

FY27 Non-Ad Valorem Assessment Hardship Assistance Program (NAVAHAP)

Instructions: All sections of this application must be completed; if a section does not apply to your household, enter N/A. Refer to page 3 for the required supporting documentation that must be submitted with this application.

Applicant Information

Choose hardship type: ☐ Low income Senior Citizen ☐ Low income Non-Senior Citizen

Name: _____

Date of Birth: _____ Gender: _____ Marital Status: _____

Property Address: _____

Phone 1: _____ Phone 2: _____

Mailing Address: _____

Email: _____

Property Details

1) Have you applied for this assistance in past years, regardless of approval?	☐ Yes ☐ No
2) Have you occupied the property for the past 12 months and is the property your present primary residence?	☐ Yes ☐ No
3) Do you intend to maintain this property as your primary residence for the remainder of the present tax year?	☐ Yes ☐ No
4) Do you owe property taxes for the year you are requesting assistance?	☐ Yes ☐ No
5) Do you agree to immediately notify the City of Gainesville if you vacate or sell the property?	☐ Yes ☐ No

Household Income and/or Public Assistance

1) Did any adults in your household file a 2024 income tax return?	☐ Yes ☐ No
If YES, what was the total annual adjusted gross (before taxes) income for 2024 for all adults in the household?	\$ _____
If NO, what is the total current monthly gross (before taxes) income for your household (including regular social security payments)?	\$ _____
2) Does anyone in the household receive TANF Cash Assistance, Food Stamps, or SSI?	☐ Yes ☐ No
If yes, what is the amount of the benefit?	\$ _____

Household Members

You must provide the information below for all members of your household.

Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____
Name: _____	DOB: _____	Relationship: _____

Asset Disclosure

Do you have any bank, credit union, money market, and/or prepaid/benefit card accounts? ☐ Yes ☐ No

Do you own any other properties? ☐ Yes ☐ No

Do you own stocks, bonds, or other securities? ☐ Yes ☐ No

Do you keep cash on hand? ☐ Yes ☐ No

There is a \$2,000 limit on all assets listed in this section to qualify for this program.

Applicant Certification

Note: If this application is submitted for a property with multiple deeded owners, each owner must sign this application. If anyone signs by Power-of-Attorney (POA), a copy of the POA must be attached.

(Required) This application for hardship assistance is for ☐ FY27 (Nov. 2026 tax bill) and/or ☐ previous tax years.

Under penalty of perjury, I/we certify that the information provided in this application, and in any accompanying documentation, is true and correct. I/we further certify that I am the owner of the above-listed residential property, am entitled to a hardship exemption pursuant to the requirements of the Gainesville Code of Ordinances section 11-39.1, and have the present intent to maintain the residential property as my/our permanent residence throughout the remainder of the fiscal year for which the assessment is imposed.

I understand the completion and submission of this application is not a guarantee of assistance granted by the City of Gainesville. The information provided is subject to review and verification by the City of Gainesville through its employees and/or agents in order to determine eligibility for the hardship assistance. I understand that providing inaccurate or incomplete information will result in a denial of assistance. Furthermore, I understand that all information provided to the City of Gainesville is subject to release to other persons and entities pursuant to the Florida Public Records Law unless such record is otherwise exempt or confidential by law.

Property Owner 1 Name:_____

Property Owner 1 Signature:_____

Property Owner 2 Name:_____

Property Owner 2 Signature:_____

Date:_____

For City Use Only

Application received on:_____

Reviewer:_____

Application Status: ☐ Approved ☐ Denied Date:_____

If denied, reason:_____

Application Status Letter Sent On:_____

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Required Documentation

Do not submit original documents – only send copies with the hardship assistance application. Documents will not be returned.

The documents below must be submitted with the hardship assistance application. Missing, illegible, or damaged documents may result in delayed processing or denial of assistance.

Privacy Note: When submitting the supporting documentation, please redact any personal protected information (PPI) which includes social security numbers and bank account numbers.

- Photo ID (driver license/state ID card) for all property owners
- Proof of home ownership and homestead exemption – Homestead Exemption Receipt or printout from Alachua County Property Appraiser website (www.acpafl.org).
- Proof of household income, see below:
 - 2025 Income Tax Return
 - Social Security statements
 - If currently employed, a copy of pay stubs for 6/1/26-7/31/26
 - Proof of SSI, SSDI, child support payments, alimony payments, investment returns for 2026
 - If applicable, benefit notices for TANF Cash Assistance or food stamps in effect as of 6/1/26
 - Statements for all bank, credit union, money market, and prepaid/benefit card accounts dated between 6/1/26 and 7/31/26

To determine income eligibility, the City of Gainesville uses the Poverty Threshold published by the Census Bureau for the calendar year immediately preceding the assistance program year. For example, the 2024 Poverty Threshold for the 2025 assistance program year.