

CITY OF BELLE GLADE VERIFICATION OF PUBLIC ASSISTANCE INCOME



ATTN: HUMAN RESOURCES
110 DR. MARTIN LUTHER KING JR. BLVD. WEST
BELLE GLADE, FL 33430-3900
PHONE: 561-996-0100
FAX: 561-993-1813

TO: (NAME & ADDRESS OF SERVICING AGENT)	PUBLIC ASSISTANCE DATA	RATE PER MONTH
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	Number in family: <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>	
<p>AUTHORIZATION: The City of Belle Glade is required to verify Public Assistance Income of all members of the household applying for participation in the First Time Home Buyer Program, which we operate, and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	Aid to families with Dependent Children <div style="float: right; text-align: right;">\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></div>	
	General Assistance <div style="float: right; text-align: right;">\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></div>	
	Does this amount include court-awarded support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Amount specifically designated for shelter and utilities <div style="float: right; text-align: right;">\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></div>	
	Other assistance—type: <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div> <div style="float: right; text-align: right;">\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></div>	
	Total Monthly Grant <div style="float: right; text-align: right;">\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></div>	
	Other income—Sources: <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div> <div style="float: right; text-align: right;">\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></div>	
	Maximum allowance for rent and utilities (as-paid States) <div style="float: right; text-align: right;">\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></div>	
Amount of public assistance received during past 12 months <div style="float: right; text-align: right;">\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></div>		
<p>RELEASE: I hereby authorize the release of the requested information.</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 10px;"></div> <p><i>(SIGNATURE OF APPLICANT) ROBERT SELLERS, JR.</i></p> <p>DATE: <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div></p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 10px;"></div> <p><i>(SIGNATURE OF APPLICANT) LAVERNA SELLERS</i></p> <p>DATE: <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div></p>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <p>Signature of _____ or Authorized Representative</p> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <p>TITLE: <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div></p> <p>DATE: <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div></p> <p>TELEPHONE: <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div></p>	
<p>WARNING: 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.</p>		