

APPLICATION FOR HOUSING REHABILITATION ASSISTANCE

PRIVACY POLICY

East Tampa Business & Community Development Alliance is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations.

Additionally, we want you to understand how we use the personal information we collect about you. The type of information that we collect about you is:

- Information we receive from you orally, on applications, or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balances, payment history, parties to transactions and credit card usage, tax statements, bank statements, etc.
- Information we receive from a credit reporting agency, such as your credit history.

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes and/or any other pre-authorized individuals and/or organization. The types of information we disclose is as follows:

- Information you provide on application/forms or other forms of communication. This may include your name, address, social security number, employer, occupation, account numbers, assets, expensed, and income.
- Information about your transactions with us, our affiliates, or others: such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency: such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.

- We may also disclose personal information about you to third parties as permitted by law.

Florida's Public Records Law

Florida's Public Records Law provides a right to access the records of the state and local governments as well as private entities acting on their behalf. The information you provide to the City of Tampa and its contracted third parties, through writing and email, is considered public record. This information may be disclosed in response to a public records request. **Fl. Stat. 119.07(1)**. Although this information is public record, Chapter 119 of the Florida Statutes provides several disclosure exemptions. The information provided below will not become public record and will remain confidential.

- Social Security numbers - Fl. Stat 119.071(5)(a)(5)
- Medical history records - Fl. Stat. 119.071(5)(f)
- Bank account numbers - Fl. Stat. 119.071(5)(b)
- Debit/Credit card numbers - Fl. Stat. 119.071(5)(b)
- Information related to health and property insurances - Fl. Stat. 119.071(5)(f)

You must notify the City of Tampa if you qualify for additional public record exemptions provided in the Florida Statutes.

How is your personal information secured?

We restrict access to your nonpublic personal information provided to East Tampa Business & Community Development Alliance, Inc., employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Opting-Out of Certain Disclosures

You may direct East Tampa Business & Community Development Alliance, Inc., Association not disclose your nonpublic personal information to third parties (such as your creditors). However, if you choose to "opt-out" we will not be able to answer any questions from your creditors, which may limit the City of Tampa's ability to provide services. If you choose to "opt-out" please check the box next to the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, please check the box next to the "Release" clause. You may change your decision any time by contacting our office in writing at East Tampa Business & Community Development Alliance, Inc., 2814 E. 22nd Street, Tampa, FL 33605. The "Opt-Out" clause does not include information that is public record under Fl. Stat 119.071

OPT-OUT: I request that the City of Tampa, make no disclosures of my non public personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that the City of Tampa will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting the City of Tampa.

Applicant:

Date

Applicant/Household Member:

Date

RELEASE: I hereby authorize East Tampa & Business Community Development Alliance Inc., to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Applicant:

Date

Applicant/Household Member:

Date

**APPLICATION FOR
HOUSING REHABILITATION ASSISTANCE**

IDENTITY VERIFICATION

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I HEREBY REPRESENT THAT ALL ABOVE INFORMATION IS TRUE AND ACCURATE.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

The above personally appeared before me the signer and subject of the above form, who signed and attested to the same in my presence, and presented the following form of identification as proof of his/her identity:

- Driver's License or Government Identification Card
- U.S. Passport
- U.S. Military ID Card
- State Identification Card
- Social Security Card
- Other: _____
(Description)

ETBCA REPRESENTATIVE (Print)

DATE

ETBCA REPRESENTATIVE (Signature)

LIEN ACKNOWLEDGMENT

I/We acknowledge the funds will be a 0% Deferred Payment Loan (DPL). The term of this DPL is determined by the amount of funds expended:

- Less than \$15,000 = 5 years
- \$15,000 - \$40,000 = 10 years
- More than \$40,000=15 years

I/We understand if **I/We** remain in the home as owner-occupant(s) for the term of the DPL, the DPL will be forgiven. However, if during the term of the DPL, the home is sold or **I/We** fail to comply with the owner occupancy requirements, the full amount of the DPL will be owed back to the City.

I/We acknowledge a lien will be placed on the property to insure the affordability period.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

APPLICATION FOR HOUSING REHABILITATION ASSISTANCE

Verification of Disability

DATE: _____

<p><u>TO:</u> _____</p> <p>Healthcare Provider: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p>	<p><u>FROM:</u> East Tampa & Business Community Development Alliance Inc. 2814 North 22nd Street Tampa, FL 33605 Main #: (813) 248-3977 Fax #: (813) 248-3978 www.etbca.org</p> <p>_____ Attn.: _____</p>
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RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

Verification of Disability for:

NAME: _____ Date of birth: _____

ADDRESS: _____

This person has applied for housing assistance under a program using federal and/or state funds. Federal and/or State funds require the housing agency to verify all information that is used in determining this person's eligibility for assistance.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown above.

Is the applicant disabled as defined below? YES NO

Persons with Special Needs defined in s.420.0004, Florida Statutes

- An adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition 420.0004(7) FL Statutes
- A young adult formerly in foster care who is eligible for services under s. 409.1451(5);
- A survivor of domestic violence as defined in s. 741.28; or
- A person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans' disability benefits.

Developmental Disabilities defined in s.393.063 Florida Statutes

- A disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

Disabling Condition defined in s.420.0004(7), Florida Statutes

- Disabling condition means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or the co-occurrence of two or more of these conditions, and a determination that the condition is:
 - (a) Expected to be of long-continued and indefinite duration; and
 - (b) Not expected to impair the ability of the person with special needs to live independently with appropriate supports.

NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

APPLICATION FOR HOUSING REHABILITATION ASSISTANCE

Public reporting burden for this collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).