



APPLICATION FOR UTILITY CONNECTION GRANT PROGRAM 2025

The application must be submitted via mail to:

**City of Cape Coral
Department of Development Services
Attention: Elena Schwartz or Nancy Mcnaughton - Utility Connection Grant
P.O. Box 150027
Cape Coral, FL 33915**

or in person at:

**Cape Coral City Hall
1015 Cultural Park Blvd
Cape Coral, FL 33990
(Department of Development Services, Zoning Counter, sign in on our Q-less system under HOUSING)**

Submission of an application does not ensure you will be awarded funding. Funding is limited and is awarded on a first come, first approved basis.

UTILITY CONNECTION GRANT PROGRAM APPLICATION REQUIREMENTS

Please include COPIES of the following required items:

- ☐ Notice of Availability (letter sent by the City to the property owner)
- ☐ Driver's licenses for all occupants
- ☐ If not a US citizen, proof of Permanent Resident Alien Status.
- ☐ Proof of income other than employment (i.e. SSI, Child Support, Disability)
- ☐ If self-employed: last two (2) years tax return (including Profit & Loss statement)
- ☐ Birth Certificates for all children
- ☐ Last two (2) months of pay stubs for all employed household members
- ☐ Last two months (2) of bank statements for all bank accounts
- ☐ Proof that mortgage payments are current. (Please provide mortgage statement for the most recent month)
- ☐ Proof of hazard insurance (which may include a copy of your homeowner's insurance or fire insurance policy)
- ☐ Proof of flood insurance if required by Law. Use of Federal funds require flood insurance even if your mortgage is paid off
- ☐ Fill out City of Cape Coral Application – New Construction – Utility Connection (included with the application packet)
- ☐ Signed applicable verification forms included with the application packet
- ☐ Letter of Credit from LCEC for the City of Cape Coral (showing good standing with LCEC so the City can waive \$225 deposit for water bill)

NOTE: Additional information may be needed to determine eligibility once the information provided above is reviewed.



CITY OF CAPE CORAL QUICK GUIDE TO THE UTILITY CONNECTION GRANT PROGRAM

Purpose of Program

The purpose of this program is to assist income qualified homeowners with the cost of connecting to City utilities when they become available. The funding is provided by the State Housing Initiatives Partnership (SHIP) Program and is subject to availability.

Homeowner Benefit

Homeowners will receive a one-time grant for the connection to the City's water, sewer, and irrigation systems.

Eligible Applicants

- Must meet income guidelines. These limits are based on the income and assets of all residents in the household and adjusted on an annual basis. (See Income Guidelines Chart Below)

Lee County, Florida	
Income Guidelines Chart (2025)*	
Your annual income must fall within the categories below	
Household Size	Max income for household (80% Area Median Income)
1	\$57,250
2	\$65,400
3	\$73,600
4	\$81,750
5	\$88,300
6	\$94,850
7	\$101,400
8	\$107,950

*Will change annually

- The home must be the primary residence of the client.
- Must have legal right to reside permanently in the United States.
- The homeowner must be current on monthly mortgage payments and maintain homeowners and flood insurance (if applicable).
- Calculated homeowner assets (as defined by US Department of HUD) cannot exceed \$51,600.
- The homeowner may not be under contract with a licensed plumber to connect the property to City services. The City of Cape Coral has a contract with a licensed plumber to complete all grant connections.
- Maximum value of the property not to exceed \$510,939.

Eligible Properties

Free standing single family homes, condominium units, and duplexes that have a separate strap and fee simple ownership.

Funding

Qualified buyers will receive assistance in the form of a grant from the City of Cape Coral.

Qualifying items

- Payment to plumber for connection of home to utility
- Abandonment of septic tank
- Septic Abandonment Fee
- Meter Fee

Application and Program Information

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Department of Development Services
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or in person at:

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PLEASE BE ADVISED THAT THIS DOCUMENT DOES NOT INCLUDE ALL REQUIREMENTS FOR THIS PROGRAM AND IT IS SUBJECT TO CHANGE AT ANYTIME AT THE DIRECTION OF PROGRAM ADMINISTRATORS AND FLORIDA HOUSING FINANCE CORPORATION.

City of Cape Coral – Utility Connection Grant
P.O. Box 150027, Cape Coral, FL 33915
Phone # (239) 573-3164; (239) 573-3058
email: eschwartz@capecoral.gov
nmcnaughton@capecoral.gov

APPLICATION FOR UTILITY CONNECTION GRANT PROGRAM

APPLICANT INFORMATION

APPLICANT NAME:		
CO-APPLICANT NAME:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
APPLICANT'S E-MAIL ADDRESS:		
ADDRESS :		
CITY:	STATE:	ZIP:
I AM APPLYING FOR ASSISTANCE WITH THE UTILITY CONNECTION COST AT ABOVE REFERENCED PROPERTY.		

DECLARATIONS *(circle yes or no)*

	APPLICANT		CO-APPLICANT	
Are you a US citizen or Permanent Resident Alien?	Yes	No	Yes	No
Do you have any outstanding unpaid collections or judgments?	Yes	No	Yes	No
Have you been declared bankrupt within the past 7 years?	Yes	No	Yes	No
Do you or the co-applicant's combined value of assets exceed \$51,600?	Yes	No	Yes	No
Have you ever been awarded child support for any of your children, regardless of whether or not it is received?	Yes	No	Yes	No
If yes, in what State or County was it awarded? _____				
Is applicant, co-applicant or any other household member over the age of 18 a full-time student?	Yes	No	Yes	No
If so, who? _____				
Is anyone in your household expecting a child?	Yes	No	Yes	No
Is anyone in your household handicapped or developmentally disabled?	Yes	No	Yes	No
Is the property the subject of a pending foreclosure?	Yes	No		

HOUSEHOLD INFORMATION (Include all household members)

RELATIONSHIP TO APPLICANT	NAME	DATE OF BIRTH	AGE	SEX	MARITAL STATUS M, S, W, D	RACE*	HISPANIC (CHECK IF APPLICABLE)
Applicant							

* i.e. White (W) Black or African American (B) Asian (A) American Indian or Alaskan Native (I) Native Hawaiian or Other Pacific Islander (H) American Indian/Alaska Native and White (I and W) Asian and White (A and W) Black/African American and White (B and W) American Indian/Alaskan Native and Black/African American (I and B) Other Multi-Racial (O)

Total Number of Persons in the Household:

Elderly Handicapped Farm Worker Developmentally Disabled
 Other

Household Type (circle one): Single Two Parent Single Parent

APPLICANT'S EMPLOYMENT *(minimum last 2 years)*

EMPLOYER:	PHONE:	FAX:
ADDRESS:		YEARS EMPLOYED:
POSITION	SUPERVISOR:	
PREVIOUS EMPLOYER:	PHONE:	FAX:
ADDRESS:		YEARS EMPLOYED:
POSITION	SUPERVISOR:	

CO-APPLICANT'S EMPLOYMENT *(minimum last 2 years)*

EMPLOYER:	PHONE:	FAX:
ADDRESS:		YEARS EMPLOYED:
POSITION	SUPERVISOR:	
PREVIOUS EMPLOYER:	PHONE:	FAX:

ADDRESS:	YEARS EMPLOYED:
POSITION	SUPERVISOR:

ANNUAL HOUSEHOLD INCOME

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBERS 18 OR OVER	TOTAL
GROSS SALARY				
OVERTIME, TIPS, BONUSES, ETC.				
ALIMONY/CHILD SUPPORT				
SOCIAL SECURITY/SSI				
RETIREMENT/PENSION				
AFDC, WELFARE				
INTEREST/DIVIDENDS				
UNEMPLOYMENT, WORKERS COMP				
RENTAL NET INCOME				
BUSINESS NET INCOME				
OTHER				

ASSETS

TYPE	INSITUTION	OWNER	ACCOUNT #	CASH VALUE
CHECKING ACCOUNT				\$
SAVINGS ACCOUNT				\$
STOCKS, BONDS, CD'S				\$
EQUITY IN PROPERTIES				\$
OTHER				\$

LIABILITIES *(This is not consideration for assistance)*

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
MORTGAGE			
CREDIT CARD BALANCES			
OUTSTANDING LOANS			
PERSONAL LOANS			
MEDICAL BILLS			
CAR LOAN			

CERTIFICATIONS

I _____, hereby certify that I am a permanent resident of Lee County, Florida, and my property is NOT the subject of a pending or threatened foreclosure, and no mortgage (or other encumbrance creating a lien against the property) is in default.

I understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I further understand that any willful misstatement of information will be grounds for disqualification. I certify that the application information provided is true and complete to the best of my knowledge. I consent to the disclosure of information for the purpose of income verification related to making determination of my eligibility for UTILITY CONNECTION GRANT PROGRAM assistance. I agree to provide any documentation needed to assist in determining eligibility and am aware that all information and documents provided are a matter of public record and subject to public review in accordance with Florida's public record law, Chapter 119, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true and that all additional information submitted by me in connection with my Utility Connection Grant Program is true and correct.

SIGNATURE OF APPLICANT

DATE

I _____, hereby certify that I am a permanent resident of Lee County, Florida, and my property is NOT the subject of a pending or threatened foreclosure, and no mortgage (or other encumbrance creating a lien against the property) is in default.

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Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true and that all additional information submitted by me in connection with my Utility Connection Grant Program is true and correct.

SIGNATURE OF CO-APPLICANT

DATE

**RELEASE OF LIABILITY
UTILITY CONNECTION GRANT PROGRAM**

I, the undersigned homeowner/applicant, have applied to the City of Cape Coral (further herein to as the City) for assistance with the cost of connecting to City utilities. I understand that this assistance is provided utilizing funding the City receives from a variety of grants through Grantor Agencies including, but not limited to state and federal government and private foundations. If the City accepts my application and provides assistance to connect my home to City utilities, I release the City and its Grantor Agencies from liability as follows:

In consideration of the funding provided to me by the City for Utility Connection Grant Program, I, the undersigned homeowner/applicant, for me and my heirs, legal representatives and assigns, hereby Release, Waive, Relinquish, and Forever Discharge the City and its Grantor Agencies from any and all claims, causes of action, liabilities, demands, rights, damages, costs, expenses, and promises of every kind and description, whether at law or in equity, known or unknown, attributable to or arising out of the connecting my home to City Utilities and the work or materials furnished by the contractor including, without limitation, any claims for defective workmanship, defective materials, and damages to my home. I understand that neither the City nor the Grantor Agencies guarantee any work or materials furnished as part of this project.

Furthermore, I understand that any and all claims, causes of action, liabilities, demands, rights, damages, costs, expenses, and promises of every kind and description, whether at law or in equity, known or unknown, attributable to or arising out of the connecting my home to City Utilities and the work or materials furnished by the contractor including, without limitation, any claims for defective workmanship, defective materials, and damages must be settled between myself and the Contractor.

Furthermore, I understand that any such unsettled claims or disputes between myself and the Contractor arising out of or related to the work shall be submitted to arbitration under the laws governed by the State of Florida. Notice of the demand for arbitration shall be filed in writing with the other party to this agreement, and shall be made within a reasonable time after a dispute has arisen. The award rendered by the Arbitrator shall be final and judgment may be entered upon it in accordance with applicable law in any court having jurisdiction thereof. The prevailing party may be entitled to recover all costs, including reasonable attorney’s fees.

Furthermore, I understand that the City and Grantor Agencies reserve the right to limit the scope of work and/or withdraw from any project due to any unforeseen conditions or circumstances.

APPLICANT SIGNATURE DATE

CO-APPLICANT SIGNATURE DATE

APPLICANT PRINTED NAME DATE

CO-APPLICANT PRINTED NAME DATE

**CONFLICT OF INTEREST STATEMENT
FOR HUD ASSISTED PROGRAMS**

The following conflict of interest statement applies to both HUD assisted and City of Cape Coral SHIP programs.

Per U.S. Department of Housing and Urban Development (HUD) regulations 24 CFR §92.356 and 24 CFR §570.611, no employee, agent, consultant, officer, or elected or appointed official of the recipient, or of any designated public agencies, or of subrecipients having any functions or responsibilities related to activities assisted with Community Development Block Grant (CDBG), State Housing Initiatives Partnership (SHIP), HOME Investment Partnership Program (HOME) or Neighborhood Stabilization Program (NSP) funds may benefit from an assisted activity. For purposes of the City of Cape Coral, this requirement also extends to immediate family members of individuals defined above. Exceptions may be granted on a case by case basis by HUD upon written request of the recipient and after certain disclosures are made public. Any conflicts noted will be investigated and resolved in accordance with HUD regulations.

I hereby certify that ☐ I **do not** have (nor does anyone in my immediate family have) any relations to or business with any employee, agent, consultant, officer, or elected or appointed official of the City of Cape Coral or the organization which is providing the assistance I am receiving.

I hereby certify that ☐ I **do** (or someone in my immediate family does) have relations to or business with an employee, agent, consultant, officer, or elected or appointed official of the City of Cape Coral or the organization which is providing the assistance I am receiving. Please list the name(s) of the person(s) involved in the potential conflict of interest and please state the nature of your relationship and/or business interest with the person(s).

Further information will be required, and a separate meeting will be set up to discuss the disclosure of any potential conflicts of interest.

APPLICANT'S NAME (PLEASE PRINT OR TYPE) _____

CO-APPLICANT'S NAME (PLEASE PRINT OR TYPE) _____

APPLICANT'S SIGNATURE _____

DATE _____

CO-APPLICANT'S SIGNATURE _____

DATE _____

**NOTIFICATION REGARDING RETENTION OF
SOCIAL SECURITY NUMBERS**

The following disclosure is being made pursuant to Section 119.071 (5), Florida Statutes:

The City of Cape Coral government retains the social security numbers for all household members on record receiving housing assistance for one or more of the following purposes:

1. To comply with federal laws, specifically 24 Code of Federal Regulations, Part 5.126, requiring the City of Cape Coral and its contractors to obtain social security numbers for all applicants for housing assistance;
2. To verify citizenship or legal immigration status;
3. To verify income through computer matching; and
4. To ensure there is no duplication of assistance with other housing agencies.

The City of Cape Coral is dedicated to ensuring the proper handling of confidential information relating to its clients and to ensuring their privacy.

I/We, the undersigned, acknowledge that I/We received a copy of this disclosure statement for my/our personal records.

SIGNATURE OF HOMEOWNER/RESIDENT

DATE

SIGNATURE OF HOMEOWNER/RESIDENT

DATE

ADULT MEMBER

DATE

PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify the City/County, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City/County does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City/County in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that the City/County does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City /County or any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

APPLICANT'S NAME (PLEASE PRINT OR TYPE): _____

CO-APPLICANT'S NAME (PLEASE PRINT OR TYPE): _____

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

By Mail:
City of Cape Coral
P.O. Box 150006
Cape Coral, FL 33915-0006

CITY OF CAPE CORAL

New Construction Application

Phone (239) 242-3853

For questions email: uepnewconst@capecoral.gov

Online at: https://egov.capecoral.gov/cbs_web_forms/NewConstructionapp.aspx

In Person:
1015 Cultural Park Blvd.
Cape Coral, FL 33990

Account Name(s): _____ Owner ☐ Builder ☐ Owner/Builder ☐

Service Address: _____ STRAP #: _____

(Owner) Leave water on after Certificate of Occupancy (C/O): Yes ☐ No ☐ Building / Site Plan Permit#: _____

Mailing Address: _____ City / State / Zip: _____

Previous Mailing Address: _____ City / State / Zip: _____

Phone: _____ Alternate Phone: _____

Utility bills are delivered via email. Email Address: _____

Preferred Method of Contact for Alert Notifications: Email ☐ Text Messages ☐ Prefer paper bills: ☐

◆ **Service Type** (Select One) Residential ☐ Duplex ☐ Multi-family ☐ Commercial ☐

◆ **Potable Water Connection** - Yes ☐ No ☐ Meter size(s) (from 5/8" to 12"): _____ " Qty _____

◆ **Sewer Connection** - Yes ☐ No ☐

◆ **Irrigation Connection** - Yes ☐ No ☐ Will you be connecting sprinklers? Yes ☐ No ☐

Multi-Family/Commercial - Metered Irrigation ☐ or Component Irrigation ☐ Size(s): _____ Qty _____

◆ **Fire Sprinkler Connection** - Yes ☐ No ☐ Number of fire lines: _____ Fire line size(s): _____

New Construction: Please check to acknowledge:

☐ The slab must be in place

☐ Area Clear of Debris and Construction Materials

☐ Final elevation grade stakes installed

☐ For Multifamily & Commercial Dual Water installs, an approved RPZ has been installed on the Potable Water Service

☐ Property must be clearly marked with the house number as determined by e911

Please read the following: I agree to take water, sewer and/or irrigation service from the City of Cape Coral Utilities Division in accordance with the appropriate City ordinance, regulations and rate schedules now in effect and/or superseding ordinance, regulations and rates. All unpaid owner balances for water, wastewater and irrigation water constitute a lien on the owner's real property pursuant to Florida Statute 153.67 and 159.17. Chapter 19, Section 19-5.2 in the City's Code of Ordinances also outlines that unpaid owner balances may be transferred to the new owner's account 30 days after the new owner's service start date.

I agree that if this account goes to a collection agency for an unpaid balance, I will be responsible for all collection charges. I agree that in the event the City files a lawsuit to collect an unpaid balance and enforce the terms of this agreement, I will be responsible for paying court costs, including but not limited to: the cost incurred from filing the action, cost of service of process, and reasonable attorney's fees, in the event the City prevails in the lawsuit.

By signing below, I agree to allow the City to conduct a utility credit check through Experian. I understand a \$20.00 application fee will be collected and all applicants must meet a minimum credit score of 600 for the deposit to be waived.

Please provide a copy of the driver license or government issued ID for all owners of record.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Office Use Only

Cust: _____ Acct: _____ Credit Score(s): _____

Cycle/Route: _____ Lift Station: _____ W: _____ S: _____ I: _____

VERIFICATION FORMS

PLEASE SIGN ALL APPLICABLE VERIFICATION FORMS

FEDERAL AND STATE LAW REQUIRE WE VERIFY AN APPLICANT'S INCOME AND ASSET INFORMATION.

PLEASE NOTE THAT INCOME AND ASSETS FROM ALL HOUSEHOLD MEMBERS MUST BE VERIFIED.

Zero Income Affidavit

To be completed by adult household members only, if appropriate.

Name _____

Address _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, Supplemental Security Income (SSI), or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.
2. I currently have no income of any kind and during the next 12 months there is no change expected in my financial or employment status.
3. I will be using the following sources of funds to pay for housing and other necessities:

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud.

Signature of Applicant

Printed Name of Applicant

Date

CHILD SUPPORT AFFIDAVIT

This Affidavit is to be signed by any individual who claims no child support income on an application.

Check (A), (B), (C), or (D) as applicable.

I am not presently receiving child support for the following reason.

- ☐ A. Child support is court-ordered; however, I am not receiving payments at this time. [If box A is checked, the City must obtain third-party verification showing no payments have been received to ensure that the households I income qualified.]
- ☐ B. Child support is not court-ordered, and I do not anticipate receiving any within the next twelve months
- ☐ C. Unable to located absent parent
- ☐ D. Absent parent is incarcerated.

This Affidavit is true and complete. Any misrepresentation herein will make me ineligible to receive City of Cape Coral Utility Connection Grant Funds.

Applicant Signature

Date

Printed Applicant Name

THIRD-PARTY VERIFICATION OF REGULAR CASH CONTRIBUTIONS

(i.e. Rents income, Regular Family Assistance, Alimony, etc.)

State and/or Federal Regulations require us to verify regular cash contributions made to the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may **mail** this form to: City of Cape Coral, Development Services, PO Box 150027, Cape Coral, FL 33915, att: Elena Schwartz; **OR email** to eschwartz@capecoral.gov **OR fax to:** (239) 574 - 0594 - Attention Elena Schwartz

Authorization:

I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant		Print Name	Date
Co-Applicant/ Household Member		Print Name	Date

Please return information to:

Name: Elena Schwartz or Nancy Mcnaughton, City of Cape Coral

Department: Development Services Address: PO Box 150027, Cape Coral, FL 33915

Phone: (239) 573-3164

To: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Contribution: _____ Amount: _____

Frequency of contribution (circle one): ☐ daily ☐ weekly ☐ monthly ☐ yearly

Will payment continue over the next 12 months (circle one): ☐ Yes ☐ No

Expected termination date of cash contributions: _____

Anticipate total cash contributions over the next 12 months: \$ _____

Signature of Authorized

Representative: _____

Printed

Name: _____ Title: _____

Date: _____ Phone: _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 and 775.083.

NOTE: For ALL applicable household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate source; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.