February, 2025

RE: 2025 Fire Assessment Hardship Program (FAHAP)

Dear Neighbor:

The Fire Assessment Hardship Assistance Program (FAHAP) provides a reduction in the non-ad valorem fire special assessment on low-income and senior homeowners' annual property tax bills. The City of Gainesville is accepting applications for the 2025 program. Enclosed with this letter are:

- Income limit table
- 2025 Program Application

If you have previous years' balances for property taxes or assessments, you may be eligible for relief if you qualify for 2025 FAHAP assistance. If tax certificates were issued for your property, you may be eligible for relief from 2018 through 2024. If you have paid the property taxes, you may be eligible for relief for 2022, 2023, & 2024.

The primary FAHAP application period is February 15, 2025 through April 30, 2025. Please be sure your application is *received on or before Tuesday, April 30, 2025*. If you choose to mail your application, please mail it by Monday, April 22, 2025 to give enough time for the post office to deliver. Applications received after the deadline will be reviewed for the August 2025 late application period.

You may return your application with supporting documentation by either method below:

By Mail: City of Gainesville In-office: City Hall

Attn: FAHAP/Station 47 200 E University Ave, 3<sup>rd</sup> Floor PO Box 490 Monday-Friday, 8 a.m.-4:30 p.m.

Gainesville, FL 32627-0490

If you have any questions about FAHAP or if you need assistance, please call (352) 334-5024 or send an email to <a href="mailto:citybc@gainesvillefl.gov">citybc@gainesvillefl.gov</a>. Community Builders are available to assist you Monday through Friday from 8 a.m. until 5:00 p.m., excluding holidays.

Thank you.

### Poverty Thresholds for 2024 by Size of Family and Number of Related Children Under 18 Years

#### Use this Table for Income Limits for FAHAP Qualification Related children under 18 years Size of family unit Eight or None One Three Four Five Six Seven Two more One person (unrelated individual): Under 65 years..... 21,216 19,559 65 years and over..... Two people: Householder under 65 years...... 27,308 28,107 Householder 65 years and over.... 24,649 28,002 31,898 32,824 32,855 Three people..... 42,749 42,062 41,356 Four people..... 41,499 50,725 Five people..... 51,462 49,886 48,667 47,922 53,470 58,343 58,574 57,366 56,209 54,490 Six people..... 67,129 67,549 66,104 65,098 63,220 61,032 58,630 Seven people..... 75,079 75,742 74,380 71,490 69,338 67,098 73,185 66,530 Eight people..... 90,315 90,753 89,547 88,533 86,869 84,581 82,510 81,998 78,839 Nine people or more.....

This Table reflects 130% of the poverty threshold determined by the U. S. Census Bureau.



## 2025 Fire Assessment Hardship Assistance Program (FAHAP)

**Instructions:** All sections of this application must be completed; if a section does not apply to your household, enter N/A. Refer to page 3 for the required supporting documentation that must be submitted with this application.

Applicant Information				
Na	••			
Name:				
	te of Birth:			
	pperty Address:			
	one 1:	Phone 2:		
	iling Address:			
Em	nail:			
	Propert	y Details		
1)	Have you occupied the property for the past 12 months?		☐ Yes ☐ No	
2)	Is the property your present primary residence?		□ Yes □ No	
3)	Do you intend to maintain this property as your primary	residence for the remainder of		
	the present tax year?		□ Yes □ No	
4)	Do you owe property taxes for the year you are requesti	ng assistance?	□ Yes □ No	
5)	Do you agree to immediately notify the City of Gainesvil	le if you vacate or sell the prope	rty? □ Yes □ No	
	Household Income ar	nd/or Public Assistance		
1)	Did any adults in your household file a 2024 income tax	return?	☐ Yes ☐ No	
	If YES, what was the total annual adjusted gross (before taxes) income for 2024			
	for all adults in the household?	,	\$	
	If NO, what is the total current monthly gross (before ta	xes) income for your household		
	(including regular social security payments)?		\$	
2)	Does anyone in the household receive TANF Cash Assistance, Food Stamps, or SSI?		□ Yes □ No	
	If yes, what is the amount of the benefit?		\$	
	Househol	d Members		
.,				
	u must provide the information below for all members of	•		
Name: DOB:		·		
Name: DOB:		·		
Name: DOB:		·		
Na	me:DOB:	Relationshin:		

Asset Disclosure				
Do you have any bank, credit union, money market, and/or prepaid/benefit card accounts?	☐ Yes ☐ No			
Do you own any other properties?	□ Yes □ No			
Do you own stocks, bonds, or other securities?	□ Yes □ No			
Do you keep cash on hand?	□ Yes □ No			
Applicant Certification				
Note: If this application is submitted for a property with multiple deeded owners, each owner must sign this application. If anyone signs by Power-of-Attorney (POA), a copy of the POA must be attached.				
Choose hardship type:   Low income Senior Citizen   Low income Non-Senior Citizen	tizen			
Under penalty of perjury, I/we certify that the information provided in this application, and in any accompanying documentation, is true and correct. I/we further certify that I am the owner of the above-listed residential property, am entitled to a hardship exemption pursuant to the requirements of the Gainesville Code of Ordinances section 11-39.1, and have the present intent to maintain the residential property as my/our permanent residence throughout the remainder of the fiscal year for which the assessment is imposed.				
I understand the completion and submission of this application is not a guarantee of assistance granted by the City of Gainesville. The information provided is subject to review and verification by the City of Gainesville through its employees and/or agents in order to determine eligibility for the hardship assistance. I understand that providing inaccurate or incomplete information will result in a denial of assistance. Furthermore, I understand that all information provided to the City of Gainesville is subject to release to other persons and entities pursuant to the Florida Public Records Law unless such record is otherwise exempt or confidential by law.				
Property Owner 1 Name:				
Property Owner 1 Signature:				
Property Owner 2 Name:				
Property Owner 2 Signature:				
Date:				
For City Use Only				
Application received on:				
Reviewer:				
Application status:   Approved   Denied   Date:				
If denied, reason:				
Application letter sent on:				

### **Required Documentation**

# Do not submit original documents - only send copies with the hardship assistance application. Documents will not be returned.

The documents below must be submitted with the hardship assistance application. Missing, illegible, or damaged documents may result in delayed processing or denial of assistance.

**Privacy Note:** When submitting the supporting documentation, please redact any personal protected information (PPI) which includes social security numbers and bank account numbers.

- Photo ID (driver license/state ID card) for all property owners
- Proof of home ownership and homestead exemption Homestead Exemption Receipt or printout from Alachua County Property Appraiser website (www.acpafl.org).
- Proof of household income, see below:
  - 2024 Income Tax Return
  - Social Security statements
  - □ If currently employed, a copy of pay stubs for 1/1/2025-2/28/2025
  - Proof of SSI, SSDI, child support payments, alimony payments, investment returns from 1/1/2025-2/28/2025
  - □ If applicable, benefit notices for TANF Cash Assistance or food stamps in effect as of 2/28/2025
  - Statements for all bank, credit union, money market, and prepaid/benefit card accounts dated 2/28/2025 or later

To determine income eligibility, the City of Gainesville uses the Poverty Threshold published by the Census Bureau for the calendar year immediately preceding the assistance program year. For example, the 2024 Poverty Threshold for the 2025 assistance program year.