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**STREET ADDRESS, CITY, ZIPCODE:** \_\_\_\_\_

**PHONE 1:** \_\_\_\_\_

**PHONE 2/EMAIL:** \_\_\_\_\_

- |                                   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|
| <b>HOMEOWNER:</b>                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>CODE VIOLATIONS:</b>           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>JUDGEMENT LIENS:</b>           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>DELINQUENT PROPERTY TAXES:</b> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <b>HOMESTEAD EXEMPT:</b>          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**REDEVELOPMENT DISTRICT<sup>1</sup>**

- |                                     |                                    |                                      |
|-------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> ATWOOD     | <input type="checkbox"/> BARRANCAS | <input type="checkbox"/> BROWNSVILLE |
| <input type="checkbox"/> CANTONMENT | <input type="checkbox"/> ENGLEWOOD | <input type="checkbox"/> ENSLEY      |
| <input type="checkbox"/> OAKFIELD   | <input type="checkbox"/> PALAFOX   | <input type="checkbox"/> WARRINGTON  |

**HOUSEHOLD:**

	FULL NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #
<b>1</b>		<b>Applicant</b>		
<b>2</b>				
<b>3</b>				
<b>4</b>				

\*For more than 4 household members please provide a letter indicating full name, relationship to applicant, date of birth and social security number for all other household members.

<sup>1</sup> *FUNDING IS LIMITED, FIRST COME-FIRST SERVED. FOR ADDITIONAL INFORMATION CONTACT THE COMMUNITY REDEVELOPMENT AGENCY OFFICE AT (850) 595-3217.*

**EMPLOYMENT HISTORY:**

**1. APPLICANT**

**CURRENT EMPLOYER:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**PREVIOUS EMPLOYER:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**2. CO-APPLICANT**

**CURRENT EMPLOYER:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**PREVIOUS EMPLOYER:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**PLEASE PROVIDE EMPLOYMENT INFORMATION AND SUPPORTING DOCUMENTATION FOR ALL OTHER WORKING HOUSEHOLD MEMBERS AGE 18 YEARS OR OLDER, OR A NOTARIZED AFFIDAVIT CONFIRMING UNEMPLOYMENT, AND STATING SOURCE OF FINANCIAL SUPPORT.**

**SOURCE(S) OF ANNUAL INCOME:**

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER	TOTAL
GROSS ANNUAL SALARY*				
OVERTIME, TIPS, BONUSES				
SOCIAL SECURITY INCOME				
SSI				
RETIREMENT/PENSION/VA				
UNEMPLOYMENT				
WORKERS COMPENSATION				
WELFARE PAYMENTS				
WELFARE PAYMENTS				
BUSINESS NET INCOME				
INTEREST/DIVIDENDS				
OTHER INCOME				

\*ANNUAL SALARY PRIOR TO DEDUCTIONS

**PROVIDE SUPPORTING DOCUMENTATION FOR ALL ANNUAL INCOME SOURCES RECEIVED BY THE APPLICANT, CO-APPLICANT, AND/OR HOUSEHOLD MEMBERS, AND/OR A NOTARIZED AFFIDAVIT CONFIRMING LACK OF INCOME, AND EXPLAINING SOURCE OF FINACIAL SUPPORT FOR ALL HOUSEHOLD MEMBERS AGES 18 YEARS OR OLDER.**

The information provided above is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income verification related to my application for assistance under Escambia County’s Community Redevelopment Agency Residential Exterior Painting Program. I understand that any willful misstatement of material facts will be grounds for disqualification, and may result in legal action against me. I understand the information provided is required to determine assistance eligibility and does not assure qualification for assistance. I agree to provide other documentation as may be required to determine my eligibility for assistance under this program.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I, hereinafter referred to as the Applicant, do hereby agree to hold Escambia County and the State of Florida, as well as their respective agents, assigns, and/or employees, harmless from any action regarding exterior painting preparation and/or painting improvements. It is further understood and agreed that in consideration for assistance provided by Escambia County's Community Redevelopment Agency, to provide exterior painting services, applicant hereby agrees to defend, indemnify and hold harmless Escambia County, Escambia County's Board of County Commissioners, the State of Florida and their respective agents, assigns, and/or employees from all claims by any person or persons arising from the act or acts of any third person, or persons in connection with the painting services provided.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Escambia County Community Redevelopment Agency  
221 Palafox Place, Suite 305  
Pensacola, FL 32502  
Phone: (850) 595-3217 - Fax: (850) 595-3218  
Email: CRA@myescambia.com

**NOTICE TO APPLICANT(S): ACCESS TO FINANCIAL RECORDS**

This is a notice to you as required by the Right to Financial Privacy Act of 1978 informing you that the State of Florida and Escambia County have a right to access to financial records held by any financial institution in connection with the consideration or administration of Escambia County's Community Redevelopment Agency Residential Exterior Painting Program. Financial records involving your transactions will be available to Escambia County without further notification, and/or authorization but will not be disclosed or released to another government agency, or department without your consent except as required or permitted by law.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Escambia County certifies that it is in compliance with the applicable provision of the Financial Privacy Act of 1978 as related to this request for access to financial records.

**PROGRAM MANAGER SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**WRITTEN NAME & TITLE:** \_\_\_\_\_



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**NOTICE TO APPLICANT(S): FLORIDA PUBLIC RECORDS LAW, F.S. CHAPTER 119**

This is a notice to you regarding the State of Florida’s Public Records Law, Florida Statutes (F.S.) Chapter 119: Public Records. Under F.S. Chapter 119, the law requires that any records made or received by public agencies in the course of official business must be made available for inspection by the general public, unless specifically exempted by the Florida Legislature, or deemed confidential or exempted under federal law. Please be advised that in the course of the release of public records, Escambia County may release personal information including home address, email address and phone number, unless specifically exempted under law. You are hereby notified, pursuant to F.S. Chapter 119, that disclosure of your social security number has been collected on this application for identification and financial verification purposes to determine eligibility under this program, and will not be utilized for any other purpose, and/or released to any other agency and/or person(s) except where required under law. Please refer to F.S. Chapter 119.071 for details on Florida Public Records Law general exemptions.

The Community Redevelopment Agency requests that you disclose any exemptions under F.S. Chapter 119.071 which may apply to any person or persons referenced on this application for assistance.

Please check a box below:

[  ] The person(s) referenced on this application qualify for the following exemptions under F.S. Chapter 119.071 (please indicate the full name of the person(s) qualifying for exemptions listed):

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[  ] The person(s) referenced on this application do not qualify for any exemptions under F.S. Chapter 119.071.

**Your signature below confirms your review and understanding of this notification as it relates to the State of Florida’s Public Records Law, F.S. Chapter 119, and applicable exemptions:**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_