



MUNICIPAL CODE COMPLIANCE JAR APPLICATION CHECKLIST

For the application to be reviewed, **ALL** the following documentation must be provided.

Copies only, documents will not be returned to applicant.
This information is solely used to determine Applicants' eligibility.

- Completed Application** - All members of the household **must** be listed on the application. (If it would appear that a person lives in the household such as, having their personal items in the home, receiving mail, having address listed on ID, etc. then you must include them as household members even if not listed on the lease) All individuals 18 and over, listed as household members **must** submit all Income, Banking and Assets information listed below, even if they are not the homeowner.
- Proof of Ownership**- A copy of the Warranty Deed, Quit-Claim Deed, or other relevant documentation. If one or more owners are deceased, provide death certificate(s). A contract for deed is not acceptable. If divorced, provide a complete copy of the divorce decree as recorded with the Clerk of the Court. Applicant must have owned property for the last two years.
- Proof of Occupancy**- A complete copy of (1) recent bill linking the name to the residence is required. Examples: electric, internet, cable, or gas bill.
- Current on Property Tax**- Property tax payment receipt from the City/county, canceled check for property taxes to the City/county, affidavit certifying payment or mortgage statement from the lender saying taxes were paid.
- Current on Mortgage**- Provide a copy of the most recent mortgage statement. If there is no mortgage on property, provide Satisfaction of Mortgage, or inheritance papers.
- Proof of Insurance**- A copy of the declaration page from current insurance policy showing amount of coverage, premium payment and term of policy is required.
For households earning less than 50% of the area median income the insurance requirement may be waived.
- Driver License**- For everyone listed on the application as household member **over** 18 years of age. **Birth Certificates**- For everyone listed on the application as household member **under** 18 years of age.
- For all employed family members**- 2 months of most current paystubs which indicates gross salary. (6 months if pay is not consistent) This includes part time work, side jobs, independent contract work such as Uber, PostMates, Instacart, Shipt, Etc.

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If self-employed- complete copies of the most recent two years of **Certified** TaxReturns.

For other income:

Social Security- current year monthly award letter from the Social Security Administration stating **gross** monthly award amount.

Veterans Pay- current year monthly award letter from the Veterans Administration

Pensions and Retirement Pay- current year monthly award letter.

Child Support (even if not receiving the payments)- Court Order stating amount to be paid, **cannot** use a transaction log. If no court order is in place, please request a Child Support Affidavit as needed.

Unemployment Pay- award letter showing amount to receive. Please request an Unemployment Affidavit as needed.

All other sources of income (including food stamps)- documentation must provide the monthly gross income.

All Checking Accounts- A **complete** copy of the last (6) six months of bank statements. **We cannot take transaction history**. Must include **All** accounts with you or your children's names on them, this includes joint accounts with others, even if you do not use them.

All Savings Accounts- A **complete** copy of the last (1) one month of bank statement. **We cannot take transaction history**. Must include **All** accounts with you or your children's names on them, this includes joint accounts with others, even if you do not use them.

Account Statements from all Online Banking Platforms- A **complete** copy of the last (1) one-month statements. **We cannot take transaction history**. (Examples: CASH APP, Venmo, Apple Pay etc. accounts) If you have any of these accounts in your name you **MUST** submit the documents, even if you do not use the account.

All Assets- A **complete** copy of the last (1) one month of statement. **We cannot take transaction history**. Must include **All** accounts with you or your children's names on them, this includes joint accounts with others, even if you do not use them. (Statement(s) must indicate Annual Percentage Yield (APY) for all interest-bearing accounts)

Examples including, but not limited to:

401K	Money Market	IRA
Stocks	Bonds	Brokerage Statement(s)
Keogh	Investment Accounts	Treasury Bills

**All deposits, including cash, being received in bank statements/online banking platforms that do not have documentation listed above may be counted as income, please complete below form for any deposits \$100 or more without above documentation **



JACKSONVILLE ASSISTANCE & RELIEF PROGRAM (JAR) APPLICATION

PART I: APPLICANT'S INFORMATION

Applicant's Name: _____ Age _____

Marital Status: Check One: Single _____ Married _____ Separated _____ Divorced _____

Co-Applicant's Name: _____ Age _____

Marital Status: Check One: Single _____ Married _____ Separated _____ Divorced _____

Current Home Address: _____
Street Apt. # City State Zip Code

Home Address (where the violation is): _____
Street Apt. # City State Zip Code

Telephone: (Home/Cell) _____ (Work) _____ Email: _____

Ethnicity: Black _____ White _____ Hispanic _____ Asian _____ Native Am. _____ Other _____

If Resident Alien: What is your Nationality? _____

Are your mortgage payments current? **YES NO**

Are the property taxes current? **YES NO**

CASE INFORMATION

Case #: _____

RE#: _____

What violation is this concerning? (Circle **ALL** that apply):

- Demolition
- Board Up
- Site Clearance
- Septic Tank Board Up
- Standing Tree
- Pool Board Up
- Pool Abatement
- Septic Tank Abatement
- Graffiti
- Overgrowth

Is this a vacant lot? (Circle your response): **YES NO**

Have you owned the property for the last (6) months? (Circle your response): **YES NO**

Did you acquire this property through the Surplus Donation Program? (Circle your response): **YES NO**

Have you applied for the Jacksonville Assistance and Relief Program in the last year? (Circle your response): **YES** **NO**

If yes, what was the outcome? (Circle your response): **APPROVED** **DENIED**

Part II: HOUSEHOLD SIZE

Complete the following for all members of the household including yourself.

Attach additional sheet if needed.

FULL NAME	RELATIONSHIP	DATE OF BIRTH	SEX	DISABLED Y/N	VETERAN Y/N

PART III: EMPLOYMENT INFORMATION

APPLICANT

Name of Employer: _____ Phone: _____ Position: _____ Supervisor: _____

CO-APPLICANT

Name of Employer: _____ Phone: _____ Position: _____ Supervisor: _____

OTHER EMPLOYED HOUSEHOLD MEMBER 18 OR OLDER

Name of Employer: _____ Phone: _____ Position: _____ Supervisor: _____

OTHER EMPLOYED HOUSEHOLD MEMBER 18 OR OLDER

Name of Employer: _____ Phone: _____ Position: _____ Supervisor: _____

PART IV: HOUSEHOLD INCOME

Include all income for yourself, your co-applicant, and other household members 18 or older.

MONTHLY INCOME BREAKDOWN

SOURCE	APPLICANT	CO-APPLICANT	OTHER H/H MEMBER AGE 18 +	OTHER H/H MEMBER AGE 18 +
GROSS SALARY/TIPS				
OVERTIME/BONUSES				
BUSINESS INCOME				
SOCIAL SECURITY				
DISABILITY PAYMENTS				
PENSIONS/RETIREMENT				
CHILD SUPPORT				
UNEMPLOYMENT				
WORKERS COMP.				
ALIMONY				
RENTAL NET INCOME				
OTHER (LIST)				

ASSETS

Checking, Savings, Retirement, I.R.A., Stocks & other Investment Accounts

TYPE	CASH VALUE	BANK	INCOME FROM ASSET

LIABILITIES

Includes Credit Cards, Bank Loans, Car Loans, and other Creditor Payments

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
MORTGAGE:			
2 ND MORTGAGE:			
OTHER:			

PART V: DISABILITY REASON

If you are applying with a disability, explain how your disability limits your ability to achieve compliance:

COJ SANCTIONED DISABILITY PROGRAMS

Please indicate below which of the following City of Jacksonville-sanctioned disability programs that you currently belong to. Programs not found on this list will not be accepted. Please check all that apply.

- Solid Waste Assistance Program (Disabled Services Division)
- Wheelchair Ramp Assistance Program (Disabled Services Division)
- Emergency Assistance Program (Social Services Division)
- Victim Services Program (Social Services Division)
- Emergency Home Energy Assistance for the Elderly Program: EHEAP (Senior Services)
- Home Repairs Program: HOIM (Senior Services)
- Congregate Drive-Thru Meal Distribution (Senior Services)
- Congregate Meal Deliveries (Senior Services)
- Any other Social Services Division program not listed above (Social Services)

IMPORTANT: PLEASE READ BEFORE SIGNING

****** PLEASE NOTE THAT UNDER FLORIDA’S VERY BROAD PUBLIC RECORDS LAW, INFORMATION PROVIDED IN THIS APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE.**

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under 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 documents are subject to Chapter 119 of Florida’s public record laws.

APPLICANT’S SIGNATURE: _____ DATE: _____

CO-APPLICANT’S SIGNATURE: _____ DATE: _____

OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 18

SIGNATURE **Date**

SIGNATURE **Date**

SIGNATURE **Date**

SIGNATURE **Date**

**CITY OF JACKSONVILLE
NEIGHBORHOODS DEPARTMENT
MUNICIPAL CODE COMPLIANCE DIVISION**

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize recipient to release without liability, information regarding my employment, income, and/or assets to the City of Jacksonville's Municipal Code Compliance Division, for the purposes of verifying information provided as part of determining eligibility for assistance under the Jacksonville Assistance and Relief Program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, public assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Present Employers, Alimony/Child Support Providers, Banks, Financial or Retirement Institutions, Social Security Administration, State Unemployment Agency, Veteran's Administration, Others:_____.

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant

Printed Name

Date

Signature of Co-applicant

Printed Name

Date

NOTE: *This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506-T, "Request for Copy of Tax Return" and prepare and sign separate*

Explanation of Deposits Form

This needs to be filled out by the applicants and household members 18 years and older.

Please explain **all** the deposits \$100 or over on **all** your bank statements **and** all financial accounts (including Venmo, PayPal, Apple Pay, Etc.) requested on this application **FOR THE LAST (6) MONTHS**. Attach documentation if applicable to substantiate each deposit. **You may use additional forms if you need extra space.**

NAME: _____

Name of Bank or Financial Institution: _____ **Account # (last 4)** _____

No.	Date of Deposit	\$ Amount list each deposit individually	Explain the Source of Funds (Gift, Babysitting, Self-employment, bonus, child support, alimony, earnings, benefits, etc.)	Will these be recurring funds? If so how often?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

I/We certify under penalty of perjury that all of the above information is true and correct and I/we have not omitted pertinent information. **I/We have attached the paper trail and numbered each one to match the deposits on this form.**

Signature _____ Name: _____ Date _____

Signature _____ Name: _____ Date _____