



Only completed application with all required documents will be accepted.

Renter must have an income hardship related to Covid 19 Public Health Emergency.

Property must be located within the city limits of Pompano Beach.

RENTAL ASSISTANCE APPLICATION PACKET

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

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

MEET THE HUD INCOME LIMITS BELOW:

Broward County, Florida FY 2020 income Limits			
HH Size	Max Income	HH Size	Max Income
1	\$49,950	5	\$77,050
2	\$57,050	6	\$82,750
3	\$64,200	7	\$88,450
4	\$71,300	8	\$94,150

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

*Fully completed application. (no section of the application should be left blank)
The incomes of all adult household members 18 years of age and older are counted as a part of the application.*

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 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. Phone and fax number 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 (2018/2019) 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





Florida's Warmest Welcome

CITY OF POMPANO BEACH

**EMERGENCY RENTAL HOUSING PROGRAMS
APPLICATION**

MUST BE EMAIL TO OHUI@COPBFL.COM

OR MAIL TO:

**OFFICE OF HOUSING AND URBAN IMPROVEMENT
100 W. ATLANTIC AVE, 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: _____

Profile: These programs are federally & state funded, therefore we request you complete the following information for statistical purposes only.

Head of Household
 Marital Status: Single Married Widow/Widower Divorced
 Sex: Male Female No Resident Alien: Yes No Alien #: A- _____

Spouse / Co-applicant
 Marital Status: Single Married Widow/Widower Divorced
 Sex: Male Female Citizen: Yes No Resident Alien: Yes No Alien #: A- _____

Race / National Origin:
 AM Indian/Alaskan Asian Black Hispanic Yes or No Pacific Islander White
 Other (Specify) _____

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

1. Are you currently enrolled in The Housing Choice Voucher Program (Section 8 Housing) : YES NO,
 * If you answered yes, your rental property is not eligible for assistance
2. Are you currently enrolled in Public Housing Yes No
 * If you answered yes, your rental property is not eligible for assistance.
3. Do you or your co-applicant owe the City of Pompano Beach any money? Yes No
 * If yes, please explain _____

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

Apartment Name: _____

Apartment Address: _____

City: Pompano Beach State: FL Zip: _____

Phone Number: _____ Email: _____

Rental Payment Due date: _____ Rental Payment amount: _____

DUPLICATION OF BENEFITS

RECIPIENT AGREES THAT IF ADDITIONAL BENEFITS ARE RECEIVED FROM OTHER SOURCE SUCH AS FEDERAL BENEFITS OR CHARITABLE DONATIONS TOWARD RENTAL ASSISTANCE THAT THEY WILL 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.**

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 most specifically, the Housing Rehabilitation Program, 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 Rehabilitation Program**

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.