

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