WAIVERS AND AUTHORIZATION FORM

This form must be signed by all household members age 18 and older

☐ I/we certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the City of Largo’s Resident Assistance Program.

☐ I/we certify that the application information provided is true and complete to the best of my/our knowledge.

☐ I/we understand that Florida Statute Chapter 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under sections 775.082 and 775.083, Florida Statutes. I/we further understand that any willful misstatement of information will be grounds for disqualification.

☐ 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 may be a matter of public record.

☐ I/we understand the City may collect my/our Social Security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071 (5), Florida Statutes (2007), requires the City to give you this written statement explaining the purpose and authority for collecting your Social Security number. Your Social Security Number is being collected for the purpose of income certifying you for the City’s Resident Assistance Program which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, Social Security/Disability benefits and other related information necessary to determine income and assets and you eligibility for the program that is funded by local, Federal and/or State program dollars. Your social security number may also be provided to the Homeless Leadership Alliance and/or its member agencies licensed under the Pinellas Homeless Management Information System (PHMIS) in order to track homeless prevention funding provided in Pinellas County. Your Social Security number will not be used for any other intended purposes other than verifying your eligibility for the City’s program.

☐ I/we understand any documentation needed to assist in determining eligibility and are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.

☐ I/we further grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.

☐ I/we understand, consent, and authorize the information provided in my/our application to the City for the Resident Assistance Program, which seeks to prevent homelessness, be provided to the Homeless Leadership Alliance and/or its member agencies licensed to enter data into the Pinellas Homeless Management Information System (PHMIS). I/we have been provided a list of the Homeless Leadership Alliance’s member agencies and understand that the Homeless Leadership Alliance and its member agencies will use PHMIS to: enter my/our client information into PHMIS, make sure my/our service needs are met, aid in obtaining goals, and count the number of clients served. I/we understand that Protected Personal Information (PPI) will be provided to PHMIS including: name, social security number, address, phone number, date of birth, gender, and race, veteran status, disabling condition and the amount of financial assistance provided to you by the City. Any reporting generated through PHMIS will not identify you by name, social security number, or any other unique characteristic, and is only used to improve services to you, better understand your needs. I/we understand the collection and use of all my personal information is protected by strict standards of confidentiality as outlined in writing in the PHMIS Policies and Procedures and that the City cannot provide me specific legal advice regarding my rights on any of this information.

Signature of Applicant
Printed Name
Date

Signature of Co-Applicant
Printed Name
Date

Other Household Member (over 18)
Printed Name
Date

Other Household Member (over 18)
Printed Name
Date
Pinellas Homeless Management Information System
List of Member Agencies

211 Tampa Bay Cares, Inc
Alpha House of Pinellas County
Bay Area Legal Services
Boley Centers
Brookwood Florida-Central, Inc.
Catholic Charities Dioceses of St. Petersburg
City of St. Petersburg Department of Housing & Community Development
Community Law Program
Community Service Foundation
Daystar Life Center St. Petersburg
Directions for Living
Empath Partners in Care (EPIC), Inc.
Family Promise of Pinellas County
Family Resources
Gulfcoast Legal Services
Homeless Empowerment Program (HEP)
Operation PAR
Pinellas County Human Services Department
Personal Enrichment through Mental Health Services
Pinellas County Human Services
Pinellas County Homeless Leadership Board
Pinellas County Housing Authority
Pinellas County Sheriff’s Office
Pinellas Ex-Offender Reentry Coalition
Pinellas Opportunity Council
Public Defender Sixth Judicial Circuit
Ready For Life
Religious Community Services
Salvation Army Clearwater Citadel Corps
Salvation Army St. Petersburg Corps
School Board of Pinellas County
Shepherd Center of Tarpon Springs
St. Petersburg Free Clinic
St. Petersburg Housing Authority
St. Vincent de Paul Society of North Pinellas
St. Vincent de Paul Society of South Pinellas
Tarpon Springs Housing Authority
United Methodist Cooperative Ministries
WestCare Gulf Coast Florida