



P.O. Box 7300 • Tallahassee, FL 32314-7300 • 866-513-6734
www.mysafefloridahome.com

Department of Financial Services
My Safe Florida Home Program, s. 215.5586, Florida Statutes
Application for Medical Condition Exception

I, the Applicant named below, do hereby apply for a grant to replace the existing opening protection on my home at the address identified below, based on the attached medical opinion.

(1) Applicant name: _____

(2) Address of home on which the grant money would be spent (street, city, state, zip):

(3) Home Inspection Report SR Number: _____

(4) My home is a site built, detached, single family home. _____ Yes _____ No

(5) My home has a valid homestead exemption. _____ Yes _____ No

(6) My annual adjusted household gross income as reported on my taxes last year is _____.

Note: Household Income includes income from all members living in the household.

(7) The total number of persons living in my household is _____.

(8) My home is located in a wind-borne debris region. _____ Yes _____ No

(9) The building permit application for initial construction of my home was made
before March 1, 2002. _____ Yes _____ No

Applicant's Acknowledgment

I hereby certify that I qualify as a low-income homeowner under s. 420.0004(10), Florida Statutes, for this grant application and the total prior year's adjusted gross income of all persons residing, excluding renters and boarders, on the property does not exceed the statutory limitations. I understand that s.196.131(2), Florida Statutes, provides that any person who knowingly and willingly give false information for the purpose of claiming any exemption is guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding one year or a fine not exceeding \$5,000 or both. Further, under penalty of perjury, I declare I understand the foregoing statement and the facts in it are true and correct.

Under penalty of perjury I hereby state that I have submitted only a single application for grant. The information I am providing to the Department in and with this application is true and correct. I understand that pursuant to s. 837.06, Florida Statutes knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his official duty is a crime punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Applicant's signature

Date

A PROGRAM ADMINISTERED BY THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES



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If not already provided to the Department, please attach the following items to this application:

- A letter from your physician describing your medical condition and stating in his medical opinion you are unable to install the hurricane panels. Please provide the enclosed information sheet to your physician to assist you in obtaining the necessary medical statement.
- Proof of valid homestead exemption.
- A copy of the most recent signed tax return filed with the IRS along with completed W-2 and 1099 forms for each wage earner in the household.

Note: If a tax return is unavailable, or if a tax return was not filed, the member(s) of the household must state the reason in writing, and must submit a copy of each of the following documents that apply:

- Pay stubs from the most recent past three months.
- Evidence documenting the type and amount of any state or federal assistance received.
- Evidence documenting the amount and type of Social Security and/or retirement benefits.
- Evidence documenting the amount and source of any regular payments from unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony and military family allotments; private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Mail this application and supporting documentation to:

MSFH Program, Grant Application, PO Box 7300, Tallahassee FL 32314-7300.

You can fax the documents to 850-413-3124.

Please call our toll free number 866-513-6734 if you have questions.