

Communities of Everglades Disaster Recovery (CEDR)

Phase 2 - Elevating Homes Program (EHP) Application

THIS BOX TO BE COMPLETED BY CEDR ONLY	
Application #	
Date/Time Application Received:	

THIS BOX AND ALL FOLLOWING, TO BE COMPLETED BY APPLICANT	
APPLICANTS PROPERTY ADDRESS	
Address:	
City:	State and Zip Code:

1. TO BE COMPLETED BY APPLICANT; (Head of Household)		1. TO BE COMPLETED BY CO-APPLICANT; (If applicable)	
Applicant		Co Applicant	
Last Name:		Last Name	
Middle Name:		Middle Name	
First Name:		First Name	
Address:		Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Mailing Address:		Mailing Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Phone:		Phone:	
Email Address:		Email Address:	
Date of Birth:		Date of Birth:	
Sex:		Sex:	
Marital Status:		Marital Status:	
		Relationship to Head of Household	

2. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS						
Household Member Name	Relationship to HH	Sex(M/F)	Date of Birth	Marital Status	Veteran? Y/N	Household Member Disabled? Y/N

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3. ELIGIBILITY INFORMATION		
Was the Home Damaged by Hurricane Ian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property a single family residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the unit the primary residence of the applicant on date of disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently living in the home now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you register with FEMA for disaster related assistance for structural damage to your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your home was damaged by Hurricane, was this damage repaired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. DAMAGED PROPERTY INFORMATION		
Did you occupy the property at time of Hurricane Ian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently living in the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a deed for the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any other names on the deed for the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe what deed information you have on the damaged property (including any entity, for example, a trust).		
I/We have been displaced from the property due to damage from Hurricane Ian. If yes, please explain your current living situation in space below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the properties foundation type below i.e. slab on grade piers, block etc.		
If approved for the elevating homes program (EHP) do you have access to temporary housing (i.e. family, friend)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have flood insurance on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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5. OTHER ASSISTANCE RECEIVED (List all other sources of financial assistance received (local, state, federal and private sources) List all insurance companies that are currently covering your real property.		
Have you applied for any event related assistance for damage to your home from any source (local, state, federal, private)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. FEMA		
Have you received any disaster relief assistance from FEMA for your damaged home? If no continue to 6b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount approved:		
Amount Received to Date:		
What is your FEMA registration ID #'s:		
b. SBA		
Have you received any disaster relief assistance from SBA for your damaged home? If no continue to 6c	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount approved:		
Amount Received to Date:		
What is your SBA application Number(s)?		
What is your SBA loan Number?		
What is the status of your SBA loan?		
b. Insurance: List all insurance companies that are currently covering your real property.		
Were you carrying Homeowner's insurance at time of Hurricane Ian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes what type? (Hazard, Wind, Flood, Contents?)		
Did you file a claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Claim Amount Received:		
Name of Insurance Company?		
Is insurance coverage currently in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you involved in an appeal or lawsuit against insurance company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is status of insurance appeal/lawsuit? (if applicable)		
6. Temporary Housing		
Do you have access to temporary Housing? (example: Family or Friend)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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7. Income Information: Include wages, salaries, tips, alimony, child support, military income, part time income, social security etc. for all household members over 18.						
Type pf Income (monthly)	Head of Household	Household Member #1	Household Member #2	Household Member #3	Household Member #4	Household Member #5
Wages						
Overtime						
Commission						
Social Security						
Pension						
Armed Forces Pay						
Supplemental Social Security						
Supplemental Social Security Disability						
Workers Compensation						
Disability						
Unemployment						
Severance Pay						
Annuities						
Insurance Policy Payment						
Other Income						
Alimony						
Child Support						

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8. Asset Information		
Do you or other household members own any other real estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes provide address, city and state of property?		
Do you have a mortgage on the damaged property you are seeking assistance on?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the current balance owed on mortgage?		
Are your payments current on your mortgage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your primary residence currently in foreclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List below the types and sources of any household assets. Provide current cash value and estimated annual income from the asset :		

Household Member Name	Type and Source of Asset	Cash Value of Asset	Annual Income from Asset

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9. Applicant Certification (Certify that all the information in the application is true, to the best of your knowledge)	
<ul style="list-style-type: none">• I /We understand the information provided above is collected to determine if I/We are eligible to receive assistance.• I/We certify that all of the information provided herein is true and correct.• I/We understand that providing false statements or information is grounds for termination.• I/We authorize the Communities of Everglades Disaster Recovery to verify all information provided in this application.• I/We understand that additional information may be required to move forward .• I/We understand that submission of an application does not guarantee services.	
Signature of Applicant:	Date:
Signature of Co-Applicant:	Date: