

Notice of Collecting Social Security Numbers

The Sarasota Office of Housing and Community Development collects your Social Security Number for a number of different purposes. The Florida Public Records Law (specifically Section 119.071 (5), Florida Statutes 2007), requires the Sarasota Office of Housing and Community Development 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 purposes of income certification for the Residential Rehabilitation 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 your eligibility for the program that is funded by local, federal, and/or state program dollars. Your Social Security Number will NOT be used for any other intended purpose other than verifying your eligibility for the program administered by the Sarasota Office of Housing and Community Development.

Certification and Waiver of Privacy:

The applicant(s) certifies 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 Residential Rehabilitation Assistance Program administered by the Sarasota Office of Housing and Community Development.

I/we understand that Florida Statute 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 Florida Statutes 775.082 and 775.083. I/we further understand that any willful misstatement 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. I/we hereby waive my/our rights under the privacy and confidentiality provision act, and give my/our consent to the Sarasota Office of Housing and Community Development, its agents, and contractors to examine any confidential information given herein. 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.

<hr/> Signature of Applicant	<hr/> Printed Name of Applicant	<hr/> Date
<hr/> Signature of Spouse or Co-head	<hr/> Printed Name of Spouse or Co-head	<hr/> Date
<hr/> Signature of Household Member	<hr/> Printed Name of Household Member	<hr/> Date
<hr/> Signature of Household Member	<hr/> Printed Name of Household Member	<hr/> Date