Tell Us About You and Your Home

Welcome to the My Safe Florida Home (MSFH) Program! The following information will be used to create your MSFH Account. You will use this Account throughout the entire lifecycle of the MSFH application process, so please review your information before submitting.

Applicant Information

Primary Homeowner

Please enter the Applicant's legal name. This name must appear on the homestead for the home, and this person must be an owner of the home.

* First Name

Middle Name

* Last Name

Suffix

--None--

Primary Applicant Mobile Phone

Mobile Number Format: 123-456-7890

If you elected to receive text messages from the MSFH program you must provide a phone number.

* Primary Homeowner Birth Year

* Primary Applicant Email Address

you@example.com

☑ Click this box if there is a second owner of the home as listed on your homestead exemption.

Secondary Homeowner

This person must also be an owner of the home as listed on your homestead exemption. Please enter the Secondary Applicant's legal name.

* First Name

Middle Name

* Last Name

Suffix

--None--

Secondary Applicant Mobile Phone

Mobile Number Format: 123-456-7890

* Secondary Homeowner Birth Year

Secondary Applicant Email Address

you@example.com

(OPTIONAL) By clicking Yes and submitting this form you agree to receive automated text messages from the MSFH Program Alerts about my case status, requests for information, deadlines, and inspection scheduling. By not selecting Yes or selecting No, I will not be opted into this short code campaign. Reply HELP for help. Reply STOP to cancel. MSG freq. varies. Msg & data rates may apply. Please see our terms and conditions here and privacy policy here.

* Agree to SMS messages

- ◉ Yes
- ○ No

☑ Authorize communication with an alternate contact?

* Alternate Contact First Name

Alternate Contact Middle Initial

Alternate Contact Last Name

* Alternate Contact Suffix

--None--

Alternate Contact Phone

Alternate Contact Email

you@example.com

Alternate contact email address must be provided if authorization is granted.

Property Information

This is the home you are applying for. It must be your primary residence and a homesteaded property.

*Address

*Street

*City

*State/Province FL

*Zip/Postal Code

*Country

*County --None--

*Total Number of People Living in the Household?

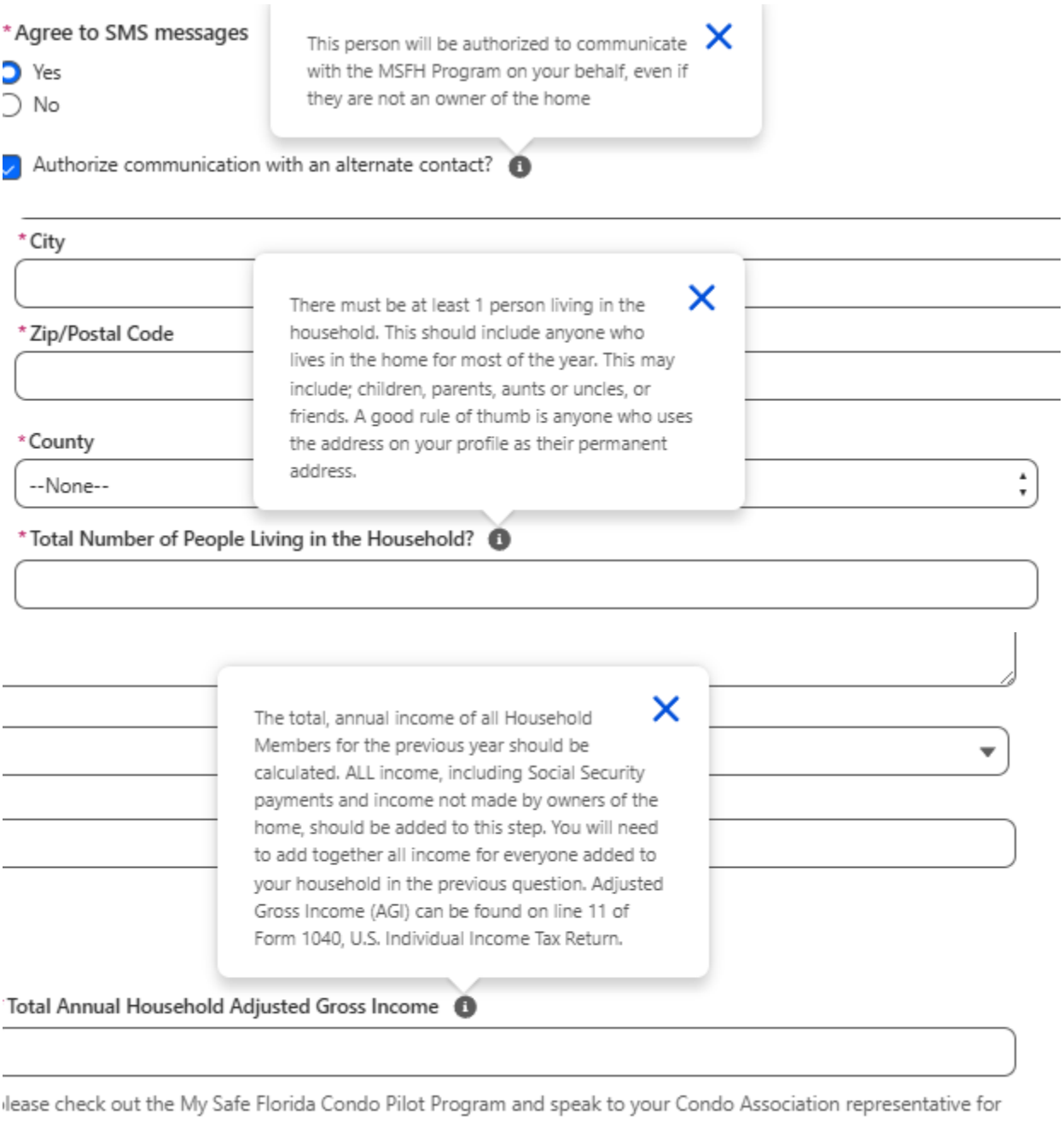
*Total Annual Household Adjusted Gross Income

Mobile homes, manufactured homes, and condos are not permitted to participate in this Program. If you live in a condo, please check out the My Safe Florida Condo Pilot Program and speak to your Condo Association representative for additional information. https://myfloridacfo.com/mysafeflhome/mysafefloridacondo

You are not required to submit any documentation to complete your Inspection Application. However, during review of your application, the MSFH Program may request additional documents.

I'm not a robot reCAPTCHA

Next


*Agree to SMS messages
Yes
No
This person will be authorized to communicate with the MSFH Program on your behalf, even if they are not an owner of the home
Authorize communication with an alternate contact?
*City
*Zip/Postal Code
There must be at least 1 person living in the household. This should include anyone who lives in the home for most of the year. This may include; children, parents, aunts or uncles, or friends. A good rule of thumb is anyone who uses the address on your profile as their permanent address.
*County
--None--
*Total Number of People Living in the Household?
The total, annual income of all Household Members for the previous year should be calculated. ALL income, including Social Security payments and income not made by owners of the home, should be added to this step. You will need to add together all income for everyone added to your household in the previous question. Adjusted Gross Income (AGI) can be found on line 11 of Form 1040, U.S. Individual Income Tax Return.
Total Annual Household Adjusted Gross Income
lease check out the My Safe Florida Condo Pilot Program and speak to your Condo Association representative for

Review Important Program Terms

Attestation 1: Accuracy of Information

I certify that the information I provided, including household size and household income, is true and accurate to the best of my knowledge.

☐ Agree

Attestation 2: No Guarantee of Approval

To complete your MSFH Account, you provided information about your income, household, and age. This information is used to place you in one of the following groups.

- Group 1 - You are over the age of 60 and a Low Income applicant.
- Group 2 - You are under the age of 60 and a Low Income applicant.
- Group 3 - You are over the age of 60 and a Moderate Income applicant.
- Group 4 - You are under the age of 60 and a Moderate Income applicant.
- Group 5 - You are above the Moderate Income limit. Group 5 applicants can apply for an Inspection, but are not eligible for a Grant.

I understand that submitting this registration inquiry does not guarantee approval for an Initial Inspection or a Grant. I understand that a separate Grant Application will be required if I later seek grant funding.

☐ Agree

Attestation 3: Verification and Inspection Authorization

I authorize the MSFH Program to verify the property's homestead exemption and property type using county or other government records. If my Inspection Application is approved, I authorize the Program to assign an inspector to conduct an Initial Inspection of the property.

☐ Agree

Attestation 4: Authorization to Communicate by Email

The MSFH Program will communicate with you via email, SMS (if you opt in), and through the Portal. Please be sure to check your email regularly, as you may miss important updates if you do not.

I authorize the MSFH Program to communicate case updates, requests for information, or communications denying my application via the email address(es) I provided.

☐ Agree

Attestation 5: Household Count Confirmation

You indicated that **4** people live in your home.

* **Did you include yourself in the number you listed above?**

○ Yes
○ No

Attestation 6: Income, Family Size, and Birthdate Declaration

The MSFH Program will use the information you provided to verify that you meet the definition of low or moderate income as defined in section 420.004(11) and (12), F.S. to prioritize your application(s) in accordance with section 215.5586, F.S. The MSFH Program will also use the age information you provided to place you into a Prioritization Group.

Under penalties of perjury, I declare that I have read the foregoing and that the income, family size, and birthdate information provided in this form is true and accurate.

☐ Agree

Attestation 7: Social Security Number Requirement

Please note; to proceed with an Inspection Application you will need to provide your Social Security Number, and the Social Security Number of a Secondary Applicant (if a Secondary Applicant is listed). Applicants are only allowed to receive one payment from the MSFH Program. The MSFH Program will use your Social Security Number to determine if you have received a payment from the MSFH Program before. If you do not wish to provide this information, do not continue.

*Do you wish to proceed?

- ◯ Yes
- ◯ No

Previous Next

My Safe FL Home
Stronger Homes. Safer Florida.

Review and Submit

Please review the information below. If anything is incorrect, use Previous to go back and change it. When everything is correct, click Submit.

Primary Applicant

Name: Example Applicant
Mobile Phone: 555-555-5555
Email Address: example@example.com

Secondary Applicant

Name: Example2 Applicant
Birth Year: 1900

Property Address

Address: 200 East Gaines Street, Tallahassee, FL 32399
County: Leon County

Alternate Contact

Authorization Granted: true
Name: Example3 Applicant
Phone Number:
Email Address: examplesecond@email.com

Household and Income Information

Total People Living in the Household: 4
Total Annual Household Adjusted Gross Income: $70,000

Age Information

Primary Applicant Birth Year: 1900

Secondary Applicant Birth Year: 1900

Age Used for Prioritization: 60 or Older
Primary or Secondary Homeowner Age 60 or Older: Yes

Communication Preferences

Agree to Receive SMS Text Messages: Yes
Email Address for Program Communications: example@example.com
Authorized Program to Communicate by Email: Yes
MSFH case-status updates, requests for information, inspection scheduling information, deadlines, and application decisions will be sent to the provided email.

Attestations and Consents

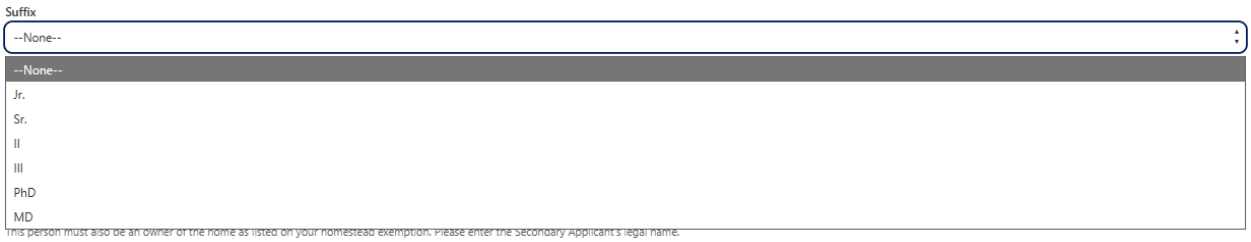
Accuracy of Information: Yes
No Guarantee of Approval: Yes
Verification and Inspection Authorization: Yes
Authorization to Communicate by Email: Yes
Included Self in Household Count: Yes
Income, Family Size, and Birthdate Declaration (under penalties of perjury): Yes
Wishes to Proceed with Social Security Number Requirement: Yes

Previous Submit

Appendix

Page 1

The dropdown menu for “Suffix” provides the following options:

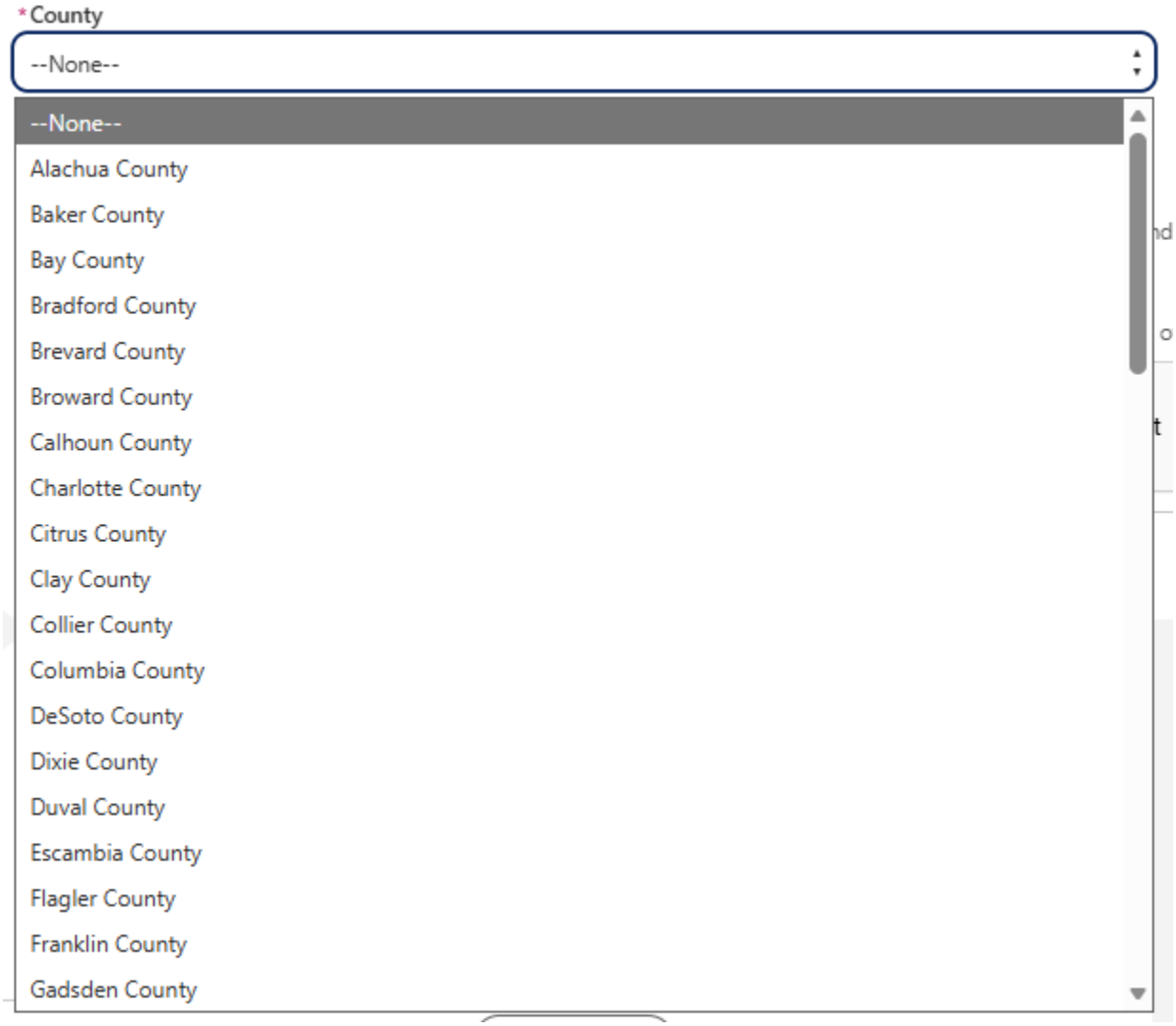


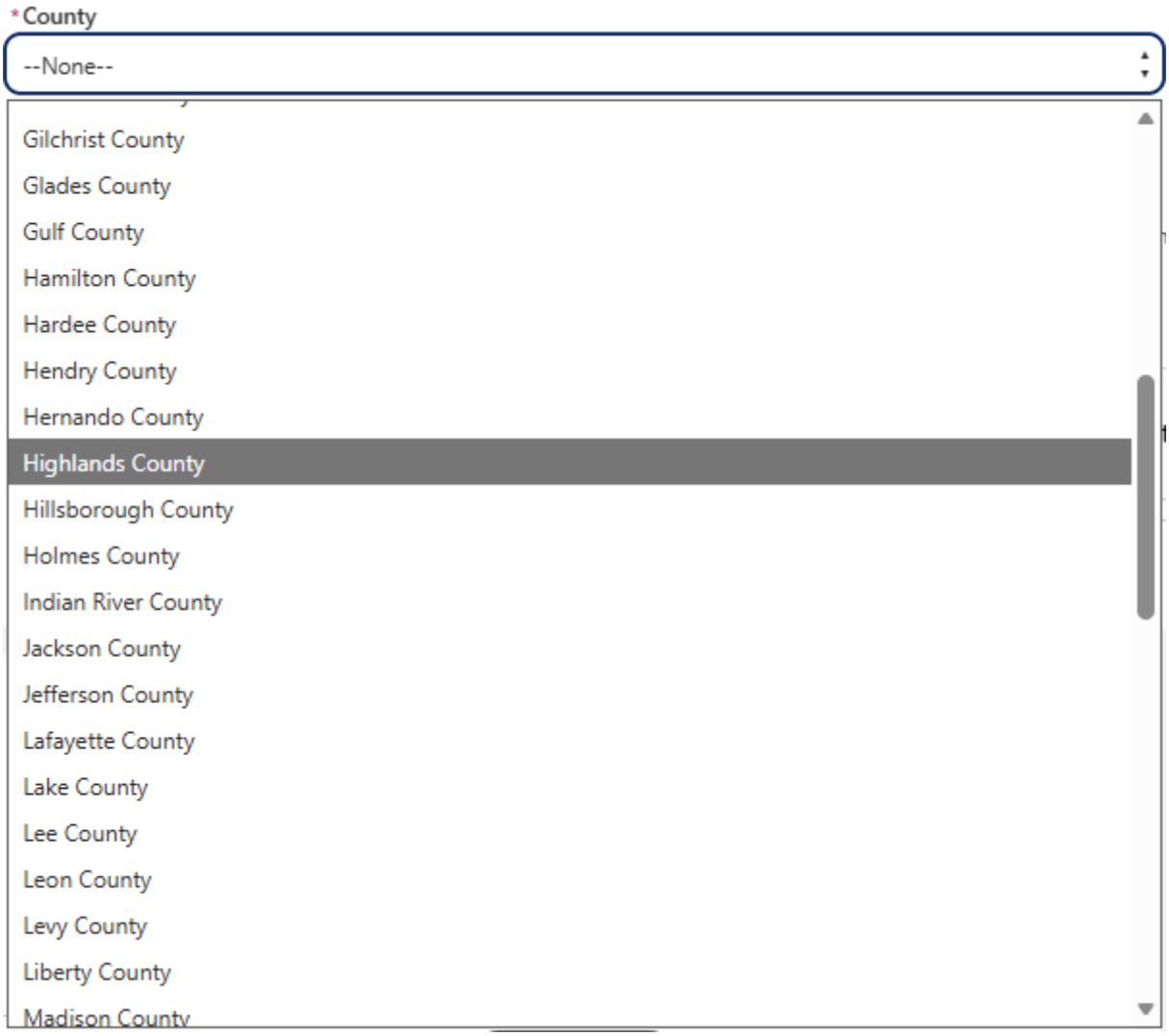
Page 1

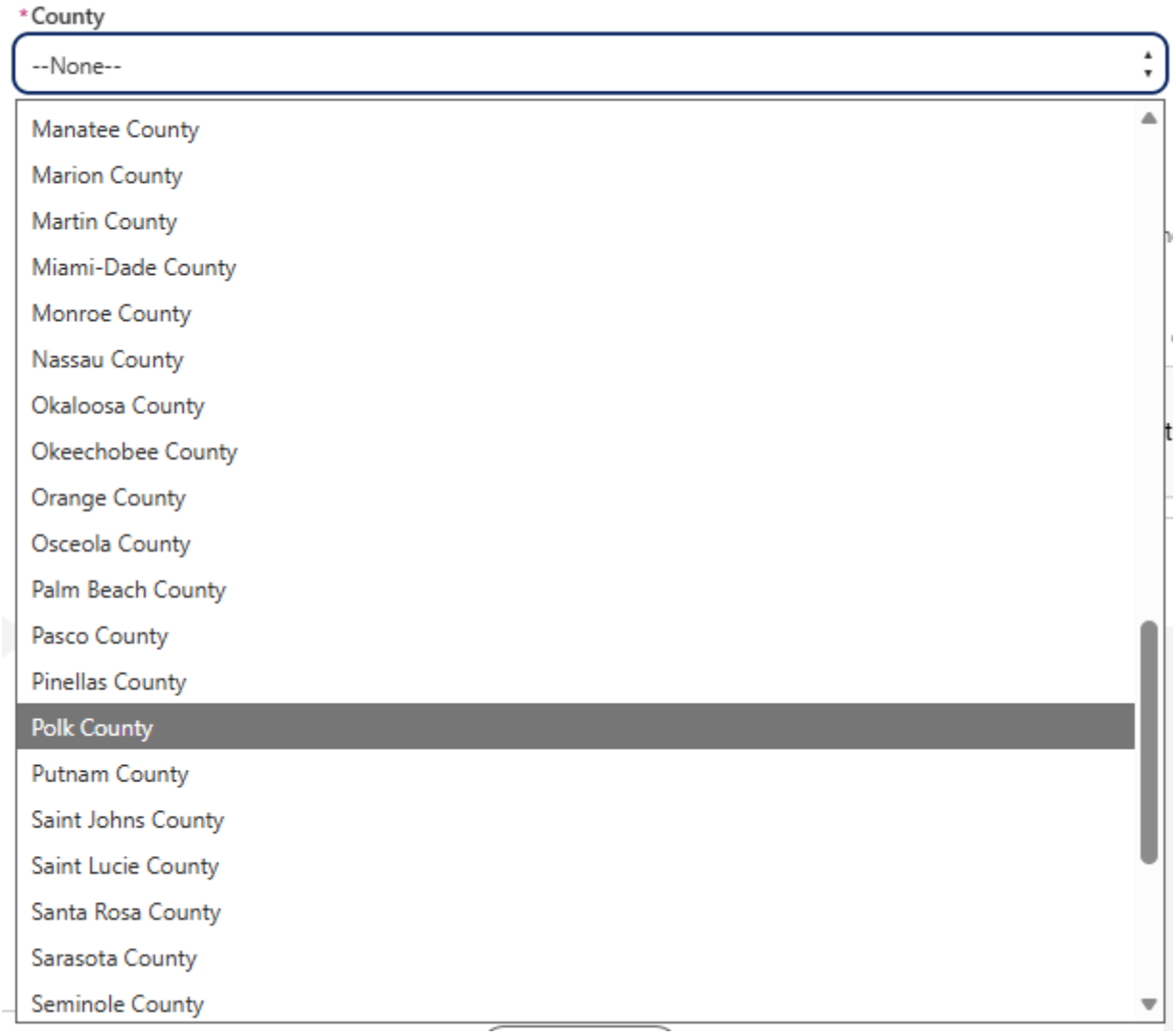
The dropdown menu for “Alternate Contact Suffix” provides the following options:

Pages 2 and 3

The dropdown menu for “County” provides the following options:




*County
--None--
Gilchrist County
Glades County
Gulf County
Hamilton County
Hardee County
Hendry County
Hernando County
Highlands County
Hillsborough County
Holmes County
Indian River County
Jackson County
Jefferson County
Lafayette County
Lake County
Lee County
Leon County
Levy County
Liberty County
Madison County



Page 2

The dropdown menu for “State/Province” provides the following options: