



**APPLICATION FOR HARDSHIP ASSISTANCE  
FISCAL YEAR 2020-21  
SOLID WASTE SPECIAL ASSESSMENT  
FIRE RESCUE SERVICES SPECIAL ASSESSMENT**

**(PLEASE READ THE ENTIRE APPLICATION FORM CAREFULLY BEFORE SIGNING APPLICATION)**

Check this box if you are interested in seeking assistance for the Solid Waste Special Assessment

Check this box if interested in seeking assistance for Fire Rescue Services Special Assessment

**AUTHORITY**

In accordance with section 15.026 of the Wakulla County Code, the County has created a Hardship Assistance Program to assist residential property owners, who meet the eligibility criteria, with the financial burden created by the imposition of the above referenced assessments.

**REQUIRED INFORMATION**

In order to apply for hardship assistance under the Fiscal Year 2020-21 Solid Waste and/or Fire Rescue Services Special Assessment Program, the applicant shall file with the County this application, under oath, which provides the following required information necessary to demonstrate entitlement to hardship assistance (PLEASE PRINT CLEARLY):

To qualify for Hardship Assistance:

- (1) The applicant must be the owner of the residential property and shall be entitled to a homestead exemption pursuant to the requirements of Chapter 196, Florida Statutes.
- (2) The total gross income of all lawful occupants of the property shall be less than or equal to 30% of the 2020 Income Limits Documentation System established by the U.S. Department of Housing and Urban Development, as adjusted for family size (see chart below):

|   |          |          |          |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|----------|----------|----------|
| <b><u>Extremely<br/>Low (30%)<br/>Income<br/>Limits</u></b> | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|   | \$14,700 | \$17,240 | \$21,720 | \$26,200 | \$30,680 | \$35,160 | \$39,640 | \$44,120 |

- (3) The applicant shall have the present intent to maintain the residential property as their Permanent Residence throughout the remainder of the Fiscal Year for which the assessment is imposed.
- (4) Prior to June 1, 2021, the applicant shall file with the County Administrator an application under oath demonstrating entitlement to hardship assistance. Such application shall include the following:

Name and address of all Owners of the Property:

Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

1. Property Physical Address, Tax Parcel ID #, and Sequence # for the Mobile Home/RV Park Property (from your Fire /Solid Waste Assessment notice):

Telephone Number: \_\_\_\_\_

Property Physical Address: \_\_\_\_\_

Tax Parcel ID #: \_\_\_\_\_

2. Name of all occupants of the residential property, including all dependents giving their names, addresses, ages, relationships and employment:

Occupant 1: \_\_\_\_\_

Occupant 2: \_\_\_\_\_

Occupant 3: \_\_\_\_\_

Occupant 4: \_\_\_\_\_

Occupant 5: \_\_\_\_\_

3. Proof of the total household income of all occupants 18 years of age and older of the residential property. Substantive documentation must include: Pay Stubs, Unemployment Income, Social Security Income Statements, AFDC Benefit Statement, and IRS Income Tax Returns. Applications submitted without proper documentation may be denied.
4. By signing below, owners indicate that they are entitled to the hardship assistance and that they have the present intent to maintain such residential property as their permanent residence for the remainder of the Fiscal Year.
5. The applicant shall furnish such other information relating to the application as may be reasonably requested.

APPROVAL PROCEDURE

Eligibility for hardship assistance will be submitted to the County Administrator and a determination will be based upon the attached information. The County Administrator may adjust any Fire Service and/or Solid Waste Assessment imposed for the Fiscal Year beginning October 1, 2020 upon a parcel of residential property whose Owner timely and satisfactorily demonstrates by affidavit that the criteria is met and reducing the assessment.

**AFFIDAVIT**

I hereby swear or affirm that the information I have provided in this application is true and correct.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

SUBMIT COMPLETED APPLICATION and SUPPORTING DOCUMENTS TO:

**Wakulla County Board of County Commissioners  
Attn: County Administration  
3093 Crawfordville Highway  
Crawfordville, FL 32327  
(850) 926-0919**

**Or by email to Colleen Layne at [clayne@mywakulla.com](mailto:clayne@mywakulla.com)**