



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 home has an insured value of \$300,000 or less. _____ Yes _____ No

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

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

Applicant's Acknowledgment

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

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

1. 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.
2. Proof of valid homestead exemption.

A PROGRAM ADMINISTERED BY THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES



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3. Insurance policy declaration page(s), showing your name, the property address, the effective date of the policy and the amount of your Coverage A / Dwelling insurance.

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.