

CONNECTFREE PROGRAM APPLICATION-RENTAL PROPERTY OWNER

Hand Deliver Application to: HCD Division, Thomas Center, 306 NE 6th Ave, Bldg. B Room 245, Gainesville, FL

RENTAL PROPERTY OWNER INFORMATION

Owner:	_____	_____	_____
	First	Initial	Last
Co-Owner:	_____	_____	_____
	First	Initial	Last

PROPERTY INFORMATION

Property Address: _____
Mailing Address (if different): _____

PROPERTY OWNERSHIP INFORMATION

Do you own this Property?	Yes	No	
<i>If yes, is this property your primary residence?</i>	Yes	No	
<i>If no, is this residence a rental property?</i>	Yes	No	
How long have you owned this residence?	Years		
How long have you lived in this residence (if applicable)?	Years		
Is your Mortgage Current on this property?	Yes	No	N/A
Are Property Taxes Current on this property?	Yes	No	

CONTACT INFORMATION

Phone	Owner	Co-Owner
Home:	_____	_____
Work:	_____	_____
Cell:	_____	_____

CONNECTION SERVICE INFORMATION

What type of connection assistance do you need?	Water	Sewer
Are you connected to City Water?	Yes	No
Are you connected to City Sewer?	Yes	No
Do you have a well?	Yes	No
Has your well ever been tested?	Yes	No
Does your well have any known or suspected contamination?	Yes	No
Is your water discolored or have an odor?	Yes	No
Do you have a septic tank?	Yes	No
Do you have any sewage discharge to the ground surface?	Yes	No

Please describe any problems with your well and/or septic tank:

TENANT HOUSEHOLD MEMBER INFORMATION

(Please list ALL Tenant Household Members who are/will be living in this Residence):

Name	Relationship	Gender	Race

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; assets or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 and 775.083. I/we further understand that any willful misstatements of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Owner Signature _____ Date _____
 Co-Owner Signature _____ Date _____

City Staff Use Only:

Property Eligible	_____ Yes	No	_____
GRU Service Area	_____ Yes	No	_____
Low Income Household	_____ Yes	No	_____
Low Income Area	_____ Yes	No	_____
Non Profit-Special Needs	_____ Yes	No	_____
Governmental Entity-Special Needs	_____ Yes	No	_____
Public Health Safety Issue Prelim	_____ Yes	No	_____
Referred to Health Dept.	_____ Yes	No	_____
Public Health Safety Issue Confirmed	_____ Yes	No	_____
Priority Status Assigned (circle one):	Tier 1	Tier 2	Tier 3
Waiting List	_____ Yes	No	_____

Reviewed By: _____ Date: _____
 Pre-Approved By: _____ Date: _____
 Final Approved By: _____ Date: _____

(Final Approval subject to cost feasibility as determined by GRU-see GRU Transmittal Sheet)