

Elevating Homes Project (EHP) Application

This program is being funded by the Collier Community Foundation, Volunteer Florida and administered by the Communities of Everglades Disaster Recovery (CEDR).

Program Summary

The goal of the Elevating Homes Program (EHP) is to elevate homes above the Federal Emergency Management Agency's (FEMA's) Base Flood Elevation (BFE) in Everglades City, Plantation Island and Chokoloskee Island. Applicants residing in these areas may apply for funding. The goal of the Program is to fund multiple elevation projects for eligible applications.

To be eligible for EHP the applicant must meet the following initial criteria:

- Own the property and possess a clear title - ownership must not be contested.
- Property must serve as primary residence.
- Property must have been damaged by Hurricane Ian.

All homeowners that meet the criteria above are encouraged to apply. CEDR will evaluate applications based on this criteria, as well as income based requirements.

Note: Applications will be prioritized based on need and submission of an application does not guarantee services through the Program. All applicants are encouraged to apply for services even if they do not meet the baseline requirements.

Prior to filling out this application, CEDR will determine if the applicant is pre-qualified for services. If an applicant is pre-qualified, they may continue with submitting a full application for services. The next steps are:

- Step 1: CEDR will notify applicant if they are or are not pre-qualified for home elevation services through EHP. Notice will be issued within 30 days of CEDR receiving a completed pre-application and those pre-qualified applicants will receive a full application for services (this application).
- Step 2: Applicants must complete this Application for Home Elevation Services and provide supporting documentation. Applicants will work with CEDR staff throughout the application process. Applications must be received by June 30th, 2023.
- Step 3: CEDR will verify all information and documentation, including income verification. Upon verification, CEDR will notify applicants if they have been approved or denied for services through EHP. This can take up to 90 days from the date of application submission.
- Step 4: CEDR will communicate next steps and a timeline for elevation services if an applicant is selected for funding.

Submission of an application does not guarantee services through EHP.

General Instructions

- Read the instructions for this application.
- Please write legibly in BLUE or BLACK ink. Do not use pencil or other colors of ink. All blanks must be completed or have N/A written in.
- The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date the application.
- For the purpose of this application, “damaged property” represents the property for which the applicant is requesting elevation services.
- Submit application with all required documentation to cedrvoad@gmail.com or mail materials to PO Box 166, Everglades City, FL 34139.

REQUIRED DOCUMENTATION

Please submit the following documentation along with your completed EHP application.

- Photos clearly showing the front, back, and sides of the damaged property
- FEMA Award/Denial Letter
- Small Business Administration (SBA) Award/Denial Letter
- Private Insurance Letter (*If you did not have private insurance, a written, signed and dated statement indicating that you had no private insurance will be acceptable.*)
- Copy of the applicant's driver's license (or a state issued photo ID or passport)
- Title or Deed of damaged property in applicant's name
- Copy of receipts for repairs related to Hurricane Ian that have been made to the damaged home (*If you have trouble locating and copying all receipts, please reach out to CEDR*)
- Provide any and all proof of income for all individuals over the age of 18 that live at the property. This includes...
 - 6 months of bank statements (checking and savings)
 - Last 3 consecutive months of pay check stubs
 - Current copy of social security statement/award letter
 - Current copy of retirement/pension statements
 - Current copy of unemployment statement

Itemized Instructions and Explanations

1. APPLICANT INFORMATION: Provide your legal name, mailing address (may or may not be the damaged property), an e-mail address, your date of birth, your marital status and other fields.

2. CO-APPLICANT INFORMATION: List other members of the household, over 18 years old, who hold as much responsibility for the property as the applicant. This person is often referred to as the co-owner of the property. Attach additional sheet if there is more than one co-applicant.

3. ALTERNATE CONTACTS INFORMATION: List contacts who are helping you through this process, if applicable (i.e., case manager etc.). This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location.

4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS: As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, sex, date of birth and marital status. Indicate if any of

the members listed are disabled and explain if there are any expected additions to the future household (i.e. birth of a child, adoption, legal custody ruling resulting in an additional household member).

5. ELIGIBILITY INFORMATION: This information is being collected to further determine program eligibility, including principal residency and FEMA registration information.

6. DAMAGED PROPERTY INFORMATION: Provide basic information concerning the damaged property (i.e., physical address of damaged property, and additional deed holders). In order to be eligible to receive assistance under this program, the property must have been damaged as a result of the disaster. Provide information on whether you occupied the property during the time of the Hurricane Ian, whether you are currently living in that structure, or whether you were displaced because of the disaster.

7. OTHER ASSISTANCE RECEIVED: Provide all information concerning property insurance, FEMA, SBA, or any other type of related assistance to the disaster.

8. INCOME INFORMATION: Provide information on all household income sources. Income includes the following: wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members over age 18. Food benefits (SNAP) are NOT considered income.

9. ASSET INFORMATION: Provide the requested information on any property you may own. Examples of what constitutes assets are listed below:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;
- Mineral rights; and
- Mortgage or deeds of trust held by the applicant

10. APPLICANT CERTIFICATION: Certify that all information in the application is true, to the best of your knowledge.

3. RACE AND ETHNICITY OF HEAD OF HOUSEHOLD	
Race (Check all that apply)	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian Or Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Multi-Racial
ETHNICITY (CHECK ONE)	
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.	
<input type="checkbox"/> 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.	

4. 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

5. 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
6. 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?		

c. insurance		
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)		

7. TEMPORARY HOUSING	
Do you have access to temporary Housing? (example: Family or Friend)	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. 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						

10. Applicant Certification

(Certify that all the information in the application is true, to the best of your knowledge)

- I /We understand the information provided above is collected to determine if I/We are eligible to receive assistance under EHP.
- 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 from EHP
- I/We authorize the Communities of Everglades Disaster Recovery (CEDR) to verify all information provided in this application.
- I/We understand that additional information will likely be required to move forward with EHP.
- I/We understand that submission of an application does not guarantee services through EHP.

Signature of Applicant:

Date:

Signature of Co-Applicant:

Date: