



City of Kissimmee  
 NEIGHBORHOOD STABILIZATION PROGRAM (NSP)  
 APPLICATION FOR RENTER ASSISTANCE

## APPLICATION CHECKLIST

Print Your **Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please do not use white out on the application. Original application must be submitted; faxed copies are not acceptable.

- All adult household members (18 years of age or older) **must** sign page 5 of the application.
- All sections of the application are to be completed.
- Must** provide verification for all household members under the age of 18 years of age at time of appointment, the following items may be used as verification documents: (birth certificate on which the parent/applicant's name is listed, school records, which provide the parent/applicant's name and address, court-ordered letter of guardianship, divorce decree, letter of adoption, social security card).
- Attach:** Copies of Birth Certificate, baptismal certificate, census record, official record of birth, or other authoritative document. For family members younger than age 18, verification of age may be provided by birth certificate, adoption papers, and/or custody agreements.
- Attach:** Copies of valid Florida Photo ID or Florida Drivers License for all adult household member (18 years of age or older).
- Attach:** Copies of Social Security card or documentation of alien registration number/green card for all household member
- Attach:** Five (5) most recent pay stubs for all household members who are currently employed. If an adult household member is unemployed and receives no income from any source, please have the household member provide a notarized statement indicating that he or she receives no income and relies upon the support of the income-earner in the family.  
**If Self-Employed**, please contact our office for a "Verification of Income From Business," form. Also provide a signed copy of last year's tax return and a copy of the last three months of income and expenses reports, or profit and loss statement, or quarterly report.
- Attach:** If any household member is receiving Social Security or SSI benefits, attach a current benefit statement for each person. (Current benefit statements can be requested in person or by phone at your local Social Security Administration Office)
- Attach:** Court ordered child support, and last four (4) of most recent child support check stubs, or direct payment agreement from the natural parent not residing in the household. If the applicant does not have a court order, and/or is not receiving child support, please provide a notarized statement indicating non-receipt or a Child Support Affidavit. **(See Attached)**
- Attach:** Proof of other income received by any household member, such as: Alimony, Unemployment benefits, Public Assistance (Cash) Income or any other income you receive regularly.
- Attach:** A complete copy of the last six months bank statements, for all accounts that are open for each household member regardless of the current balances. **(Transaction only printouts are not acceptable.)** A notarized letter or statement from each adult household member that does not have an open bank account.
- Attach:** If you have a Whole Life Policy, submit a current cash value statement from your insurance carrier.
- Attach:** A copy of most recent statement for 401 K, Retirement funds, IRA, Stocks, Bonds or other funds.
- Attach:** If divorced, attach a copy of your Divorce Decree.

Your application will be denied if you do not provide the requested information. Your application will be denied if the information is received after all funds have been obligated. If you have any questions or need assistance please call the below listed number.

This program is open to all without regard to race, color, national origin, sex, handicap, familial status, or religion This program is on a first come, first qualified, first served basis. Applicants who supply the Program with all the information needed to process their application while funds are available will be processed first.

\*Note there are limited funds.

*The NSP Rental Program is managed by our partner agency*  
**Osceola Council on Aging, Inc.**  
 2350 N. Central Ave., Kissimmee, FL 34741  
 Wendy Ford, Housing Manager | TEL: 407-931-2990 | [freemanw@osceola-coa.com](mailto:freemanw@osceola-coa.com)



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## GENERAL INFORMATION

	<b>Applicant</b>	<b>Co-Applicant</b>
Full Name:		
Age & Date of Birth:		
<b>Applicant Street &amp; Mailing Address:</b>		
Street Address:		State:
City:		Zip:
Mailing Address:		State:
City:		Zip:

Home Telephone #: \_\_\_\_\_ Cellular Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Marital Status:  Married     Separated     Single     Divorced     Widowed

**OTHER MEMBERS IN THE HOUSEHOLD**

Name	Date of Birth	Age	Relationship to Applicant	Document Used For Verification

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?  
 If yes, please list: \_\_\_\_\_

Monthly Rent/Mortgage: \$ \_\_\_\_\_

**Applicant Employment Information:**

Current/Last Employer Name:	Phone Number:
Address:	Supervisor:
Position:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ _____	



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**Co-Applicant Employment Information:**

Current /Last Employer Name:	Phone Number:
Address:	Supervisor:
Position:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

**NOTE: Attach additional sheets as necessary for all household members 18 years and over.**

INCOME RECEIVED MONTHLY				EXPENSES PAID MONTHLY			
Employment	\$	Social Security	\$	Food	\$	Car Payment	\$
Unemployment Compensation	\$	SSI	\$	Rent/Mortgage	\$	Car Insurance	\$
Workmen's Compensation	\$	SSD	\$	Childcare	\$	Gas (Automobile)	\$
Pensions (VA, Mil, Retirement)	\$	AFDC/TANF/ESS	\$	Electric	\$	Loan(s)	\$
Short- or Long-Term Disability	\$	Food Stamps	\$	Water	\$	Medical	\$
Child Support / Alimony	\$	Business or Rental Net Income	\$	Phone – (Incl Cell phone)	\$	Real Estate & Mortgage Loans	\$

Are you a US citizen? **Yes** \_\_\_ **No** \_\_\_ or Legal Permanent Resident? **Yes** \_\_\_ **No** \_\_\_ (If you answer yes, a copy of the resident card/ green card must be provided)

Are you a Veteran? \_\_\_ Yes \_\_\_ No **or** Spouse/Dependent of a Veteran? \_\_\_ Yes \_\_\_ No

FOR THE HEARING IMPAIRED: Do you need TTD/TDY access to our staff? \_\_\_ Yes \_\_\_ No

DO YOU REQUIRE ACCOMMODATIONS FOR HANDICAP ACCESSIBILITY? \_\_\_ Yes \_\_\_ No

IF YES, WHAT ACCOMMODATIONS DO YOU NEED? \_\_\_\_\_

**Total Household Annual Income: \$** \_\_\_\_\_

**Assets and Asset Income**

(For All Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, etc.)

Name of Institution	Type of Asset	Asset Value	Interest Rate	Annual Asset Income
1.				
2.				
3.				
4.				
Total: \$ _____			Total: \$ _____	



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**(For reporting purposes only, please check all that apply for Head of Household Only)**

RACE: American Indian/Alaskan Native \_\_\_ Asian \_\_\_ Black \_\_\_ White \_\_\_  
 Native Hawaiian/Pacific Islander \_\_\_

ETHNICITY: Hispanic \_\_\_ (All persons of Mexican, Puerto Rico, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race)  
 Non-Hispanic \_\_\_ (All persons not of Hispanic origin).

SPECIAL NEEDS: Farm worker \_\_\_ Disabled or Disabled Minor \_\_\_ Elderly \_\_\_ Homeless \_\_\_

OTHER: \_\_\_\_\_

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 or 775.83. 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 further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided the County will demand and pursue through all legal remedies available, repayment of the funds provided for the assistance that was provided.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**

**THIS SECTION FOR OFFICIAL USE ONLY**

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Approved:

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Denied:

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Please print information, **do not use white-out.**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I \_\_\_\_\_, the undersigned, hereby authorize  
 \_\_\_\_\_ to release without liability, information regarding

my employment, income and/or assets to the City of Kissimmee, for the purposes of verifying information provided as part of determining eligibility for assistance under this application for assistance. I understand that only information necessary for determining eligibility can be requested.

**TYPES OF INFORMATION TO BE VERIFIED:**

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but are not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds certificates of deposit, Individual Retirement Accounts, interest, dividends; payments from Social Security/SSI, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare 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:**

- |                                                                 |                                |                                        |
|-----------------------------------------------------------------|--------------------------------|----------------------------------------|
| Past and Present Employers                                      | Welfare Agencies               | Veterans Administration                |
| Previous Landlords ( <i>including Public Housing Agencies</i> ) | State Unemployment Agencies    | Retirement Systems                     |
| Support and Alimony Providers                                   | Social Security Administration | Banks and other Financial Institutions |

**CONDITIONS**

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

Applicant Sign your name	Print your name	Date
Co-Applicant Sign your name	Print your name	Date
Other Adult Member Sign your name	Print your name	Date

Note: This general consent may not be used to request a copy of a tax return.



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## CHILD SUPPORT AFFIDAVIT

Applicant/Resident Name \_\_\_\_\_  
 \_\_\_\_\_

*Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment. Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.*

*As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:*

**A. Do you receive child support?** Yes  No   
Go to B Go to C.1

---

**B. I receive:**

1. Payment amount \$ \_\_\_\_\_

2. Frequency \_\_\_\_\_

3. Children's names \_\_\_\_\_

4. Name of source \_\_\_\_\_  
*Complete multiple affidavit forms if there are multiple sources.*

5. Go to C.1

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**C. 1. Have you been awarded child support by court order?** Yes  No   
Go to C.2 Sign Form

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**2. Provide copy of entire document, enter amount of award**  
 \$ \_\_\_\_\_, and frequency \_\_\_\_\_; go to C.3.

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**3. Is payment being received as awarded?** Yes  No   
Go to 3.a Go to 3.b

**a. Indicate the manner by which payment is received and sign form.**

i. \_\_\_\_\_ Enforcement agency Name agency \_\_\_\_\_  
and provide agency print out

ii. \_\_\_\_\_ Court of Law Name court \_\_\_\_\_

iii. \_\_\_\_\_ Direct from responsible party Name source \_\_\_\_\_  
and provide affidavit or statement from the source.

iv. \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.**  
 \_\_\_\_\_

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Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of your application for assistance.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_



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**UNEMPLOYMENT AFFIDAVIT**

Before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ personally appeared \_\_\_\_\_ who, being duly sworn deposes and says:

1. I have made application for Assistance from the City of Kissimmee.
2. Check (a) or (b) as applicable:  
  
\_\_\_\_\_ (a) I am not presently employed but do anticipate becoming employed within the next twelve months.  
  
\_\_\_\_\_ (b) I am not presently employed and do not anticipate becoming employed within the next twelve months.
3. Based on my past work experience, skills, and income history as projected in my income tax return for the most recent tax year (copy attached) and with adjustments to reflect circumstances anticipated within the next twelve months, I expect to earn \$ \_\_\_\_\_ per year when I become employed.

\_\_\_\_\_  
**Signature**

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor or the first degree and is punishable by fines and imprisonment provided under S 775.083 or 775.83.

**STATE OF FLORIDA  
COUNTY OF OSCEOLA**

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgement, personally appeared \_\_\_\_\_, who has produced \_\_\_\_\_ as identification and who acknowledged that he / she / they executed the foregoing for the purposes therein contained.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

NOTARY PUBLIC

\_\_\_\_\_  
Print Name \_\_\_\_\_



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**NO ADDITIONAL INCOME AFFIDAVIT**

I, \_\_\_\_\_ am signing this AFFIDAVIT to certify that I or my children do not receive any other household income except for the household income reported on my application for assistance and eligibility worksheet. It is my understanding that our eligibility to receive assistance depends on our household income and that all of the information that has been reported and recorded on the Income Certification Form is true, accurate, and correct.

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.083 or 775.83.

\_\_\_\_\_  
**Signature**

**STATE OF FLORIDA  
COUNTY OF OSCEOLA**

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared \_\_\_\_\_, who has produced \_\_\_\_\_

As identification and who acknowledged that he /she/ they executed the foregoing for the purposes therein contained.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**NOTARY PUBLIC**

\_\_\_\_\_  
**Print Name**\_\_\_\_\_



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**NO SOCIAL SECURITY INCOME AFFIDAVIT**

I, \_\_\_\_\_, am signing this AFFIDAVIT to certify that I \_\_\_\_\_, do not receive any Social Security income except for the household income reported on my application for assistance and eligibility worksheet.

It is my understanding that our eligibility to receive assistance depends on our household income and that all of the information that has been reported and recorded on the Income Certification Form is true, accurate, and correct.

**WARNING:** Florida Statute provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.083 or 775.83.

\_\_\_\_\_  
**Signature**

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**NOTARY PUBLIC**

\_\_\_\_\_

**Print Name** \_\_\_\_\_



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**BUDGET WORKSHEET**

**CURRENT MONTHLY EXPENSES**

Use this worksheet to calculate your current monthly expenses. By comparing your non-housing expenses to your gross monthly income, you can see how much you have left for housing-related expenses.

	<b>Current Housing Expenses</b>	<b>Average Monthly Payment</b>
01	Rent	\$
02	Utilities	\$
03	<b>Non-Housing Expenses</b>	
04	Food	\$
05	Clothing	\$
06	Daycare/tuition	\$
07	Car loan	\$
08	Car Insurance	\$
09	Gas and oil	\$
10	Car repairs	\$
11	Healthcare	\$
12	Credit card payments	\$
13	Installment loan payments	\$
14	Student loan	\$
15	Alimony/child support	\$
16	Entertainment	\$
17	Taxes	\$
18	Telephone	\$
19	Insurance (other than car)	\$
20	Other	\$
21	Other	\$
<b>22</b>	<b>Total Monthly Expenses</b>	<b>\$</b>



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**BUDGET WORKSHEET**

**AVAILABLE CASH AND ASSETS**

List here all your sources of cash and any assets.

01	Checking account(s)	\$
02	Saving account(s)	\$
03	Mutual funds, stocks, and bonds	\$
04	Cash value of life insurance policy	\$
05	Cash gifts from parents or other relatives	\$
06	Other assets	\$
07	<b>Total Cash and Assets</b>	<b>\$</b>

**GROSS MONTHLY INCOME**

List all current, regular gross monthly income.

08	Gross pay(before taxes & other deductions)	\$
09	Net pay (after taxes & other deductions)	\$
10	Overtime/part-time/seasonal/commissions	\$
11	Bonuses/tips	\$
12	Dividends/interest earnings	\$
13	Business or investment earnings	\$
14	Pension/Social Security benefits	\$
15	Veterans Administration benefits	\$
16	Unemployment compensation	\$
17	Public Assistance	\$
18	Alimony, child support, or separate maintenance income	\$
19	Other	\$
20	<b>Total Gross Monthly Income</b>	<b>\$</b>



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**BUDGET WORKSHEET**

**MONTHLY DEBT PAYMENTS**

List all the monthly debt obligations of your household (**other than your current housing expenses**).

01	Car payment	\$
02	Other installment loan payments with ten or more monthly payments remaining( <b><u>other than credit cards</u></b> )	\$
03	Average monthly credit card payment(s)	\$
04	Student loan payments	\$
05	Medical/healthcare payments	\$
06	Alimony/child support payment	\$
07	Other	\$
08	<b>Total Monthly Debt Payments</b>	<b>\$</b>

Available Cash & Assets (See Page 11 – Line 07)		\$	_____
Gross Monthly Income (See Page 11 – Line 20)	+	\$	_____
Total Monthly Deductions (See Page 11 – Line 09)	-	\$	_____
<b>Total Available (Net) Monthly Income</b>	=	\$	_____
Current Monthly Expenses (See Page 10 – Line 22)	-	\$	_____
Monthly Debt Payments (See Page 12 – Line 08)	-	\$	_____
<b>Available Income after expenses</b>	=	\$	_____

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 Wendy Ford, Housing Manager | TEL: 407-931-2990 | [freemanw@osceola-coa.com](mailto:freemanw@osceola-coa.com)

**City of Kissimmee – Neighborhood Stabilization Program (NSP)**  
*Managed by: Florida S.P.E.C.S., Inc.*  
 101 N. Church Street, Rm 101, Kissimmee, FL 34741-5054  
 TEL: 407-518-2519 | FAX: 407-518-2511 | [info@KissimmeeNSP.org](mailto:info@KissimmeeNSP.org) | [www.KissimmeeNSP.org](http://www.KissimmeeNSP.org)