

BREVARD COUNTY  
HOUSING & HUMAN SERVICES DEPARTMENT  
COMMUNITY ACTION AGENCY

**AFFIDAVIT**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Type of SHIP Activity: Utility and Security Deposit Program

Date of Affidavit: \_\_\_\_\_

I am signing this AFFIDAVIT to certify that I have not received any other assistance in paying for my Utility and/or Security Deposit from any other government and/or non-profit agency for the past three (3) years.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**Assistance is subject to availability of funds.**

**WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S775.082 or 775.083**