

**NOTE:** Only one application should be submitted per person. Duplicative applications will be closed or placed on hold so that only one application per person remains active.

## SECTION 1 APPLICANT INFORMATION

### APPLICANT

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip Code: \* \_\_\_\_\_

Phone #: \* \_\_\_\_\_ Email Address: \_\_\_\_\_

My preferred method of communication is *(Select one)*:

☐ Phone ☐ Email ☐ Mail

Date of birth (MM/DD/YYYY): \*

English is my primary language:

☐ Yes ☐ No

If no, what is your primary language *(Select one)*:

☐ Spanish ☐ Creole ☐ Other *(Please specify)*:

I am a Veteran or active duty spouse or dependent:

☐ Yes ☐ No

I am authorized to work in the United States: \*

☐ Yes ☐ No

Highest level of education completed: \*

☐ Some High School ☐ High School Diploma ☐ GED ☐ Vocational Certification

☐ Some College ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree

☐ Other *(Please specify)*: \_\_\_\_\_

I request exemption from public records disclosure based on a qualifying exemption category: \*

☐ Yes (*additional information may be requested*)      ☐ No

If yes, qualifying exemption category must be selected below:

Sworn or civilian law enforcement personnel, including correctional and correctional probation officers  
[§119.071(4)(d)2.a.]

Investigator with the Department of Children and Families [§119.071(4)(d)2.a.]

Investigation support personnel with the Department of Health [§119.071(4)(d)2.a.]

Revenue collection and enforcement or child support enforcement personnel of Department of Revenue or local governments [§ 119.071(4)(d)2.a.]

Nonsworn investigative personnel of the Department of Financial Services [§119.071(4)(d)2.b.]

Nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations  
[§119.071(4)(d)2.c.]

Firefighter certified in compliance with s. 633.408 [§119.071(4)(d)2.d.] Only currently certified are eligible.

Judge or Justice [§119.071(4)(d)2.e.]

State attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor  
[§119.071(4)(d)2.f.]

General magistrate, special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings [§119.071(4)(d)2.g]

Code enforcement officer [§119.071(4)(d)2.i.]

Guardian ad litem as defined in s. 39.820 [§119.071(4)(d)2.j.]

Specified employees of the Department of Juvenile Justice [§119.071(4)(d)2.k.]

Public defender, assistant public defender, criminal conflict or civil regional counsel, or assistant criminal conflict or civil regional counsel [§119.071(4)(d)2.l.]

Investigator or inspector of the Department of Business and Professional Regulation [§119.071(4)(d)2.m.]

County tax collector [§119.071(4)(d)2.n.]

Specified personnel of the Department of Health [§119.071(4)(d)2.o.]

Impaired practitioner consultants retained by an agency [§119.071(4)(d)2.p.]

Emergency medical technicians and paramedics certified under Chapter 401 [§119.071(4)(d)2.q.]

Employees in an agency's office of inspector general or internal audit department [§119.071(4)(d)2.r.]

Specified addiction treatment facility personnel [§119.071(4)(d)2.s.]

Specified child advocacy center personnel [§119.071(4)(d)2.t.]

U.S. Attorney, U.S. Judge, U.S. Magistrate [§119.071(5)(i)(1)]\*

Service members who served after September 11, 2001 [§119.071(5)(k)(1)]\*

Individual in category described in [§119.071(4)(d)2.h.] whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.

Please check the construction trade(s) in which you are interested in receiving training: \*

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electricity	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Masonry	<input type="checkbox"/> Welding

☐ Other (Please Specify): \_\_\_\_\_  
*Note: Individualized programs may not be available from all partners.*

#### APPLICANT COMMUNICATION DESIGNEE

Applicants to the Rebuild Florida Workforce Recovery Training Program (WRTP) can designate a third party to obtain information about their program application. This third party is known as the Communication Designee and they will be authorized to make inquiries of the applicant's program status either in person, via the phone, email and/or mail. The person designated as the Communication Designee **is not authorized to sign** the Grant Agreement or any other documents or Affidavits on behalf of the applicant unless they also hold a valid Power of Attorney. The person designated as the Communication Designee **is not authorized to make any decision** on behalf of the applicant unless they also hold a valid Power of Attorney. You may designate an individual or a representative at an agency as your Communication Designee.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship (Select one): ☐ Family Member ☐ Friend ☐ Other (Please specify): \_\_\_\_\_

Agency Name (If applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION 2 HOUSEHOLD INFORMATION**

Information provided in this section of the application must include **all** members of the household residing at the applicant's current address, regardless of age.

**HOUSEHOLD COMPOSITION**

Fill out the chart below listing all members of the household residing at the applicant's current address **starting with the name of the Head of Household**.

Name	Age	Male / Female	Relationship to Head of Household	Estimated Total Monthly Income <small>(see information below)</small>	Race <small>(enter number from 1-11, see instructions below)</small>	Ethnicity <small>(enter number from 1-3, see instructions below)</small>
			Head of Household *	\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
			<b>TOTAL</b>	\$		

**TOTAL HOUSEHOLD INCOME**

\$\_\_\_\_\_ Estimated Total Annual Household income \*

Household income should be calculated as the total income of all members of the household. The monthly income provided above may be used to assist in calculation of estimated total annual household income.

**USE THE FOLLOWING INFORMATION TO ASSIST IN COMPLETING THE CHART ON PREVIOUS PAGE:**

**Income**

Income should include:

- Wages, salaries, tips, commissions, etc.;
- Self-employment income from own nonfarm business, including proprietorships and partnerships;
- Farm self-employment income;
- Interest, dividends, net rental income, or income from estates or trusts;
- Social Security or railroad retirement;
- Supplemental Security Income, Aid to Families with Dependent Children, or other public assistance or public welfare programs;
- Retirement, survivor, or disability pensions; and
- Any other sources of income received regularly, including Veterans' (VA) payments, unemployment compensation, and alimony.

*Race and ethnicity information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations. This information is not to be used for screening purposes. Providing this information is optional. Should you wish not to provide this information, please mark "Decline to Report."*

**Race**

Enter the appropriate number from the list below:

- |  |                                     |
|--|-------------------------------------|
| 1. American Indian/Alaskan Native                          | 7. Black/African American & White   |
| 2. American Indian/Alaskan Native & Black/African American | 8. Native Hawaiian/Pacific Islander |
| 3. American Indian/Alaskan Native & White                  | 9. Other Multi-Racial               |
| 4. Asian   | 10. White                           |
| 5. Asian & White   | 11. Decline to report               |
| 6. Black/African American                                  |                                     |

**Ethnicity**

Enter the appropriate number from the list below:

1. Hispanic
2. Non-Hispanic
3. Decline to report

### SECTION 3 DUPLICATION OF BENEFITS (DOB)

Use this section to disclose all forms of assistance provided for damage or recovery resulting from Hurricane Sally (September 10, 2017). Information must be complete and as accurate as possible. The Rebuild Florida program will verify all information. It is important that the names and addresses of all providers are accurate in order to complete the application process. Your application may not be processed if the information provided cannot be verified.

**Warning:** Any person who knowingly makes a false claim or statement to the State of Florida may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

Has assistance ever been provided to the applicant related to Hurricane Sally? Assistance includes **money, loans, grants, scholarships, volunteer labor, materials, or other assistance provided related to damage or disaster recovery, including economic recovery.** \*

☐ Yes ☐ No

### FEDERAL EMERGENCY MANAGEMENT AGENCY – INDIVIDUAL ASSISTANCE (FEMA-IA)

Did you register for **Federal Emergency Management Agency - Individual Assistance (FEMA-IA)** assistance? \*

☐ Yes ☐ No

If yes, list **FEMA-IA** Registration ID Number: \_\_\_\_\_

If yes, was **FEMA-IA** assistance approved for the damaged property?

☐ Yes ☐ No

If yes, please attach a copy of your **FEMA-IA** registration and/or benefits letter.

Amount of **FEMA-IA** approved: \$ \_\_\_\_\_

Amount of **FEMA-IA** provided to-date: \$ \_\_\_\_\_

List any outstanding balance: \$ \_\_\_\_\_

If yes, what year(s) was this assistance received? \_\_\_\_\_

If yes, describe the purpose of assistance received (repairs, housing stipends, business assistance, etc.):

If yes, was **FEMA-IA** assistance used for costs relating to workforce training or educational tuition/fees/supplies?

☐ Yes ☐ No

## U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

Did you register for **U.S. Department of Housing and Urban Development (HUD)** assistance? \*

☐ Yes ☐ No

If yes, what year(s) was this assistance received? \_\_\_\_\_

If yes, describe the purpose of assistance received (repairs, housing stipends, business assistance, etc.):

If yes, was **HUD** assistance used for costs relating to workforce training or educational tuition/fees/supplies?

☐ Yes ☐ No

## U.S. DEPARTMENT OF AGRICULTURE (USDA)

Did you register for **U.S. Department of Agriculture (USDA)** assistance? \*

☐ Yes ☐ No

If yes, what year(s) was this assistance received? \_\_\_\_\_

If yes, describe the purpose of assistance received (repairs, housing stipends, business assistance, etc.):

If yes, was **USDA** assistance used for costs relating to workforce training or educational tuition/fees/supplies?

☐ Yes ☐ No

## SMALL BUSINESS ADMINISTRATION (SBA)

Did you apply for a **Small Business Administration (SBA)** Disaster Assistance Loan? \*

☐ Yes ☐ No

If yes, list **SBA** ID/Application number:

If yes, was the **SBA** loan approved?

☐ Yes ☐ No

If yes, please attach a copy of your **SBA** Disaster Assistance Loan approval letter.

## Rebuilds Scholarship Application

Amount of the **SBA** Disaster Assistance  
Loan approved: \$ \_\_\_\_\_

Amount of **SBA** Disaster Assistance Loan  
provided to-date: \$ \_\_\_\_\_

List any outstanding balance: \$ \_\_\_\_\_

If yes, what year(s) was this assistance received? \_\_\_\_\_

If yes, describe the purpose of assistance received (repairs, housing stipends, business assistance, etc.):

If yes, was **SBA** assistance used for costs relating to workforce training or educational tuition/fees/supplies?

☐ Yes ☐ No

If yes, and you did not receive assistance, did you decline assistance?

☐ Yes ☐ No

If you declined assistance:

What was the amount of the loan? \$ \_\_\_\_\_

Why did you decline the loan?

- ☐ Loss of Employment
- ☐ Reduction in Income
- ☐ Over 30% of gross income spent on housing
- ☐ Substantial increase in debt since **SBA** Disaster Assistance Loan qualification
- ☐ Other: \_\_\_\_\_



## Rebuilds Scholarship Application

**EDUCATIONAL ASSISTANCE**

Have you received any assistance relating to workforce training or educational tuition/fees/supplies from an **educational institution, technical center, federal- or state-funded program, non-profit, or other entity?** \*

☐ Yes

☐ No

If yes, list all entities that have provided assistance to the applicant and the amount/estimated amount of assistance:

Name of Entity	Contact Name	Contact Phone Number	Type of Assistance (Scholarship or Grant or Other)	Amount of Assistance
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL				\$

## Rebuilds Scholarship Application

**OTHER**

Have you received any additional assistance from a **Voluntary Organization Active in Disaster (VOAD)**, non-profit or **other type of local organization**? \*

☐ Yes ☐ No

If yes, list all organizations that have provided assistance to the applicant and the amount/estimated amount of assistance:

<b>Name of Organization</b>	<b>Contact Name</b>	<b>Contact Phone Number</b>	<b>Type of Assistance (Money/Gift Card/ Voucher or Volunteer Labor/Materials or Other)</b>	<b>Amount of Assistance or Estimated Value of Labor/Materials</b>
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>TOTAL</b>				\$

## SECTION 4 DOCUMENTATION REQUIREMENTS

*In order for the WRTP application to be complete, the following documents must be submitted to the Program.*

### DOCUMENT CHECKLIST

- ☐ Applicant Identification
- ☐ Proof of Current Address
- ☐ Proof of Work Authorization
- ☐ Documentation of all other forms of assistance (e.g. FEMA, SBA, workforce training, educational, VOAD, etc.)
- ☐ Proof of Income for all adult (18 and over) household members
- ☐ Consent and Release of Personal Information Form
- ☐ Fraud Acknowledgement Regarding False or Misleading Statements Certification
- ☐ If applicable, Verification of Disability Form
- ☐ If applicable, Proof of status as a Veteran or active duty spouse or dependent

Forms listed above are available at [rebuildflorida.gov](https://rebuildflorida.gov). Please download and complete all applicable forms.

Completed forms and other required documentation should be submitted with the completed WRTP application. A program partner may contact you if any required documentation is incomplete or further documentation is required.

**SECTION 5 APPLICANT OR AUTHORIZED REPRESENTATIVE CERTIFICATION**

*The applicant or authorized representative must read and sign the following certification.*

**NOTICES**

**WARNING:** Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

**Notice of Electronic Capture and Storage of Data:** Electronic records will be collected and maintained by the REBUILD FLORIDA program and its subrecipients related to you and your household in order to process your application. This data will be maintained electronically in secured databases. Verifications of portions of the information you provide, or we obtain about you or your household may be conducted via automated systems.

**Release of Information:** Your signature and the signature of each of your household members who is 18 years of age or older is required on the Consent and Release of Personal Information Form. The release authorizes the REBUILD FLORIDA program and its subrecipients to obtain information from a third party related to your continued participation in the program.

**APPLICANT/AUTHORIZED REPRESENTATIVE CERTIFICATIONS**

By submitting this application, I certify that to the best of my knowledge and belief, all information on or attached to this application is true, correct, and complete as of the date the application is submitted. I acknowledge that I am submitting this application in good faith. I acknowledge that any intentional or negligent misrepresentation contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation made on this application. Additional penalties may include criminal penalties, including, but not limited to, fine, imprisonment or both. Any false or fraudulent information provided on this application or in support of the application may be grounds for the program to terminate my application, deny eligibility, or require repayment of all or a portion of funds to the REBUILD FLORIDA program. I understand that any information I provide may be investigated.

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Applicant Printed Name \*

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Applicant Signature \*

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Date \*

The **Florida Department of Commerce** does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or familial status and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Towards this end, we continually strive to make our web platform friendly to screen readers and other accessibility-related software and provide accessible documents where possible. Any person requiring assistance, including language interpretations or copies of a specific document, should contact a WRTP program partner using the contact information provided at [www.RebuildFlorida.gov](http://www.RebuildFlorida.gov). Text Telephone (TTY) callers please use the 711 relay.

**Program funded by the U.S. Department of Housing & Urban Development**