



HOUSING. EDUCATION. LENDING PROGRAMS

Eviction Diversion Program Referral Form:

Participant Name(s): _____

Best Contact Number: _____ Best time to call: _____

Can we leave a message?: Yes No Email Address: _____

Private landlord or apartment complex: _____

When does your lease expire (note if month-to-month): _____

Additional notes or useful information:

By my/our signature(s) below, we provide permission to the referring agency to share my contact information and certain financial details necessary to complete eviction diversion program services with HELP. I/we further agree to complete an income self-attestation form, and provide all information requested by the adviser.

Signature Date

Signature Date

EVICTION DIVERSION PROGRAM SELF-ATTESTATION FORM

Instructions: This form allows for applicant(s) to self-attest their eligibility for the Collier County Eviction Diversion Program based on required criteria of household income.

INCOME QUALIFICATION CERTIFICATION

Applicant's Full Legal Name: _____

Address: _____
(Must be a Collier County resident)

Immigration status: Citizen Permanent Resident Other: _____

Income qualification (e.g., total household income at or below 140% AMI)

I / we **certify** that the **total gross household income** from all sources is at or below the 140% AMI (Area Median Income) - see chart below. Please identify your household size and check the box that corresponds to your gross household income.

Household Size:	1	2	3	4	5	6	7	8
<input type="checkbox"/> AMI 30%	\$17,750	\$20,250	\$22,800	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660
<input type="checkbox"/> AMI 50%	\$29,550	\$33,750	\$37,950	\$42,150	\$45,550	\$48,900	\$52,300	\$55,650
<input type="checkbox"/> AMI 80%	\$47,250	\$54,000	\$60,750	\$67,450	\$72,850	\$78,250	\$83,650	\$89,050
<input type="checkbox"/> AMI 120%	\$70,920	\$81,000	\$91,080	\$101,160	\$109,320	\$117,360	\$125,520	\$133,560
<input type="checkbox"/> AMI 140%	\$82,740	\$94,500	\$106,260	\$118,020	\$127,540	\$136,920	\$146,440	\$155,820

I understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a **misdemeanor of the first degree, punishable by fines and imprisonment provided under Statues 775.082 or 775.83**. I further understand that any willful misstatement of information will be grounds for disqualification. I certify that the information provided is true and complete to the best of my knowledge.

APPLICANT

Applicant Signature	Printed Name	Date
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WITNESS SIGNATURE

Signature	Printed Name	Date
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