

**CITY OF TITUSVILLE
NEIGHBORHOOD SERVICES
COVID19 EMERGENCY ASSISTANCE PROGRAM**

Social Security Number Waiver

City of Titusville collects your Social Security Number for a number of different purposes. The Florida Public Records Law (Section 119.071(5), Florida Statute 2007) requires the City to give you this written Statement explaining the purpose and authority for collecting your Social Security Number.

Your Social Security Number is being collected only for the purpose of income certification for the above-referenced program. This information is used to verify Unemployment benefits, Social Security benefits, employment, and other related information. Your Social Security Number will NOT be used for any other intended purpose other than verifying your eligibility for the City's program.

Certification and Waiver of Privacy

The applicant(s) certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding from City of Titusville's Emergency COVID19 Assistance Program.

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentations concerning income, assets, or liability information relating to your financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Florida Statutes 775.082 and 775.083. I/We further understand that any willful misstatement of information will be grounds for disqualification and barring of any future assistance. I/We certify to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance.

I/We agree to provide any documentation needed to assist in determining eligibility and aware that all information and documents provided are a matter of public record. I/We hereby waive my/our rights under the privacy and confidentiality provision act, and give my/our consent to City of Titusville, its agents, subrecipients, and contractors to examine any confidential information given herein.

Signature of Applicant Date

Signature of Co-Applicant Date

Signature Other Household Member Date

Signature Other Household Member Date