

**CITY OF FORT LAUDERDALE
COVID19-CV2 RENTAL ASSISTANCE PROGRAM
LANDLORD APPLICATION**

REQUIRED DOCUMENTATION CHECKLIST

LANDLORD

You will need the following when registering:

- Completed Landlord Intake Form
- Completed W9 Form (Landlord/Company and address must match on Intake form and W9)
- If applicant is a Property Management Company, a copy of the management agreement showing authorization to act on behalf of the property owner
- Copy of Broward County Property Appraiser's summary page showing the property is located in the City of Fort Lauderdale <https://web.bcpa.net/BcpaClient/#/Record-Search>
- Copy of lease agreement signed by both tenant and landlord/property management
- Rental ledger of past-due rent payments for each tenant who applies
- Signed Certification of Other Federal Assistance/Duplication of Benefits form
- Signed Notice Regarding Collection of Social Security Numbers
- Acceptance of the program's terms and conditions

NOTE: Please make sure that you submit a **complete** package as described above. Incomplete packages will delay the processing of your application.

**CITY OF FORT LAUDERDALE COVID19-CV2
RENTAL ASSISTANCE PROGRAM
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File #: _____

Landlord/Property Manager Info

Name: _____

DBA (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

EIN: _____ - or - SSN: _____

Remit to Address (if different from mailing)

Remit to Address: _____

City: _____ State: _____ Zip: _____ Country: _____

For office use only:

CITY OF FORT LAUDERDALE COVID19-CV2
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File #: _____

Tenant Info

Case #	Tenant Name	Property Address	Total \$ Amt of

COVID19-CV2 Rental Assistance Program
Certification of other Federal Financial Assistance

I/We _____, as the landlord/owner or legal authorized
representative of the property located at _____,

Fort Lauderdale, FL 333___, do hereby certify that I/we

_____ Have

_____ Have Not

been a recipient of any other rental federal financial assistance for the same unit under the Coronavirus-19 Stimulus Relief Program (Public Law 116-136), and that any misleading and/or omission of information could result with the repayment of the entire assistance provided to you under the COVID19-CV2 Rental Assistance Program.

X

Landlord (Signature)

Date: _____

X

Landlord (Print)

[Witness print name]

[Witness signature]

NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS

COMMUNITY DEVELOPMENT BLOCK GRANT—COVID19 RENTAL ASSISTANCE (CDBG-CV19) PROGRAM

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 Development Block Grant—COVID19 Rental Assistance (CDBG-CV19) 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

A social security number collected pursuant to this notice can only be used by the **City of Fort Lauderdale Housing and Community Development Division and its' designee** for the purposes specified above. **Nondisclosure 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).

Acknowledgement 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 Community Development Block Grant-COVID19 Rental Assistance Program.

Signature

Print Name

Date

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RENTAL ASSISTANCE PROGRAM
LANDLORD APPLICATION**

File #: _____

PROGRAM TERMS AND CONDITIONS

By accepting COVID19-CV2 Rental Assistance Program funds from the City of Fort Lauderdale, the landlord or property owner ("Landlord") agrees as follows:

- 1. Rent for all the months approved in the application will be considered paid in full and the Tenant will be released of any and all obligations to pay any rent, whatsoever, for those months.
- 2. All late fees, penalties, costs, and interest the Landlord believes might be owed by the Tenant can be covered for all of the months approved for assistance.
- 3. To avoid duplication of rent payments, Landlord will not seek or accept additional payment from other sources for rental assistance for any of the months listed in the application.
- 4. Tenant eviction based on non-payment of rent, fees, penalties, costs, or interest for the months listed in the application will not be pursued by Landlord.
- 5. The person signing this legally binding document is the property owner or property manager whose authority includes the authority to reduce or waive the Tenant's past due rent payments and all associated fees, costs, and deposits, as provided in this document; and authority to extend or renew the Tenant's lease and agree to all other terms contained in this document. By signing below, the signatory affirms that he/she is duly empowered to execute this document on behalf of Landlord and will indemnify and hold harmless the City of Fort Lauderdale from all claims resulting from any misrepresentation of his/her authority.
- 6. Further, the signatory in behalf of Landlord, represents that all information and supporting documentation provided to the City of Fort Lauderdale by Landlord for receipt of program funds are true and correct. I understand that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 3729-3730 and 3801-3812).

I CERTIFY THE INFORMATION PROVIDED IN THIS APPLICATION TO BE TRUE AND CORRECT AND AGREE TO THE TERMS AND CONDITIONS OF THE FORT LAUDERDALE EMERGENCY RENTAL ASSISTANCE PROGRAM.

Applicant Signature:

Date:

Print Name:



City of Fort Lauderdale • Procurement and Materials Management Division
100 N. Andrews Avenue, Room 619 • Fort Lauderdale, Florida 33301

To City of Fort Lauderdale Vendor:

Please complete and return either by fax: (954) 847-3754 to the attention of Akilah Grant or email: AGrant@fortlauderdale.gov If you do not have a current W-9 on file with the Accounts Payable Division please email one to the above address. It would be beneficial to complete and return in a timely manner.

Vendor Name: _____
(Name that is registered with the State of Incorporation)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Remit to Address: _____
(if different from mailing)

City: _____ State: _____ Zip: _____

Contact Person: _____ Ext. _____

Telephone: _____ Fax _____

Toll Free: _____ Cell: _____

Email: _____

Website: _____

Federal ID #: or SS #: _____

Preferred method of notification: _____ Email _____ Fax

Minority Business Enterprise: _____ Yes _____ No

Women Business Enterprise: _____ Yes _____ No

Asian: _____ Hispanic: _____

Black: _____ Native: _____ Other: _____

**FAILURE TO PROVIDE UPDATED INFORMATION MAY RESULT IN YOUR FIRM
BEING PURGED FROM THE CITY'S CURRENT DATABASE.**