



## Community Redevelopment Agency

# Income-Based Roof Program

The intent of the Residential Income-Based Roof Program is to provide roof improvement services to income qualifying homeowners located within Escambia County’s designated Community Redevelopment Areas.

### Program Summary

The Residential Income-Based Roof Program provides roof replacement services to income qualifying homeowners located in Escambia County’s designated Community Redevelopment Areas for damaged and/or leaking roofs which eliminate blight and improve health and safety. Eligible applicants receive assistance towards 100% of roof improvement services based on income eligibility set by the Escambia County Area Median Income Guidelines. **Funding for this program is provided by Tax Incremental Financing (TIF), pursuant to F.S. Chapter 163, the Community Redevelopment Act and is based on the availability of funding.**

### Program Eligibility Guidelines

- Property must be located within Escambia County’s designated Community Redevelopment Area.
- Applicant(s) must be the property owner(s) and provide proof of property ownership.
- Property must be zoned for residential use, and used for residential purposes.
- Property must be homestead exempt.
- Applicant(s) must not be delinquent on payment of ad valorem property taxes.
- Property must not have outstanding code violations and/or judgment liens.
- **Household income must not exceed 80% of the Escambia County Area Median Income, as set forth below:**

#### *Escambia County Area Median Income Guidelines*

| Household Members      | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>80% Area Income</b> | \$50,350 | \$57,550 | \$64,750 | \$71,900 | \$77,700 | \$83,450 | \$89,200 | \$94,950 |

*Fiscal Year 2024*

**\*\*ONE-TIME SERVICE PER PROPERTY OWNER**

## Program Details

- **Roof MUST show obvious signs of leakage or damage AND;**
- Escambia County staff and/or hired contractor will inspect the property to determine extent of leaks and/or damage and determine eligibility for the Income-Based Roof Program.
- Escambia County will provide a licensed and insured contractor to conduct roof improvement services
- A five (5) year lien is required

## Documentation Requirements

**Applicant(s) must submit the following documentation to receive assistance through the Residential Income-Based Roof Program:**

- **Proof of Identity:**
  - Valid driver's license or state identification card AND;
  - Social Security Card(s) for each household member
- **Proof of Ownership**
  - Copy of Deed and/or current Mortgage Statement
- **Proof of Homestead Exemption**
  - Copy of Homestead Exemption Card
- **Ad Valorem Property Taxes- Proof of Non-Delinquent Status**
  - Recent Property Tax Bill, and/or Statement
- **Income Verification Documentation**

Applicant(s) must submit income/employment verification for all household members 18 years or older or signed statement indicating unemployment, and describing source of financial support. **Acceptable forms of documentation include:**

- Third-Party Asset Verification Form, or Bank Statements for the past six (6) months **and;**
- Pay stub issued within the past three (3) months containing pay period, and/or pay frequency, and rate of pay and/or;
- Federal Income Tax Return from the previous tax year and/or;
- Social Security Administration Letter/Statement issued within the past twelve (12) months containing current benefit amount and/or;
- SSI Letter/Statement issued within the past twelve (12) months containing current benefit amount and/or;
- Retirement, Pension and/or VA Payment Letter/Statement and/or;
- Proof of all other sources of income including workers compensation, alimony, child support, welfare payments, interests, and/or dividends, overtime, bonuses, etc.



**APPLICATION FOR ASSISTANCE**  
Community Redevelopment Agency  
Residential Income-Based Roof Program

**Please submit completed and signed Application for Assistance: Community Redevelopment Agency Income-Based Roof Program, Hold Harmless Agreement, Notice to Applicant(s): Access to Financial Records, Third-Party Asset Verification and Florida Public Records Law, F.S. Chapter 119 and all other required documentation to:**

**Escambia County**  
**Community Redevelopment Agency**  
221 Palafox Place, Suite 320  
Pensacola, FL 32502  
Phone: (850) 595-3217 – Fax: (850) 595-3218  
Email: [CRA@myescambia.com](mailto:CRA@myescambia.com)



**APPLICATION FOR ASSISTANCE**  
 Community Redevelopment Agency  
 Income-Based Roof Program

APPLICANT NAME: \_\_\_\_\_ Social Security #: \_\_\_\_\_

CO-APPLICANT NAME: \_\_\_\_\_ Social Security #: \_\_\_\_\_

STREET ADDRESS, CITY, ZIPCODE: \_\_\_\_\_

PHONE 1: \_\_\_\_\_ PHONE 2/EMAIL: \_\_\_\_\_

- |                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| HOMEOWNER:                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| CODE VIOLATIONS:           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| JUDGEMENT LIENS:           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DELINQUENT PROPERTY TAXES: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| HOMESTEAD EXEMPT:          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**REDEVELOPMENT DISTRICT<sup>1</sup>**

- |                                     |                                    |                                      |
|-------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> ATWOOD     | <input type="checkbox"/> BARRANCAS | <input type="checkbox"/> BROWNSVILLE |
| <input type="checkbox"/> CANTONMENT | <input type="checkbox"/> ENGLEWOOD | <input type="checkbox"/> ENSLEY      |
| <input type="checkbox"/> OAKFIELD   | <input type="checkbox"/> PALAFOX   | <input type="checkbox"/> WARRINGTON  |

**HOUSEHOLD:**

|   | FULL NAME | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY # |
|---|-----------|--------------|---------------|-------------------|
| 1 |           | Applicant    |               |                   |
| 2 |           |              |               |                   |
| 3 |           |              |               |                   |
| 4 |           |              |               |                   |

\*For more than 4 household members please provide a letter indicating full name, relationship to applicant, date of birth and social security number for all other household members.

<sup>1</sup> FUNDING IS LIMITED, FIRST COME-FIRST SERVED. FOR ADDITIONAL INFORMATION CONTACT THE COMMUNITY REDEVELOPMENT AGENCY OFFICE AT (850) 595-3217.

**EMPLOYMENT HISTORY:**

**1. APPLICANT**

**CURRENT EMPLOYER:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**PREVIOUS EMPLOYER:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**2. CO-APPLICANT**

**CURRENT EMPLOYER:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**PREVIOUS EMPLOYER:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATES EMPLOYED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**PLEASE PROVIDE EMPLOYMENT INFORMATION AND SUPPORTING DOCUMENTATION FOR ALL OTHER WORKING HOUSEHOLD MEMBERS AGE 18 YEARS OR OLDER, OR A NOTARIZED AFFIDAVIT CONFIRMING UNEMPLOYMENT, AND STATING SOURCE OF FINANCIAL SUPPORT.**

**SOURCE(S) OF ANNUAL INCOME:**

| SOURCE                     | APPLICANT | CO-APPLICANT | OTHER<br>HOUSEHOLD<br>MEMBER | TOTAL |
|----------------------------|-----------|--------------|------------------------------|-------|
| GROSS ANNUAL SALARY*       |           |              |                              |       |
| OVERTIME, TIPS,<br>BONUSES |           |              |                              |       |
| SOCIAL SECURITY INCOME     |           |              |                              |       |
| SSI                        |           |              |                              |       |
| RETIREMENT/PENSION/VA      |           |              |                              |       |
| UNEMPLOYMENT               |           |              |                              |       |
| WORKERS<br>COMPENSATION    |           |              |                              |       |
| WELFARE PAYMENTS           |           |              |                              |       |
| WELFARE PAYMENTS           |           |              |                              |       |
| BUSINESS NET INCOME        |           |              |                              |       |
| INTEREST/DIVIDENDS         |           |              |                              |       |
| OTHER INCOME               |           |              |                              |       |

**\*ANNUAL SALARY PRIOR TO DEDUCTIONS**

**PROVIDE SUPPORTING DOCUMENTATION FOR ALL ANNUAL INCOME SOURCES RECEIVED BY THE APPLICANT, CO-APPLICANT, AND/OR HOUSEHOLD MEMBERS, AND/OR A NOTARIZED AFFIDAVIT CONFIRMING LACK OF INCOME, AND EXPLAINING SOURCE OF FINACIAL SUPPORT FOR ALL HOUSEHOLD MEMBERS AGES 18 YEARS OR OLDER.**

The information provided above is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income verification related to my application for assistance under Escambia County’s Community Redevelopment Agency Income-Based Roof Program. I understand that any willful misstatement of material facts will be grounds for disqualification, and may result in legal action against me. I understand the information provided is required to determine assistance eligibility and does not assure qualification for assistance. I agree to provide other documentation as may be required to determine my eligibility for assistance under this program.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



THIRD-PARTY ASSET VERIFICATION FORM

Checking, Savings, Certificate of Deposit, and Money Market Accounts

Name of Financial Organization: \_\_\_\_\_

Address: \_\_\_\_\_

SUBJECT: Verification of Information Supplied by an Applicant for the Escambia County CRA Income-Based Roof Program

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLEASE RETURN FORM TO: Escambia County BOCC Community Redevelopment Agency ATTN: Megan Polk, Development Program Manager 221 Palafox Place, Suite 320 Pensacola, Florida 32502 Phone: 850-595-1829 Fax:850-595-3218 Email: mtpolk@myescambia.com

This person has applied for assistance under a program of the Escambia County CRA. The CRA requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

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 below.

Area to be completed by Financial Organization (Please answer all questions. Answer N/A if the question does not apply.)

Checking Account

Account # \_\_\_\_\_ Average Balance for Previous Six (6) Months: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_ Date Account Closed: \_\_\_\_\_

Account # \_\_\_\_\_ Average Balance for Previous Six (6) Months: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_ Date Account Closed: \_\_\_\_\_

Savings Account

Account # \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_ Date Account Closed: \_\_\_\_\_

Account # \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_ Date Account Closed: \_\_\_\_\_

Certificates of Deposit

Account # \_\_\_\_\_ Current Value \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Cash Value\* \_\_\_\_\_

\*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)

Account # \_\_\_\_\_ Current Value \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Cash Value\* \_\_\_\_\_

\*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)

Account # \_\_\_\_\_ Current Value \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Cash Value\* \_\_\_\_\_

\*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)

Money Market

Account # \_\_\_\_\_ Current Value \_\_\_\_\_ Rate of Interest: \_\_\_\_\_ Cash Value\* \_\_\_\_\_

\*Cash value is the current value minus penalties for early withdrawal or cost to convert to cash (broker fees, etc.)

Name and Title of Person Supplying the Information Firm/Organization Name Signature Date

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 required 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 \_\_\_\_\_

Please return the form to the address listed above. Thank You

**NOTICE TO APPLICANT(S): ACCESS TO FINANCIAL RECORDS**

This is a notice to you as required by the Right to Financial Privacy Act of 1978 informing you that the State of Florida and Escambia County have a right to access to financial records held by any financial institution in connection with the consideration or administration of Escambia County's Community Redevelopment Agency Income-Based Roof Program. Financial records involving your transactions will be available to Escambia County without further notification, and/or authorization but will not be disclosed or released to another government agency, or department without your consent except as required or permitted by law.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Escambia County certifies that it is in compliance with the applicable provision of the Financial Privacy Act of 1978 as related to this request for access to financial records.

**PROGRAM MANAGER SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**WRITTEN NAME & TITLE:** \_\_\_\_\_



Escambia County Community Redevelopment Agency  
221 Palafox Place, Suite 320  
Pensacola, FL 32502  
Phone: (850) 595-3217 - Fax: (850) 595-3218  
Email: CRA@myescambia.com

**HOLD HARMLESS AGREEMENT**

I, hereinafter referred to as the Applicant, do hereby agree to hold Escambia County and the State of Florida, as well as their respective agents, assigns, and/or employees, harmless from any action regarding roof replacement services. It is further understood and agreed that in consideration for assistance provided by Escambia County's Community Redevelopment Agency for the Income-Based Roof Program applicant hereby agrees to defend, indemnify and hold harmless Escambia County, Escambia County's Board of County Commissioners, the State of Florida and their respective agents, assigns, and/or employees from all claims by any person or persons arising from the act or acts of any third person, or persons in connection with the services provided.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**NOTICE TO APPLICANT(S): FLORIDA PUBLIC RECORDS LAW, F.S. CHAPTER 119**

This is a notice to you regarding the State of Florida’s Public Records Law, Florida Statutes (F.S.) Chapter 119: Public Records. Under F.S. Chapter 119, the law requires that any records made or received by public agencies in the course of official business must be made available for inspection by the general public, unless specifically exempted by the Florida Legislature, or deemed confidential or exempted under federal law. Please be advised that in the course of the release of public records, Escambia County may release personal information including home address, email address and phone number, unless specifically exempted under law. You are hereby notified, pursuant to F.S. Chapter 119, that disclosure of your social security number has been collected on this application for identification and financial verification purposes to determine eligibility under this program, and will not be utilized for any other purpose, and/or released to any other agency and/or person(s) except where required under law. Please refer to F.S. Chapter 119.071 for details on Florida Public Records Law general exemptions.

The Community Redevelopment Agency requests that you disclose any exemptions under F.S. Chapter 119.071 which may apply to any person or persons referenced on this application for assistance.

Please check a box below:

[  ] The person(s) referenced on this application qualify for the following exemptions under F.S. Chapter 119.071 (please indicate the full name of the person(s) qualifying for exemptions listed):

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[  ] The person(s) referenced on this application do not qualify for any exemptions under F.S. Chapter 119.071.

**Your signature below confirms your review and understanding of this notification as it relates to the State of Florida’s Public Records Law, F.S. Chapter 119, and applicable exemptions:**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_