

SEAWALL REPAIR ASSISTANCE PROGRAM

Date Co	mplete	Application Packet Submitted:
Applicant Name:		
Applica	nt Phon	e Number:
Applica	nt E-Ma	il:
Address	S:	
		copies of all required documents:
	A valid	d driver's license or State ID showing the eligible homeowner's name and
	addre	ss of the eligible property
	Proof	of Homestead Exemption
	A cop	y of any/all issued permits (e.g., issued under Ch. 161, F.S.) or applicable
	statut	ory exemption or, other authorization, if required
	Paid i	nvoices, receipts and associated documentation
	☐ Before and after photographs of the completed project (must show the project	
	and th	ne house)
	Notari	zed Duplication of Benefits form
	Documentation must provide:	
	0	Verification that damage was from Hurricane Ian and/or Nicole
	0	Description of work completed
	0	Dates of work (after July 1, 2023)
	0	Invoice, receipts and paid amounts (eg: canceled checks, front/back)
STAFF OI	NLY:	
Date/Time Received		By (staff initials)