

Affordable Housing Verification Request



**Hillsborough
County Florida**
Development Services

Important Instructions to All Applicants:

- Please submit this form and required documents to ZoningIntake-DSD@hillsboroughcounty.org.
- All documents must be submitted as separate PDFs. Each PDF document must be named according to its contents. All of the PDF documents must be submitted in a single e-mail.
- Payment instructions will be sent to you after receipt of the complete application.
- Please allow a minimum of 30 business days for review and response.
- We cannot accept phone, fax or email requests that are not submitted pursuant to these instructions.

Official Use Only

Application No: _____ Intake Date: _____ Intake Staff Signature: _____

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Address(es) of the parcel(s) of interest:

Folio number(s) of the parcel(s) of interest:

Please visit www.HCPAFL.org to obtain the folio number(s) of the parcel(s).

Please submit the following documents with this application:

1. Written narrative explaining what information is requested (Required)
2. Legal description and/or deeds of parcel(s) of interest (Optional)
3. Current site plan (If applicable)
4. Florida Housing Finance Corporation Verification Forms (check those forms included with this application)
 - Verification that Development is Consistent with Zoning and Land Use Regulations
 - Verification of Availability of Infrastructure – Roads
 - Verification of Availability of Infrastructure – Water
 - Verification of Availability of Infrastructure – Sewer Capacity, Package Treatment or Septic Tank
5. The attached Sensitive Information Acknowledgement Form (Required)

I hereby swear or affirm that all the information provided in the submitted application is true and accurate, to the best of my knowledge.

Signature of the Applicant

Type or print name

Identification of Sensitive/Protected Information and Acknowledgement of Public Records



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Pursuant to [Chapter 119 Florida Statutes](#), all information submitted to Development Services is considered public record and open to inspection by the public. Certain information may be considered sensitive or protected information which may be excluded from this provision. Sensitive/protected information may include, but is not limited to, documents such as medical records, income tax returns, death certificates, bank statements, and documents containing social security numbers.

While all efforts will be taken to ensure the security of protected information, certain specified information, such as addresses of exempt parcels, may need to be disclosed as part of the public hearing process for select applications. If your application requires a public hearing and contains sensitive/protected information, please contact [Hillsborough County Development Services](#) to determine what information will need to be disclosed as part of the public hearing process.

Additionally, parcels exempt under [Florida Statutes §119.071\(4\)](#) will need to contact [Hillsborough County Development Services](#) to obtain a release of exempt parcel information.

Are you seeking an exemption from public disclosure of selected information submitted with your application pursuant to Chapter 119 FS? Yes No

I hereby confirm that the material submitted with application _____

Includes sensitive and/or protected information.

Type of information included and location _____

Does not include sensitive and/or protected information.

Please note: Sensitive/protected information will not be accepted/requested unless it is required for the processing of the application.

If an exemption is being sought, the request will be reviewed to determine if the applicant can be processed with the data being held from public view. Also, by signing this form I acknowledge that any and all information in the submittal will become public information if not required by law to be protected.

Signature: _____
(Must be signed by applicant or authorized representative)

Intake Staff Signature: _____ Date: _____