



Only completed applications with all required documents will be accepted.

Renter must have an income hardship related to COVID 19
Property must be located within the city limits of Pompano Beach.

EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION PACKET

CITY FUNDING AVAILABLE FOR RENTAL ASSISTANCE
 IS IN THE FORM OF A GRANT

Funding is Made Available through Federal and/or State Grants and is subject to
 availability.

**THE TOTAL HOUSEHOLD (HH) INCOME MUST MEET THE
 HUD INCOME LIMITS STATED BELOW CONTINGENT ON THE
 FUNDING SOURCE:**

Broward County, Florida <u>FY 2020 income Limits</u>					
HH Size	CARES Max Income at 80%	CRF Max Income at 120%	HH Size	CARES Max Income at 80%	CRF Max Income at 120%
1	\$49,950	\$74,880	5	\$77,050	\$115,560
2	\$57,050	\$85,560	6	\$82,750	\$124,080
3	\$64,200	\$96,240	7	\$88,450	\$136,600
4	\$71,300	\$106,920	8	\$94,150	\$141,240

City of Pompano Beach

Department Housing and Urban Improvement

EMERGENCY RENTAL ASSISTANCE PROGRAM

The application must be fully completed before submission.
(no section of the application should be left blank, if not applicable, state N/A)

The incomes of all adult household members 18 years of age and older
is counted as a part of the application. Non-employment income of minors
under 18 years of age is counted.

REQUIRED DOCUMENTS (copies only)

Only complete applications will be accepted:

1. ___ A COPY of three (3) weeks of the most recent and consecutive paycheck stubs showing the employer name, address and telephone number for **every** source of employment income for **you** and everyone living in your home. If you are paid in cash or by personal check, you must provide a letter from your employer stating your year to date pay. This letter must be on company letterhead. Provide phone, fax number or e-mail address of employers for verification.
2. ___ A COPY of all other sources of income for ALL members of the household, including but not limited to current Social Security/SSI benefit letter and Unemployment checks/statement. Child support or alimony requires child support agreement and divorce decree as evidence of payment (If you do not receive child support, the City will need verification of this), and any other retirement pension statements.
3. ___ A COPY for ALL Household Members, one month of bank statements for all checking accounts, savings accounts, brokerage account, etc.
4. ___ A COPY of your Florida Drivers license or Florida picture identification for each adult member (18 years and older) of the household. Out of State Driver's license or ID's are not acceptable. Passports are not sufficient.
5. ___ A COPY of social security card for all household members.
6. ___ A COPY of birth certificates for all household members under the age of 18.
7. ___ A COPY of most recent year tax return (2019) for each adult member (18 years and older).
8. ___ A COPY of **all** pages of the last one (1) year **signed and dated** tax returns for you and each adult member in your home who is self-employed. **Must** include Profit & Loss and an income and expense report for the last three (3) months.

9. ___ A COPY of lease
10. ___ A COPY of proof of hardship due to COVID-19 (Termination letter from employer, evidence of loss of hours, loss of income)
11. ___ A COPY of proof that you have applied for unemployment
12. ___ A COPY of the three (3) most recent rent receipts
13. ___ A COPY of fully completed landlord information packet to include landlord's name, address, tax identification number and verification of ownership or authority to rent the property
14. ___ Letter of delinquency from landlord

Additional information may be required.

In order to participate in this program, you must provide all of the required documents to our office along with your complete application. City staff will review your application and documents and determine if your application is complete. Staff acceptance of application does not constitute approval or guarantee participation in the program. Program is subject to funding availability.

PLEASE CHECK TO BE SURE YOU HAVE ALL THE DOCUMENTS ABOVE INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED





CITY OF POMPANO BEACH

EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

EMAIL YOUR COMPLETE APPLICATION TO
OHUI@COBFL.COM

OR MAIL TO:

OFFICE OF HOUSING AND URBAN IMPROVEMENT
100 W. ATLANTIC BOULEVARD, SUITE 220
POMPANO BEACH, FL 33060





OFFICE OF HOUSING AND URBAN IMPROVEMENT
 100 W. ATLANTIC BLVD, SUITE 220
 Pompano Beach, Florida 33060
 Telephone 954-786-4659 - Fax 954-786-5534

Emergency Rental Assistance Program Application

This application and all documents submitted to the City of Pompano Beach are subject to Chapter 119 of Florida's "Public Records Law."

PLEASE PRINT / USE ONLY BLACK OR BLUE INK PLEASE INITIAL ANY CROSS OUTS/CORRECTIONS. WHITE OUT IS NOT PERMITTED ON APPLICATION.

PROPERTY INFORMATION

Address: _____
 Apt #: _____ City: **Pompano Beach** State: **Florida** Zip Code: _____
 Number of Bedrooms: _____ Number of Bathrooms: _____

APPLICANT

First Name: _____ Last Name: _____ Middle Initial: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address _____
 Employed Unemployed Self-Employed

SPOUSE / CO-APPLICANT

First Name: _____ Last Name: _____ Middle Initial: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email Address _____
 Employed Unemployed Self-Employed
 Emergency Contact: Name _____ Phone# _____ Email: _____

What type of housing assistance are you requesting? Check all that apply

Rent _____ **Deposit** _____ **Electric** _____ **Water** _____ **Gas** _____

RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one): -This information is being collected for reporting purposes only.		
RACE (Check all that apply):		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Multi-Racial	
ETHNICITY (Check one):		
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."		
<input type="checkbox"/> Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.		
ELIGIBILITY INFORMATION: - If the answer to any of the following questions is NO, you are not eligible for assistance:		
Were you or a household member affected by the COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How many household members are affected by COVID-19?		

List every person living at your residence (including yourself)

	Name	Age	Date of Birth	Social Security Number	Relationship to Applicant
1					Applicant
2					
3					
4					
5					
6					

IMPORTANT INFORMATION

EMPLOYMENT INFORMATION: APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	Pay Rate: \$
Number of hours worked <input type="checkbox"/> 0 - 15 <input type="checkbox"/> 16 - 30 <input type="checkbox"/> 31-40	Last Date of Employment

EMPLOYMENT INFORMATION: SPOUSE / CO-APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	Pay Rate: \$
Number of hours worked: <input type="checkbox"/> 0 - 15 <input type="checkbox"/> 16 - 30 <input type="checkbox"/> 31-40	Last Date of Employment:

RENTAL INFORMATION

Complex/Building Name: _____

Apartment Address: _____

City: Pompano Beach State: FL Zip: _____

Landlord's Phone Number: _____ Landlord's Email: _____

Rental Payment Due date: _____ Rental Payment amount: _____

DUPLICATION OF BENEFITS

APPLICANT AGREES THAT IF BENEFITS ARE RECEIVED FROM ANOTHER FUNDING SOURCE SUCH AS FEDERAL, STATE OR CHARITABLE ORGANIZATIONS TOWARD RENT OR UTILITY ASSISTANCE PROVIDED BY THE CITY OF POMPANO BEACH, THAT THEY MUST REIMBURSE THE FULL AWARD AMOUNT TO THE CITY OF POMPANO BEACH.

AUTHORIZATION TO VERIFY INFORMATION

This is authorization for the City of Pompano Beach to verify previous or current information regarding me/us. The undersigned specifically acknowledge(s) that: (1) verification or re-verification of any information contained in this application may be made by the City of Pompano Beach from any source named in this application, as well as, banks, credit unions, a credit reporting agency and other sources not specifically identified here; (2) the City of Pompano Beach may make copies of this letter for distribution to any party with which I (we) have a financial or credit relationship and that any party may treat such copy, including a faxed copy, as an original; (3) the property must be occupied as the applicant's primary residence.

AGREEMENT

The undersigned understands that the intent of this application is for purposes of pre-qualifying only and does not guarantee acceptance or approval and no commitment is hereby made on the part of either the applicant or the City of Pompano Beach. We further understand that all information and documents provided with, and in association with this application, are public records and as such are subject to the State of Florida's public record laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my signature on this application. That any property assisted under this Program will not be used for any illegal or restricted purposes, and will be used solely as my / our principal residence.

Any intentionally false or fraudulent statement, supporting document or information will constitute cancellation of this application and liability in any legal action brought against me/us by the City. The City of Pompano Beach is hereby authorized to verify any of the above information and to inspect the property prior to approval. I/we agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the City of Pompano Beach.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: Federal law, U.S.C. Title 18, Sec. 1001, **provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies ... or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.** **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 S 775.082 or 775.083.

PRIVACY ACT NOTICE

This information is to be used by the agency collecting it, or its assignees, in determining whether you qualify as a prospective loan client under its Program. It will not be disclosed outside the agency except as required and permitted by law. Failure to provide this information may delay or result in rejection of your application. All information you provide is subject to Florida's public records laws.

Applicant's Name (Print) X	Applicant's Signature X	Date
Co-Applicant's Name (Print) X	Co-Applicant's Signature X	Date
Other Adult's Name (Print) X	Other Adult's Signature X	Date
Other Adult's Name (Print) X	Other Adult's Signature X	Date
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (Print)	



OFFICE OF HOUSING AND URBAN IMPROVEMENT
100 W. ATLANTIC BLVD, SUITE 220
POMPANO BEACH, FL 33060

Verification of Citizenship, or Qualified Alien Status Affidavit/Declaration/Certification

Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 provides that only U.S. citizens, U.S. non-citizen nationals or Qualified Aliens (and sometimes only particular categories of qualified aliens) are eligible for federal public benefits. Further amendments to the Act have established fair and nondiscriminatory procedures for applicants to provide proof of citizenship.

The City of Pompano Beach, as a federal benefit provider, through the Office of Housing and Urban Improvement is required to implement the Act, and hence make determinations regarding citizenship, qualified alien status, and eligibility to participate in this program.

These regulations, as promulgated by the Federal Government, make certain that applicants who are not U.S. citizens, U.S. non-citizen nationals, or Qualified Aliens are not eligible to participate in the City of Pompano Beach Housing Programs.

Therefore, I certify under penalty of perjury, under the laws of the United States of America and the State of Florida that:

- I am a **citizen** of the United States of America;
- I am a **Permanent Resident Alien** of the United States of America; or
- I am a **Qualified Alien** of the United States of America as defined by Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended.

Documentation to verify your status, including a Social Security Card, birth certificate; residency card and asylum papers (as applicable) must be included with your application package.

Print Full Name

Birth Date

Signature

Date

**** Each adult within the household must complete this form. If additional forms are needed, please make copies of this blank form or contact our Office at 954-786-4659.**

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false fictitious or fraudulent statement of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 8 years or both."

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 it is punishable by fines and imprisonment provided under Florida Statute 775.082 or 775.083.



NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The City collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City to give you this written statement explaining the purpose and authority for collecting your social security number.

Your social security number is being collected for the purposes of income certifying you for the City’s purchase assistance program, which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, Federal and/or State program dollars.

Authorization to Collect Social Security Number

- 24 CFR 5.609, referred to as "Part 5 Annual Income" - Code of Federal Regulations.
- City of Pompano Beach Housing Programs Implementation Procedures.

Your social security number will not be used for any other purpose other than verifying your eligibility for the City’s program.

I/We have read and understand this information.

Applicant’s Signature

Date

Co-Applicant’s Signature

Date



PROGRAM APPLICATION

Conflict of Interest Disclosure

In accordance with 24 CFR 570.611 applicants can be denied participation in the Emergency Rental Assistance Program if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official or appointed official of the recipient or sub-recipients and the applicant currently or within the past 12 months:

- ✓ Exercises or has exercised any functions or responsibilities with respect to funds for this program.
- ✓ Participates or has participated in the decision making process related to funds for this program.
- ✓ Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the Housing Rehabilitation Program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge the conflict.

Please read statement #1 and #2 and check the statement that applies to you.

____ 1. A conflict of interest DOES NOT EXIST as it relates to the Housing Stabilization Assistance Program Application.

____ 2. A conflict of interest DOES EXIST as it relates to the Housing Stabilization Assistance Program Application.

If you placed a checkmark by statement, #2 please explain the Conflict of Interest:

Certification Statements

_____The applicant(s) certifies that all information provided in this application and all information furnished in support of this application (including the asset, liability, and insurance disclosure forms attached hereto) is provide for the purpose of obtaining rental and/or security deposit assistance and is true correct, and complete to the best of the applicant’s knowledge and belief.

_____The applicant(s) understands that information in this application will be used to determine if the applicant is eligible for assistance and the amount of rental and/or security deposit assistance to be provided. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

WARNING: Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within jurisdiction. The information provided in this application is true and correct as of the date set forth opposite my signature and that may intentional or negligent misrepresentation of this information contained in the application may result in civil liability, and /or in criminal penalties including, but not limited to, fine or imprisonment or both.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant

Print Name

Date



City of Pompano Beach– Office of Housing and Urban Improvement
EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

Authorization for Release of Information - Complete for all Household Members over the age of 18.

I _____, the undersigned, hereby authorize release without liability, information regarding my/our employment income, and/or assets to The City of Pompano Beach for the purposes of verifying information provided, as part of determining eligibility for assistance under the COVID-19 DISASTER EMERGENCY RENTAL ASSISTANCE PROGRAM. I understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

Verifications that may be requested are, but not limited to: personal identify; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions disability or death benefits; unemployment, disability and/or worker's compensation; welfare assistance; net income from the operation of a business; and, alimony or child support payments, etc.

Organizations/Individuals that maybe asked to provide written/oral verification are, but not

- limited to: Past/Present Employers
Banks, Financial or Retirement Institutions
State Unemployment Agency
Welfare Agency
Alimony/Child/Other Support Providers
Social Security Administration
Veterans Administration

Agreement to Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant Print Name Date

Signature of Co-Applicant Print Name Date

NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506. Request for Copy of Tax Return and prepare and sign separately.

ASSISTANCE SELF-CERTIFICATION OF INCOME FORM

To be completed by each adult household member

Name _____ Local Government CITY OF POMPANO BEACH, FL
Address _____ Phone # _____
_____ Email _____

City, State, Zip

1. I hereby certify that I have been negatively impacted by the COVID-19 pandemic.
2. I am underemployed or unemployed.

Explain your COVID-19 related hardship:

2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):

- Y ___ N ___ Gross wages from employment (including commissions, tips, bonuses, fees, etc.) \$ _____
- Y ___ N ___ Net income from operation of a business \$ _____
- Y ___ N ___ Rental income from real or personal property \$ _____ Property Value \$ _____
- Y ___ N ___ Cash value of all assets (checking, savings, CD, stocks, bonds)
- Y ___ N ___ Value of whole life insurance policies \$ _____
- Y ___ N ___ Interest or dividends from all assets \$ _____
- Y ___ N ___ Social Security payments, annuities, retirement funds, pensions, or death benefits \$ _____
- Y ___ N ___ Unemployment Benefits \$ _____
- Y ___ N ___ Disability payments \$ _____
- Y ___ N ___ Public assistance payments \$ _____
- Y ___ N ___ Temporary Assistance for needy Families (TANF) \$ _____
- Y ___ N ___ Periodic allowances such as alimony, child support, or gifts received from persons not living in my household \$ _____
- Y ___ N ___ Sales from self-employed resources \$ _____
- Y ___ N ___ Any other source not named above \$ _____
- Y ___ N ___ I currently have no income of any kind and there is no imminent change expected in my financial status or employment status

during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities: _____

I certify my anticipated gross annual income for the next 12 months to be (Total of section 2): \$ _____.

I will inform local government staff if my income changes during the period when I am receiving assistance.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

Signature of Applicant

Printed Name of Applicant

Date

Witness

Witness

Or

FOR AN OATH OR AFFIRMATION:

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and described before me this _____ day of _____, 20_____,

by _____.

(NOTARY SEAL)

Signature _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Name of Notary (Typed, Printed, or

Stamped)