



**Hillsborough  
County Florida**



## **SCHOLARSHIPS AVAILABLE**

Achieving a higher education is an important life choice for young people and their families. That is why, through a collaborative effort, Hillsborough County Department of Social Services and Hillsborough County Community Action Board (CAB) are committed to doing our part to help eligible Hillsborough County students reach this milestone by offering up to \$5000 in scholarships.

Scholarship applications for the 2021 school year will be accepted as follow:

- 2021 New Applicants: Application deadline, Wednesday, March 31, 2021

## **Summary New Scholarship Applicants Requirements**

### **New Scholarship Applicants**

- Graduating High School Students, GED recipients, and First Time College Applicants.
- These students must be new CAB Scholarship Applicants.
- Applications are available for accredited two-year college institutions, four-year college institutions and vocational/ trade schools.
- Applications must be submitted by Wednesday, March 31, 2021.

### **Returning Scholarship Applicants Must:**

- Meet income eligibility.
- Age requirements (16-24).
- Have a 2.0 minimum GPA.
- Graduating high school seniors, obtained a GED, or currently enrolled in an accredited 2 or 4-year college or university or a vocational program or have plans to attend a 2 or 4-year college or university or a vocational school in the Fall 2021.
- Provide a completed application.
- Submit applications before or on the deadline.
- Because applications may be given on a first-come, first-served basis, students are encouraged to submit completed application as early as possible.
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In addition to the above, essays, organizational involvement, leadership and / or employment experiences, letters of references, required documentation are also part of the application process. Applications may be reviewed and scored by Community Action Board members, volunteers from the community and County staff as appropriate.

For more information, please visit <http://www.hillsboroughcounty.org> and type in the search window, CAB Scholarships, or call the Social Services Department at 813-272-5074 ext. 55316

## SCHOLARSHIP ANNOUNCEMENTS

### Application Submission Deadline / Important Information and Dates to Remember

#### **Step 1: Submission Periods:**

- Applications will be available on-line at [www.hillsboroughcounty.org](http://www.hillsboroughcounty.org) and type in the search window, CAB Scholarship
- **New Scholarship Applicants:** Applications **must** be submitted by **Wednesday, March 31, 2021**

#### **Step 2: Each Applicant will be contacted by Phone and Email for a Phone interview by a Social Services Department Case Manager.**

- Please make sure you provide us with a current phone number and email address where we can contact you.
- You will be contacted by phone and email within three (3) business days of your application submission. Please check your email periodically for an email from a Hillsborough County Case Manager.

**\*All applications must be submitted by the deadline date.**

**Hillsborough County  
Department of Social Services and Community Action Board**

**SCHOLARSHIPS AVAILABLE:**

The Hillsborough County Department of Social Services, Community Action Board (CAB) are accepting scholarship applications for the 2021-2022 school year. **Application deadline is 3/31/2021.**

Achieving a higher education is an important life choice for young people and their families. The CAB is offering scholarships up to \$5,000 to students who meet the eligibility requirements.

**AUTHORITY:** Community Action Board

Hillsborough County Department of Social Services and Community Action Board provides an opportunity for residents to achieve self-sufficiency through education. The Department of Social Services and CAB awards annual scholarships up to \$5,000 to individual Hillsborough County residents that are graduating high school seniors or currently enrolled in a 2 or 4-year college or university or a vocational program or have plans to attend a 2 or 4-year college or university or a vocational school in Fall 2021. Colleges, Universities, and Vocational Institutes must have current accreditation through SACS (Southern Association of College and Schools). This scholarship initiative was developed to provide financial support to assist individuals from the communities served by the CAB, providing an opportunity to attain their educational goals. The scholarship is open to individuals between the ages of 16 through 24.

**ELIGIBILITY REQUIREMENTS:**

Any person ages 16 through 24 years old, who is a senior in high school, has obtained a high school diploma, or GED equivalent, or first-time CAB Scholarship applicant who resides in Hillsborough County may apply. The recipient agrees to complete a brief survey to provide feedback on their scholarship and college experience.

**Applicant's family income must fall within 200% of the Federal Poverty Guidelines established for the Community Service Block Grant (CSBG) mandated requirements. (See below).**

- **If the student's family household income meets the income limits of 200% and below, you may proceed to complete the application.**

<b>People in the Household</b>	<b>Income May Not Exceed</b>
<b>1</b>	<b>\$25,520</b>
<b>2</b>	<b>\$34,480</b>
<b>3</b>	<b>\$43,440</b>
<b>4</b>	<b>\$52,400</b>
<b>5</b>	<b>\$61,360</b>
<b>6</b>	<b>\$70,320</b>
<b>7</b>	<b>\$79,280</b>
<b>8</b>	<b>\$88,240</b>

- Household incomes not meeting the income limits above are not eligible for this scholarship.
- *Income guidelines are subject to change based on the Health and Human Services Florida Poverty Guidelines*

**CRITERIA FOR SELECTION:**

Community Service and School Involvement: If applicable, the amount of community service hours completed, and any special awards and honors received will be considered. For any community service hours, the applicant will submit a list of references and a short description of the service he/she has rendered to the community.

Application: Additional letters of recommendation from the principal, assistant principal, guidance counselor, teacher, academic advisor, college professor or dean will be considered.

Academic Record: Eligible applicants must have a minimum GPA of a 2.0.

Essay Statement: Eligible applicants must address all essay question listed on page (5) five.

Scholarship Applicant Finalist Interview TBD: Eligible applicants, may be required to participate in a panel interview.

**APPLICATION SUBMISSION - CONDITIONS:**

Please mail applications to the address below, or email to [Whitei@HCFLGov.net](mailto:Whitei@HCFLGov.net)

Attention: CAB Scholarship  
Hillsborough County BOCC  
Department of Social Services  
601 E. Kennedy Blvd, 24<sup>th</sup> floor  
Tampa, FL 33602

**PUBLIC ANNOUNCEMENT & RECRUITMENT PROCESS:**

The Scholarship Program will be widely publicized through the media, area schools, local churches, and other community organizations.

**FORFEITURE OF SCHOLARSHIP:**

If a student does not enter the educational institution within the institutions official drop add period for the Fall semester, the scholarship award amount will be returned to the CAB's Community Service Block Grant (CSBG) Scholarship Fund, and another recipient will be selected, unless the student has completed enrollment in a substitute educational institution. If a student chooses to enroll in a different educational institution, Hillsborough County Social Services Department must be notified via email at: [Whitei@HCFLGov.net](mailto:Whitei@HCFLGov.net). Notification must be received within 10 days of acceptance by the new institution. **Proof of enrollment from the new institution for the Fall 2021 semester must be provided before the scholarship check can be mailed to the new institution.**

**SUBSTITUTE EDUCATIONAL INSTITUTION ENROLLMENT:**

If a student does not complete enrollment in the primary institution of choice but does complete enrollment in a different educational institution and the scholarship is returned to Advisory Committee and CAB's Community Service Block Grant (CSBG) Scholarship Fund, funds will be redirected to the institution where the student has completed enrollment. Children of the Community Action Board members will be allowed to apply for a scholarship, but the member will be excluded from the candidate selection process.

**Incomplete applications will not be considered. All areas and forms included in this packet must be completed. If a question does not apply, please enter N/A in the space.**

## **Scholarship Essay Requirements**

- Attach a full **two (2)** page typed essay. No more than two (2) pages.
- The essay should be double space with a 1inch margin on all sides and typed in 12-point standard font (Arial or Times New Roman)
- The essay should address each of the following questions:
  - a) Why should you be selected for the award?
  - b) What are your academic strengths and weaknesses?
  - c) What are your career goals?
  - d) What extenuating circumstances might prevent you from entering college?
  - e) How do you plan to fund your post-secondary education beyond this scholarship?

## **CAB Scholarship Application Submission Checklist**

- Scholarship application General/High School/College information
- Recommendation form and proof of college enrollment or acceptance letter for Fall 2021
- Two full page typed Essay
- Official school transcript for all APPLICANTS. **(If you need to mail or fax your transcript, please contact your Case Manager Irina White at 813-272-5074 ext. 55316 or email her at [Whitei@hcflgov.net](mailto:Whitei@hcflgov.net) for instructions)**
- Photo/Talent Release
- Eligibility Requirements listed on the Requirements Checklist

**\*\*\*\*\*IMPORTANT PLEASE NOTE\*\*\*\*\***

### **Who fills out and signs the CAB Scholarship Application?**

- **Does anyone in the household (parent or guardian) claim you as a dependent for income tax purposes?** If yes, the Scholarship must be completed by the person (parent or guardian) who claims you:
- **If no one claims you as dependent** for income tax purposes, the applicant will be you, and you will need to fill out and sign the CAB Scholarship application.

## CAB Scholarship Requirement CHECKLIST:

All requirements listed below must be provided with your CAB Scholarship Requirements. Additional documents may be required. Submission deadline is March 31, 2021.

- Two paged typed essay.
- Proof of college enrollment or acceptance letter for Fall 2021 - **submit by May 17, 2021.**
- Official school transcript.
- General Information Form.
- At least one Recommendation Form completed by applicant's academic advisor, college professor, dean, supervisor, manager, mentors or faith-based advocate.
- Customer Case Set - Up Worksheet.
- Notice Regarding Collection of Social Security Number (CSBG).
- Applicant Acknowledgments and Agreements.
- Photo Talent and Release Form.
- Identification (Current) (Exemption: If not available, no ID is required for newborns within 60 days of birth) Adults:** Driver's license or State ID; Immigration verification (green card); Military Photo ID; VA Identification card with DD214; Passport; Certificate of Naturalization; Permanent Resident Verification or Employment Authorization Card.  
**Minors:** Driver's License or State ID; Immigration verification (green card); Birth certificate; Immunization records, with government seal or letterhead; passport; Certificate of Naturalization; Permanent Resident Verification or Employment Authorization Card.
- Two (2) separate verifications of Hillsborough County residency with address:** (at least one verification must be at current physical address): Driver's license or state ID; Current lease agreement; Mortgage Statement; Homestead Exemption Documentation; Verification of Home Ownership; Rent receipt listing: date, property address, landlord's name and contact information (excluding motel, hotel, or extended stay receipts); Public utility (water, gas or electric) bill \*NO Counter Bills; Vehicle registration; Voter registration card or record; Verification of child school enrollment; Recent historical record of residence documented through a County department or other social service agency's case record; Canceled mail from a federal, state, or county agency; and/or Declaration of Domicile recorded **(STAMPED)** with the Clerk of the Circuit Court of Hillsborough County.
- Social Security Number Verification (One (1) form for EACH member of household with Full Name & SS #) Exemption: no SS required for newborns within first 60 days of birth, If not available.**  
**Acceptable Documents:** Social Security Administration (SS card); or official **STAMPED** document from: Florida Department of Children and Families; U.S. Department of Veteran's Affairs; U.S. Internal Revenue Service; official school documentation ( i.e.. transcripts).
- Verification of income (Gross income for ALL household members for the past 30 days, from date of application) Acceptable Documents:** Employment pay statement; award letters or Government issued printout for: SSA benefit; Unemployment; Temporary Assistance for Needy Families (TANF); Affidavit of Support, Child Support, Alimony, Workman's Compensation, Pension/Retirement/Cost of living allowance; Strike Benefits from Union Funds; Foster Independent Living Programs payments; Annuity/Insurance; Education Assistance (allotted for living expenses); Long term/Short Term Benefits; Rental income receipts or statements (Net); Bank Statement (SSI, EBay, Paypal, and cash deposits only); Crimes Compensation letter; Other income **(If applicable: Employment Verification form; Letter on letterhead from last employer with dates and gross wages) For non-verifiable income (Self-Employment: Odd jobs or paid in cash, Cash from a relative or friend, or No income) Self Declaration of Income Form (included in packet).**
- Verification of Resources:** Awards Letters or Government issued printout: Food Stamps; Section 8/HUD/THA.

**GENERAL INFORMATION:**

Application # \_\_\_\_\_ Office use Only.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about the scholarship? **Please circle one:** CAB board member, website, newspaper, radio, school guidance counselor, other \_\_\_\_\_

**Classification during the Fall 2021 semester:**

\_\_\_ Incoming Freshman \_\_\_ Continuing College Student: (Freshman, Sophomore, Junior)

Name of institution you will attend in the of 2021: \_\_\_\_\_

Declared or anticipated Major: \_\_\_\_\_

Secondary or Minor area(s) of study: \_\_\_\_\_

Career choice:

Expected Enrollment status for 2021-2022: \_\_\_ Full-time (12 credit hours or more) \_\_\_ Part-time

**High School Information: (Complete only if you are a High School senior or entering college as a freshman in the Fall).**

High School: \_\_\_\_\_

High School Address: \_\_\_\_\_

High School GPA: \_\_\_\_\_ ACT Score (if available): \_\_\_\_\_ SAT Score (if available): \_\_\_\_\_

Date of High School Graduation: \_\_\_\_\_ Month/Year

Additional information for the following may be listed on a separate sheet of paper:

**(1) List school/church/community activities in which you have participated (include leadership roles).**

Activity	Indicate Number of Month(s) / Year(s) of Membership	List Officer Status (If Applicable)	Indicate Number of Month(s) / Year(s) as an Officer

**(2) Indicate any honors or special recognitions you have received in high school.**

Honors / Special Recognition	Reason for Honors / Special Recognition	Year Received

**(3) If applicable, list all employers, positions and years of employment for jobs you had to work during high school.**

Employer	Position / Responsibility	Year

### Recommendation Form

This form is to be completed by the applicant's, academic advisor, college professor, dean, supervisor, manager, mentors or faith-based advocate. One recommendation form is mandatory to apply for the scholarship. Additional recommendations are encouraged. Letters are welcomed.

Applicant's first name: \_\_\_\_\_ Applicant's last name: \_\_\_\_\_

Name of college: \_\_\_\_\_

Name and title of person completing this form: \_\_\_\_\_

Capacity in which you know the student: \_\_\_\_\_

Number of months/years you have known the student:  0-1 year  1-2 year  2-3 years  4 or more

Please rate the applicant on the qualities listed below using the following numeric scale:

5 – Excellent      4 – Good      3 – Average      2 – Fair      1 – Poor

Academic Promise		Attitude	
Initiative		Respect	
Career Goals		Self-Discipline	
Responsibility		Perseverance	

Additional comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_





Social Services Department

## Customer Case Set-Up Worksheet

Office Use Only

Case Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Please complete the following information. Enter the names of everyone living at your address. Start with your name first, co-applicant, your children (oldest to youngest) followed by everyone else living in your address. **PLEASE PRINT.**

Legal Name Last Name, First Name	Age	Complete Social Security Number	Date of Birth	Relation to You	Sex	Ethnicity H=Hispanic/Latino O=Other	Race A=Asian B=Black/African American I=Amer. Indian/Alaska Native P=Native Hawaiian/Pacific Islander W=White	Last Grade Completed (Ex: K-12, College, Associates, Bachelors)	State, Province, Country	Circle One		
										US Citizen	Vet	Disabled
				Self						Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No

Applicant's Marital Status: **(circle one)** Married / Divorced / Separated / Widow / Single

Housing Status **(check one)**: Rent [ ] Own [ ] Homeless [ ]

Residence Address: \_\_\_\_\_ How can we help you today? \_\_\_\_\_

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

HOUSEHOLD INCOME SOURCE (ESTIMATE)	Amount Earned (Past 30 Days)
Employment Earnings	
Social Security, SSI, SSD, Survivor Benefit	
Unemployment Compensation	
TANF/AFDC	
Workman's Compensation	
Pension, Retirement	
Strike Benefits	
Foster Independent Living Program payment	
Education Assistance	
Disability or other Insurance payments	
Annuities, IRA	
Rental Income	
Crimes Compensation	
Veterans Benefits	
Alimony	
<b>Child Support</b>	
<b>Self-Employment – Paid in Cash</b>	
<b>Family and Friends - Cash</b>	
Other Income	

RESOURCES APPLIED/ENROLLED	Benefit Amount
Food Stamps	
Section 8 / Subsidized Housing	
<b>Family and Friends paid rent/bills</b>	
Other Assistance	

Please explain how you have managed to pay your monthly bills (rent, utilities, food) in the past. \_

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Please explain what happened that caused you to fall behind in paying your monthly expenses. \_

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Please explain how you plan to pay your bills in the future. \_

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If your DCF case, bank statement or lease list someone that is currently not in your household, please explain why they are listed. \_

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I certify the information listed above is complete and accurate to the best of my knowledge. I understand withholding information or giving false information may result in denial of services.

Print Name: \_

Signature: \_

Date: \_



Social Services Department

SOCIAL SERVICES DEPARTMENT
CASE SETUP/ECONOMIC UNIT ASSESSMENT

List all household members on the application regardless of household composition. For households with multiple customers 18 years and older, complete the assessment below to determine household composition and economic units required for eligibility determination.

CASE SETUP

1. Are you legally married to anyone in the household? YES NO

Spouse's name: \_\_\_\_\_

2. Do you have mutual children with anyone in the household? YES NO

Co-Parent's name: \_\_\_\_\_

3. Do you file joint income tax returns with anyone in the household? YES NO

Name: \_\_\_\_\_

4. Does anyone in the household claim you as a dependent or do you claim anyone in the household as a dependent for income tax purposes? YES NO

List name(s): \_\_\_\_\_

If yes is selected for ANY questions 1-4 - Case Setup must include all adults referenced in the answer as part of the active household composition (DO NOT LIST AS ASSOCIATES)
If no is selected for ALL questions 1-4 - Case Setup must include all individuals on the application, referenced in the answers, as part of the household composition as ASSOCIATES.

\*Questions 5 and 6 are required for GA and CSBG cases only

ECONOMIC UNIT ASSESSMENT

5. Do you share living expenses with other members in the household? YES NO

List Name(s): \_\_\_\_\_

6. If yes, do you want Social Services Department to consider these household members as part of your economic unit? YES NO

If yes is selected for BOTH questions 5 and 6, individuals referenced in the answers will be considered as part of the economic unit and all requirements for assistance must be verified and will be considered in eligibility determination.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**HILLSBOROUGH COUNTY SOCIAL SERVICES  
SELF DECLARATION OF INCOME**

**Case Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

This form is to be completed and signed by all household members 18 years old and older claiming **UNDOCUMENTED** or **ZERO** income for any period in the last 30 days.

**Your relationship to the applicant:** \_\_\_\_\_

**Please select all that apply to you:**

- |  |         |          |
|--|---------|----------|
| <input type="checkbox"/> Self-Employment (paid to you in cash)               | Amount: | \$ _____ |
| <input type="checkbox"/> Alimony (paid to you in cash)                       | Amount: | \$ _____ |
| <input type="checkbox"/> Child Support (paid to you in cash)                 | Amount: | \$ _____ |
| <input type="checkbox"/> Relative or friend assistance (paid to you in cash) | Amount: | \$ _____ |
| <input type="checkbox"/> No income   | Amount: | \$ _____ |

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT:**

I, \_\_\_\_\_, state that I had \$ \_\_\_\_\_ income from the sources listed above during the period from \_\_\_\_\_ (30 days prior to today) to \_\_\_\_\_ (Today's Date).

I certify the information listed above is complete and accurate to the best of my knowledge. I understand withholding information or giving false information may result in denial of services.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS**  
**COMMUNITY SERVICES BLOCK GRANT PROGRAM (CSBG)**  
**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**  
**EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAP)**

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Community Services Block Grant Program, the Low Income Home Energy Assistance Program and the Emergency Home Energy Assistance for the Elderly Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income. **(LIHEAP & EHEAP)**

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity, the Department of Elder Affairs, the Area Agency on Aging and Hillsborough County, a Political Subdivision of the State of Florida for the purposes specified above.

**Non-disclosure except under limited circumstances.**

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

**Acknowledgment of Receipt of Notice**

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the:

- EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM
- LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
- COMMUNITY SERVICES BLOCK GRANT PROGRAM

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



Hillsborough  
County Florida

## Social Services Department

### **Reimbursement Agreement**

For Ad Valorem (GA) Funding assistance only:

For value received, I hereby irrevocably and unconditionally agree to reimburse Hillsborough County for all hospital, medical and financial assistance rendered to me by or on behalf of Hillsborough County. I hereby authorize and direct my attorney to protect the interests of Hillsborough County for all such hospital, medical and financial assistance and authorize and direct my attorney to make payment from any judgment or settlement on my behalf direct to the Hillsborough County Social Services Department for any and all sums due or owing to Hillsborough County. I recognize, however, my continuing, personal liability for all such hospital, medical and financial assistance rendered to me by or on behalf of Hillsborough County and agree to reimburse the Hillsborough County Social Services Department within ten (10) days after demand therefore by the Hillsborough County Social Services Department on behalf of Hillsborough County. I agree to pay all costs of collection including a reasonable attorney's fee in the event that this obligation is placed in the hands of an attorney for collection.

\_\_\_\_\_  
*Customer Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Customer Printed Name*

\_\_\_\_\_  
*Witness Signature*

### **Applicant Acknowledgements and Agreements**

For ALL assistance:

#### **Falsifying Information**

I understand if I provide information which I know is untrue to obtain Social Services assistance or other public assistance benefits, my benefits may be terminated and I may be prosecuted under applicable law.

#### **Social Security Number Disclosure**

In compliance with Section 119.071(5), Florida Statutes (Public Records Law) by this document the Hillsborough County Social Services Department discloses to you your social security number is requested by the Department for the purpose of verification of information to determine or verify eligibility for Hillsborough County Social Services assistance benefits and other public assistance benefits, identity verification, verification of past or current employment, criminal history checks, income reporting, and asset verification and to process payments for assistance through the Hillsborough County Clerk of the Circuit Court and will be used solely for one or more of those purposes. The Hillsborough County Clerk of the Circuit Court collects your social security number for the purpose of processing payments on behalf of the Department. The Clerk of the Circuit Court has advised us that your social security number is used by the Clerk of the Circuit Court for no other purpose than stated above.

#### **Release of Information Authorization Agreement**

I hereby grant permission to and authorize any bank, building association, insurance company, real estate company, or any financial institution, savings and loan, credit union, or credit agency of any kind or character to disclose to any accredited employee of the Social Services Department full information as to my past, present or future bank accounts, earnings, insurance policies, property, or legal action for the purposes of determining or verifying eligibility. In connection with my application for assistance, I understand that all information I provide will be verified, which may include computer file matching and that I may be requested to provide other information as a result. I agree that reproductions or copies of this signed release of information authorization are as valid as the original.

**My signature acknowledges I have read and will comply with each of the above statements and agreements.**

\_\_\_\_\_  
*Customer Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Customer Printed Name*



I, \_\_\_\_\_, hereby irrevocably consent to and authorize the use and reproduction by Hillsborough County, its employees, agents, heirs and assigns of any and all purpose whatsoever. I further understand that by giving consent, I relinquish the right to compensation for any use of reproduction whatsoever of my personal image. All physical tapes, disks, photos, and negatives as well as all digital audio, video, media, and photographic files in their raw or final version states, shall be deemed the sole and complete property of Hillsborough County.

Talent/Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Talent: \_\_\_\_\_

Date: \_\_\_\_\_

IF THIS RELEASE IS BEING SIGNED BY A PERSON LESS THAN EIGHTEEN (18) YEARS OF AGE,  
THE FOLLOWING MUST BE COMPLETED BY A PARENT/LEGAL GUARDIAN.

The undersigned is the parent/legal guardian of the above-mentioned minor and is entitled to the sole care, custody and control of said minor.

I understand that by placing my signature on the line below I am legally consenting to the execution of this release by the aforementioned minor, that I am familiar with all the terms contained therein and that the minor shall fully and completely comply with all terms of the release. I further represent, agree and guarantee that I will not revoke or cancel such consent during the minority of the minor.

Signature of Parent and/or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_