

DOCUMENTS NEEDED FOR VERIFICATION

ITEMS MUST BE ATTACHED OR APPLICATION WILL BE RETURNED

- **Proof for each member living in household** (driver's license or photo ID card **AND** birth certificate, adoption form or school record for minors. If special needs, written documentation of disability or chronic illness is required)
- **Proof of income** (current pay stubs, alimony, child support, Social Security, retirement, pension, dependent SSI, disability and/or public assistance. If self-employed, tax return and profit/loss statements are required.)

CONTACT AN AGENCY LISTED ON THE BACK OF THIS FORM TO SCHEDULE YOUR INCOME VERIFICATION APPOINTMENT

CUSTOMER INFORMATION (Please Print)

Name _____ GRU Account # _____

Address _____

Contact #(s) Daytime (_____) - _____ Evening (_____) - _____

Housing Type Single-family Home Mobile Home Other _____

How did you hear about this program? _____

HOUSEHOLD INFORMATION

Names of ALL Household Members	Relationship	Age	Gross Monthly Income	Social Security Number	Disabled
1.	Applicant				Y or N
2.					Y or N
3.					Y or N
4.					Y or N
5.					Y or N
6.					Y or N

AGREEMENT

My signature indicates that I am a GRU electric customer with at least one year of current service in the home listed on this application, I agree with the following statements:

- Homes must be 10 years old or older to qualify. Single family homes, manufactured homes, or individually deeded townhomes and condominiums are eligible.
- I must meet U.S. Department of HUD Income Limits for moderate income to qualify.
- This is not a "no" income program, and claiming \$0 as total household income disqualifies me from the program.
- GRU's obligation is to fund home improvements listed in the GRU LEEP^{plus} Guidelines.

- You can only participate in this program once every 10 years. Homes and customers that have previously received assistance from LEEP or LEEP^{plus} in at least 10 years are ineligible.
- I give GRU and contractors permission to work on my home and analyze my utility usage.
- I must maintain a safe and clean working environment throughout the improvement period.
- The final decision on improvements will be determined and approved by GRU.
- Improvements may be deferred or declined if structural repairs are needed.
- After the final inspection, GRU has no further obligations. Any issues regarding the improvements must be addressed with the contractor.
- This application will be considered without regard to race, color, religion, creed, national origin, sex, political belief, sexual orientation or age.
- GRU will randomly inspect 10% of LEEP^{plus} homes to ensure upgrades have been maintained and energy education is being applied. My home may be selected to participate.

I also agree to:

- Authorize GRU to contact any source to verify information necessary to determine my eligibility.
- Authorize GRU to provide information and/or documentation obtained in connection with this application to agencies to which I have applied, may apply or be referred for assistance. I hereby release GRU and its employees from any liability for providing this information to any such entities, and their employees and representatives. GRU will notify me if a referral is executed.
- Provide GRU with any information necessary to verify my eligibility.
- Allow GRU to conduct an inspection within 30 days of repairs.
- A final inspection and to take part in an energy efficiency walk-thru.

I affirm under penalty of perjury that statements made about any person in my home, income, and all other information provided is true and correct. I understand that making false statements could mean state and federal penalties and denial of assistance.

Signature of Applicant	Applicant's Name (Please Print)	Date
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INCOME CERTIFICATION

MUST BE COMPLETED BY AN AGENCY OR YOUR APPLICATION WILL BE RETURNED
 Visit Neighborhood Housing & Development Corporation – 633 NW 8th Avenue, Gainesville, FL 32601
 Walk-in appointments 8:00 am to 5:00 pm Monday through Friday

 Print Name

 Date

 Signature (I certify this application meets HUD Low-Income Guidelines)

 Phone Number

 Title

Household Size: _____
Income: \$ _____, _____%
<input type="checkbox"/> Special Needs

 Agency Name