

## INSURANCE DEDUCTIBLE ASSISTANCE PRE-QUALIFICATION REGISTRATION

DO YOU OWN THE HOME?	YES:	NO:
IS THE TITLE IN YOUR NAME?	YES:	NO:
NAME:		
ADDRESS:		
CITY:	ZIP CODE:	
MAILING ADDRESS: (IF DIFFERENT)		
HOME NUMBER:	WORK NUMBER:	
CELL NUMBER:	DAYTIME NUMBER:	
EMAIL ADDRESS:		
HOW MANY PEOPLE LIVE IN YOUR HOME?		
WHAT IS THE GROSS INCOME OF YOUR ENTIRE FAMILY? (ANYONE 18 YEARS OR OLDER WHO WORKS)	\$	
IS THE PROPERTY LOCATED IN SARASOTA COUNTY?	YES	NO
DO YOU HAVE INSURANCE ON YOUR HOME?	YES	NO
NAME OF INSURANCE COMPANY		
INSURANCE DEDUCTIBLE AMOUNT	\$	
HAVE YOU CONTACTED YOUR INSURANCE COMPANY REGARDING THE DAMAGE?	YES	NO
HAVE YOU APPLIED FOR ASSISTANCE FROM FEMA?	YES	NO
DO YOU HAVE HOMESTEAD EXEMPTION?	YES	NO
ARE YOU CURRENT ON YOUR PROPERTY TAXES?	YES	NO
ARE YOU CURRENT ON YOUR MORTGAGE?	YES	NO
VALUE OF YOUR PROPERTY (FROM THE PROPERTY APPRAISER'S WEBSITE)	\$	
ARE YOU OR ANYBODY IN THE HOUSEHOLD AGED 62 OR OLDER?	YES	NO
<p>Please note:</p> <p>(1) Submission of this registration form does not guarantee approval to receive funding for insurance deductible assistance</p> <p>(2) This registration will ensure that you will be placed on a list for potential assistance to be funded by the Office of Housing and Community Development (OHCD).</p> <p>(3) A processor from OHCD will contact you to determine your potential eligibility and to begin the application process.</p>		