

**ACKNOWLEDGMENT**

I, \_\_\_\_\_, understand that by applying for benefits from the City of Tampa all responses provided below are true and correct and that any responses provided that are determined to be inaccurate may result in my removal from the Rental & Move-in Assistance Program (RMAP) and eligibility for participation in any future programs or benefits provided through the City of Tampa.

\_\_\_\_\_ I have read the eligibility requirements to participate in the RMAP and swear that I am eligible to receive assistance consistent with its terms.

\_\_\_\_\_ I will provide any records or other documentation requested by the Housing and Community Development Department for the purpose of determining my eligibility.

\_\_\_\_\_ I require extra assistance in completing my application based on a disability.

\_\_\_\_\_ I acknowledge that providing false certification or declaration to this ACKNOWLEDGMENT including the Disability Impact Statement may subject me to criminal perjury under the laws of the State of Florida along with disqualification from receiving assistance or benefits from any other City of Tampa program.

\_\_\_\_\_ I have attached documentation confirming my diagnosis.

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**Disability Impact Statement**

To fully understand the impact of your disability for a reasonable accommodation in applying for assistance or benefits from the City of Tampa, please describe how the diagnosed condition is currently impacting your functioning and causing you substantial limitations for completing the application.

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

If you have any questions, please contact the City of Tampa ADA Coordinator at 813-274-3964.