



Senior Citizen (Age 65 and over) Renewal Application for the Fire Assessment Hardship Assistance Program

Note: You must have been APPROVED for the prior application year in order to use this form

Please return completed form between January 1st and May 1st to:

**City of Gainesville, Fire Assessment Program
PO Box 490, Station 7
Gainesville, FL 32627**

Application Year: _____

Parcel Number : _____

Name	
Parcel Address	
Mailing Address (if different)	
Phone Number	

With this completed form, please provide a copy of latest monthly statement(s) for all Checking or Savings accounts, CDs & Money Market accounts

By signing below I am agreeing that my Fire Assessment Hardship Application was approved in the prior year. I am also attesting that there have been no changes in ownership of the property and no major changes in income or cash and investments.

Signature:

Date: