



CITY OF CLEARWATER

POST OFFICE BOX 4748, CLEARWATER, FLORIDA 33758-4748
509 S. EAST AVENUE, SUITE 227, CLEARWATER, FL 33756
TELEPHONE (727) 562-4030 FAX (727) 464-4265

ECONOMIC DEVELOPMENT AND HOUSING

October 28, 2024

RE: Disaster Assistance Application

Dear Applicant:

Please gather all documents below to commence the application process for our Disaster Assistance Grant. The program requires you to have filed claims with both FEMA and your insurance company **before** applying for our grant.

Along with a completed application, you will need to provide the following documents:

- A copy of a driver's license or other government issued identification for each adult household member; birth certificates for any minor living in the home
- Income supporting documentation for EACH applicable household member (including copies of your most recent pay stubs or income benefit statements, whether social security, pension or other) for the previous month. If you receive social security income, we'll need a copy of the 2024 award/benefit letter that was sent to you. If you are self-employed we need a signed & notarized profit & loss statement covering the most recent 3 month period.
- Current months statements for EACH bank account for each household member that has one
- A copy of your homeowners and flood insurance policy declaration pages
- A copy of your award or denial letter from FEMA
- Receipts for any emergency supplies purchased to protect the home from further or increasing damage between the dates of September 27 to October 24, 2024; if you are seeking reimbursement
- A copy of your Lease Agreement and past due letter if you are seeking rent assistance. A W-9 will be required from your Landlord as payment will be made directly to them.
- Photos of the damage you are seeking assistance for

Each adult household member **must sign** the Duplication of Benefits form, the Certification of Income form and the Asset Addendum. If you are unable to provide the income documentation, please indicate that on the Certification of Income form. Please return everything to us within two (2) weeks from the date of this letter. We will do our best to give it a preliminary review within a week from receipt and let you know if any additional documentation is required.

If you have any questions, please do not hesitate to reach out.

Sincerely,

City of Clearwater
Housing Department
727-562-4030
DisasterAssistance@myclearwater.com

Eligibility Screening

Case Id: _____

Name: _____

Address: _____

To receive assistance the homeowner and property must meet all eligibility requirements. Those requirements, include, but are not limited to:

- Home **MUST** have sustained documented damage during Hurricane Helene, which impacted Clearwater on September 27, 2024 and/or Hurricane Milton, which impacted Clearwater on October 10, 2024.
- Property **MUST** be located in the CW, CWD or CWDO Tax District of Clearwater.
- Property **MUST** be homesteaded and owner-occupied (*unless rent assistance is the only thing your seeking*).
- Just Value of the property cannot exceed \$481,176 as shown on the property appraisers' website. (this and the two items above can be checked here: <https://www.pcpao.gov/>)
- Household must be income eligible (Moderate, low, or very low-income). However, elderly and special needs households (as defined by Florida Statutes) will be prioritized for assistance.
- Claims must be filed with your insurance company and FEMA prior to applying for City of Clearwater Disaster Relief.



IMPORTANT: A homeowner must apply with their own email address to complete this application. Friends and family are welcome to provide assistance but cannot use their own email address. If homeowners do not have an email address one MUST be created for them, or Homeowner may also contact the City of Clearwater Housing Division at (727) 562-4030 for assistance.

I understand that I must use my own email address to login to complete this application. I acknowledge that if someone else completes the application using their email address it will not be considered for program participation.

Applicant Signature

_____ Date

_____ Date

1. Is the TOTAL, ANNUAL gross (before taxes and other deductions) income of all household members below the MAX limits in the following table? Elderly and special needs households will be prioritized for assistance. HOUSEHOLD INCOME WILL BE VERIFIED

Household Size	1	2	3	4	5	6	7	8
Income	\$80,280	\$91,680	\$103,200	\$114,600	\$123,840	\$132,960	\$142,200	\$151,320

If your annual household income EXCEEDS the limits listed above, you WILL NOT qualify.

2. I am listed as an owner of this property. Ownership will be verified.

Yes No

3. I permanently live at this residence. Residency will be verified.

Yes No

4. I began permanently residing at this residence on:

4. The property is my homestead property. Exemption status will be verified.

Yes No

6. I live located in the CW, CWD or CWDO Tax District of Clearwater. The property location will be verified.

Yes No

7. Did your home sustain damage from Hurricanes Helene or Milton?

Yes No

If yes, please email photos of the damage to disasterassistance@myclearwater.com

Please use your last name in the subject line and reference damage photos.

Inquiry Form

Case Id: _____

Name: _____

Address: _____

A. Inquiry Form

Please provide the following information.

APPLICANT/OWNER INFORMATION

First Name

A.2. Last Name

A.3. Address

A.4. Mailing Address

A.5. Home Phone

A.6. Mobile Phone

A.7. Email (this address **MUST** belong to the property owner)

A.8. Emergency Contact Name

A.9. Phone

CO-APPLICANT/OWNER INFORMATION

A.10. First Name

A.11. Last Name

A.12. Mailing Address

A.13. Home Phone

A.14. Mobile Phone

A.15. Email

Household Members

Case Id: _____

Name: _____

Address: _____

Household Members

List **ALL** household members.

Name:	Date of Birth:
Phone:	Email:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Employer:	Retired: <input type="checkbox"/> YES <input type="checkbox"/> NO
Physically Disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO	Elderly (62+): <input type="checkbox"/> YES <input type="checkbox"/> NO
Developmental Disability: <input type="checkbox"/> YES <input type="checkbox"/> NO	Veteran: <input type="checkbox"/> YES <input type="checkbox"/> NO
Aging out of foster care: <input type="checkbox"/> YES <input type="checkbox"/> NO	Survivor of Domestic Violence: <input type="checkbox"/> YES <input type="checkbox"/> NO
Essential Services Personnel: <input type="checkbox"/> YES <input type="checkbox"/> NO	Student: <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>RACE:</u>	
White <input type="checkbox"/>	Native Hawaiian/Other Pacific Islander <input type="checkbox"/>
Black/African American <input type="checkbox"/>	Black/African American & White <input type="checkbox"/>
Asian <input type="checkbox"/>	Other – Multi Racial <input type="checkbox"/>
American Indian/Alaskan Native <input type="checkbox"/>	I Do Not Know My Race <input type="checkbox"/>

Name:	Date of Birth:
Phone:	Email:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Employer:	Retired: <input type="checkbox"/> YES <input type="checkbox"/> NO
Physically Disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO	Elderly (62+): <input type="checkbox"/> YES <input type="checkbox"/> NO
Developmental Disability: <input type="checkbox"/> YES <input type="checkbox"/> NO	Veteran: <input type="checkbox"/> YES <input type="checkbox"/> NO
Aging out of foster care: <input type="checkbox"/> YES <input type="checkbox"/> NO	Survivor of Domestic Violence: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Name:	Date of Birth:
Phone:	Email:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Employer:	Retired: <input type="checkbox"/> YES <input type="checkbox"/> NO

Physically Disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO	Elderly (62+): <input type="checkbox"/> YES <input type="checkbox"/> NO
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Name:	Date of Birth:
Phone:	Email:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Employer:	Retired: <input type="checkbox"/> YES <input type="checkbox"/> NO
Physically Disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO	Elderly (62+): <input type="checkbox"/> YES <input type="checkbox"/> NO
Developmental Disability: <input type="checkbox"/> YES <input type="checkbox"/> NO	Veteran: <input type="checkbox"/> YES <input type="checkbox"/> NO
Aging out of foster care: <input type="checkbox"/> YES <input type="checkbox"/> NO	Survivor of Domestic Violence: <input type="checkbox"/> YES <input type="checkbox"/> NO
Essential Services Personnel: <input type="checkbox"/> YES <input type="checkbox"/> NO	Student: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Name:	Date of Birth:
Phone:	Email:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Employer:	Retired: <input type="checkbox"/> YES <input type="checkbox"/> NO
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<u>RACE:</u>	
White <input type="checkbox"/>	Native Hawaiian/Other Pacific Islander <input type="checkbox"/>
Black/African American <input type="checkbox"/>	Black/African American & White <input type="checkbox"/>
Asian <input type="checkbox"/>	Other – Multi Racial <input type="checkbox"/>
American Indian/Alaskan Native <input type="checkbox"/>	I Do Not Know My Race <input type="checkbox"/>

Valid government issued identification is required for ALL household members. For each household member aged 18 and older, please provide a copy of a valid State ID or Driver's License . For each household member under age 18, please provide a copy of the Birth Certificate.

Assistance Requested

Case Id: _____

Name: _____

Address: _____

Has your household been displaced from your home due to damage sustained during Hurricanes Helene or Milton?

YES NO

Is your household seeking temporary relocation assistance?

YES NO

If Yes, provide a copy of temporary lease agreement.

Is your Household seeking payment of your insurance deductible in conjunction with a claim filed under your homeowners or flood insurance policies for damages sustained during the Hurricanes?

YES NO

How much is your deductible: _____

If yes, provide a copy of your policy declarations.

Is your household seeking reimbursement for emergency supplies purchased between the dates of September 27, 2024-October 24, 2024 that were used to weatherproof a damaged home?

YES NO

If yes, please provide copies of receipts.

NOTE: Items eligible for emergency repair reimbursement and repair items to avoid further damage include:

- Tarps to cover roof leaks
- Items required to secure broken windows or doors (including garage doors) to prevent easy access to homes that may be uninhabitable
- Services to dry out flooded homes
- Removal of damaged household furnishings and belongings
- Generators – not to exceed \$1200
- Fans/dehumidifiers use to dry out flooded homes

Is your household seeking temporary rent assistance?

YES NO

If yes, provide a copy of your current Lease Agreement.

Is your household seeking temporary storage for household items?

YES NO

If yes, how long do you think storage will be needed?

Is your household seeking funds for repairs necessary to avoid further damage to the home or tree debris removal required to make the housing unit habitable and avoid further damage?

YES NO

If yes, please provide any estimates you have received.

INSURANCE/FEMA Information

Case Id: _____

Name: _____

Address: _____

Households are required to have filed claims with their insurance carriers (both homeowners and flood, if applicable) and the Federal Emergency Management Agency (FEMA).

Do you currently carry homeowner's insurance?

YES NO

Insurance Company:	Agent Name:
Phone Number:	Email address:
Policy #:	

Please provide a copy of your current Flood Insurance Declarations. If you do not have that information available, please request your agent to email it to DisasterAssistance@myclearwater.com.

Did your household submit an insurance claim for damage associated with Hurricanes Helene or Milton?

YES NO Do not have Homeowners Insurance

If yes, please provide a copy of the filed claim.

Do you currently carry Flood insurance?

YES NO

Insurance Company:	Agent Name:
Phone Number:	Email address:
Policy #:	

Please provide a copy of your current Flood Insurance Declarations. If you do not have that information available, please request your agent to email it to DisasterAssistance@myclearwater.com.

Did your household submit a flood insurance claim for damage associated with Hurricanes Helene or Milton?

YES NO Do not have flood insurance

If yes, please provide a copy of the filed claim.

Did your Household submit a FEMA claim associated with Hurricane Helene?

YES NO

Provide a copy of your FEMA Award or Denial Letter. You MUST have filed a claim with FEMA in order to be eligible for our program.

The following (3) documents **MUST** be completed and signed by all household members 18 years of age and over.



ASSET ADDENDUM TO APPLICATION

In order to properly qualify an applicant for Assistance, the following asset information **for all occupants including minors** must be obtained. This information will be used for qualification purposes only. **One month of checking/savings account statements must be provided** and current statements showing the value of all other accounts must also be provided.

Assets Include: Cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, Whole life insurance, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.) and personal property held as an investment (i.e., gem, or coin collections, paints, antique cars, etc.)

(DO NOT INCLUDE necessary personal property such as furniture, automobiles, and clothing.)

PLEASE FILL IN ALL SECTIONS -- DO NOT LEAVE ANY BLANKS

- A.** Do you have a **Checking/Savings Account?** – Check yes or no: Yes No
 Is this a Joint Account? Yes No
- Do you have a **Whole Life Insurance policy?** – Check yes or no: Yes No
- Do you have **Stocks/Bonds?** – Check yes or no: Yes No
- Do you have a **401K?** – Check yes or no: Yes No
- Do you have **CDs or a Money Market Account?** – Check yes or no: Yes No
- Do you have **other assets (i.e., real estate, collections, investments, Lump sums, etc?** – Check Yes or no: Yes No

While not counted toward the asset cap, do you have any **annuities, Retirement/Pension/401K accounts or IRAs** that provide monthly income? Yes No

If you do have **other assets, please specify type (if none write N/A):**

- B.** I (we) hereby state that the combined value of my **assets** **Does** **Does Not** exceed **\$50,000.00**

TOTAL VALUE OF ASSETS: \$

TOTAL ANNUAL INCOME EXPECTED TO BE EARNED FROM ASSETS: \$

VERIFICATION OF ASSETS DISPOSED

I Certify that I **have** **have not** disposed of any Assets for less than fair market value within the past two years. If assets have been disposed of, specify asset and date of sale below:

Asset	Date Disposed
_____	_____
_____	_____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that Chapter 817, F.S. provides that willfully providing false statements or misrepresentation concerning income, assets or liability information relating to financial condition constitutes an act of fraud and is a misdemeanor of the first degree, punishable by fines and imprisonment provided under sections 775.082, F.S. and 775.83, F.S. False, misleading or incomplete information may also result in repayment of any funds received . The information provided is subject to verification by the county or eligible municipality.

Date

Print Name: _____

DISASTER ASSISTANCE Duplication of Benefits Agreement

Whereas, _____ is receiving City of Clearwater (“City”) Disaster Assistance in an amount not to exceed **\$20,000.00** to provide funding for:

- Rent and/or Security Deposit Assistance (up to 6 months)
- Assistance with Repairs of an immediate nature to prevent further damage
- Tree debris removal
- Reimbursement of emergency supplies purchased between September 27 and October 24, 2024
- Insurance Deductible Assistance
- Temporary storage of household items
- Inspections necessary to determine work scope to address life/safety & structural issues

for the property located at _____.

Now, therefore, the City of Clearwater has an option to recoup assistance used on the above-described property upon the terms, conditions and contingencies herein set forth:

Federal Benefits and Charitable Donations

Recipient agrees that if he/she receives additional insurance payouts, federal benefits (such as FEMA) or charitable donations in connection with Disaster Assistance funds for losses sustained during Hurricanes Helene or Milton, the recipient will report receiving benefits by emailing DisasterAssistance@myclearwater.com or calling 727-562-4030 within one (1) month of receipt of additional proceeds and/or benefits. If recipient fails to report additional federal benefits or charitable donations, then the City of Clearwater (“City”) may require immediate repayment in full of the entire amount of assistance provided by the City.

Duplication of Benefits

Recipient agrees that if benefits received subsequent to the receipt of DISASTER ASSISTANCE funds are a duplication of benefits (DOB) received from other sources such as insurance payouts, federal benefits such as FEMA or charitable donations, that the following shall apply:

1. If the Award has been fully expended by the City, any Subsequent DOB Proceeds shall be repaid by Recipient to the City up to the amount of the Award.
2. If no portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be paid by Recipient to the City and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City shall be returned to the Recipient, and this Agreement shall terminate.
3. If some portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by Recipient to the City to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award and

retained by the City; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the Recipient, and this Agreement shall terminate.

4. If the City makes the determination that the Recipient does not qualify to participate in the Program or the Recipient decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City that have not been used or obligated by the Program shall be returned to the Recipient, and this Agreement shall terminate.
5. Once the City has recovered an amount equal to the Award, the City will reassign to Recipient any rights assigned to the City pursuant to this Agreement.

Income Eligibility

Recipient certifies that he/she has provided complete, accurate, and current information regarding household income to demonstrate Recipient’s eligibility to receive DISASTER ASSISTANCE funds.

Enforcement

The Recipient and the City of Clearwater acknowledge that the City of Clearwater has the right and responsibility to enforce this agreement.

Whereas, if the Recipient does not violate any of the terms listed in this agreement, then this agreement will be considered released one (1) calendar year from the date of execution.

IN WITNESS WHEREOF, the undersigned recipient(s) has/have affixed his/her signature(s) on this _____ day of _____, 2024.

Signed, sealed and delivered in the presence of:

Witness

Recipient:

Witness

Recipient:

Submit

Case Id:

Name: _____

Address: _____

Submit

Please provide the following information.

The undersigned specifically acknowledge(s) and agree(s) that:

- (1) the grant requested by this application will be utilized to benefit the household and the property described herein;
- (2) the property will not be used for any illegal or prohibited purpose or use;
- (3) all statements made in this application are made for the purpose obtaining the assistance indicated herein;
- (4) occupation of the property will be as indicated herein;
- (5) verification or re-verification of any information contained in the application may be made at any time by the City, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application and the original copy of this application will be retained by the City, even if the application is not approved;
- (6) the City, its agents, successors and assigns will rely on information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to utilizing all grant funds requested and approved;
- (7) the City, its agents, successors and assigns make no representations or warranty express or implied, to the Applicant(s) regarding the property, or the value of the property.

I/we certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. And liability monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

Signature of Applicant(s)

Today's Date: _____