

CITY OF FORT LAUDERDALE
COVID19-CV2 RENTAL ASSISTANCE PROGRAM
TENANT APPLICATION

REQUIRED DOCUMENTATION CHECKLIST

TENANT

You will need the following when applying:

- Completed Tenant Intake Form
- Identification for all members of the household:
 - A copy of valid (not expired) government-issued photo ID
 - A copy of social security card for tenant
 - In the case of minor household members: birth certificate, school records, or immunization records
- Documentation showing economic hardship is due to Covid-19. Examples include:
 - Laid off temporarily or permanently as a result of COVID-19 (provide letter from employer)
 - Reduced work hours as a result of COVID-19 (provide letter from employer)
 - Loss of income for self-employed business owner, gig worker, or independent contractor as a result of COVID-19 (provide statements of income loss, lost revenue, business closure, etc.)
 - Advised by a governmental or medical professional to self-quarantine as a result of COVID-19 (provide letter from agency with instructions to self-quarantine).
 - Left a job or reduced hours to care for someone as a result of COVID-19 (provide letter of resignation or request for reduced work hours, provide documentation that school/ daycare closed or reduced hours)
 - Unexpected COVID-19 related medical or funeral expense (provide receipts)
- Verification of household income:
 - SIGNED Federal tax returns or official IRS transcripts for calendar years 2020 & 2021 (If tenant has not filed 2021 taxes then copy of 2019 taxes will be required.)
 - Three (3) months of bank statements (all pages)
 - W2, 1099, unemployment award letter or three (3) months of pay stubs dated after March 27, 2020 for each adult household member
- Signed Certification of Other Federal Assistance/Duplication of Benefits form
- Signed Notice Regarding Collection of Social Security Numbers
- If applicable, copy of eviction notice

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
TENANT APPLICATION**

File/Client ID #: _____

Case #: _____

Tenant Applicant Info

First Name: _____ Last Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: _____ Gender: Male Female Non-conforming

Home phone: _____ Cell phone: _____

Email: _____

Have you or any member of your household served in the U.S. Military? Yes No

Date your hardship began : _____

Pre-Screening

E1. Are you a resident of the City of Fort Lauderdale?

Yes No

E2. Have you experienced a reduction in income or other financial hardship due to Covid-19?

Yes No

E3. Are you at risk of homelessness or housing instability? (i.e. received a past due notice or eviction notice)?

Yes No

E4. Is your household income less than 80% of AMI? (To calculate income, total up income for all adults living in the household then use the chart below to see if your income is below the threshold.)

Yes No

Household size	1	2	3	4	5	6	7	8
80% AMI	\$49,300	\$56,350	\$63,400	\$70,400	\$76,050	\$81,700	\$87,300	\$92,950



IF YOU ANSWERED "NO" TO ANY OF THE ABOVE QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR EMERGENCY RENTAL ASSISTANCE THROUGH THIS PROGRAM.

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

File/Client ID #: _____

Case #: _____

Household Info

Member	Full Name	Relationship to Head	Date of Birth	Amt of Monthly Income
1				
2				
3				
4				
5				
6				
7				
8				

Landlord Info

Landlord Name: _____ Landlord Phone: _____

Landlord Street Address: _____

Landlord Email: _____

Your current monthly rent: \$ _____ Amount of rent past due: \$ _____

Have you been served with a court issued Summons of Eviction? Yes No

Assistance Requested (Mark only the months you are behind in your rent. Future assistance is not provided.)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022												
2023												

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

File/Client ID #: _____

Case #: _____

HUD Demographics

<p>Check here if you are NOT English proficient: <input type="checkbox"/></p> <p>Race:</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White</p> <p><input type="checkbox"/> Asian <i>and</i> White</p> <p><input type="checkbox"/> Black/African-American <i>and</i> White</p> <p><input type="checkbox"/> American Indian/Alaskan Native <i>and</i> Black</p> <p><input type="checkbox"/> Other multiple race</p>	<p>Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number in Household: _____</p> <p>Rural Status:</p> <p><input type="checkbox"/> I live in a rural area</p> <p><input type="checkbox"/> I do not live in a rural area</p> <p>Household type:</p> <p><input type="checkbox"/> Single female-headed household w/dependents</p> <p><input type="checkbox"/> Single male-headed household w/dependents</p> <p><input type="checkbox"/> I am not head of household</p>
---	--

<p>Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Highest education completed:</p> <p><input type="checkbox"/> High school/GED</p> <p><input type="checkbox"/> Associates degree</p> <p><input type="checkbox"/> Bachelors degree</p> <p><input type="checkbox"/> Masters degree</p> <p><input type="checkbox"/> PHD</p> <p><input type="checkbox"/> Vocational</p> <p><input type="checkbox"/> Other</p>	<p>Marital Status:</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p>
--	---	---

For office use only:

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

I/We _____, as the legal tenant occupying the rental property
located at _____,

Fort Lauderdale, FL 333____, do hereby certify that I/we Have Have Not

been a recipient of any other federal financial assistance 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.

Tenant (signature)

Date

Tenant (printed name)

Witness (signature)

Witness (printed name)

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

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

File/Client ID #: _____

Case #: _____

PROGRAM CERTIFICATION

I certify that I have a current rental lease within the boundaries of the City of Fort Lauderdale and that I (and my household members identified in this application) have occupied the rental unit during the period of time for which I am seeking assistance. I also certify that I will occupy the unit as my principal residence throughout the remaining months for which assistance is provided.

Yes No

I certify that I am not able to pay my full rent due to a financial hardship resulting from COVID-19. (e.g. Reduction in income resulting from a decrease in my work hours, laying off of staff, significant medical or childcare costs, or other actions due to COVID-19.

Yes No

I certify that I currently DO NOT receive government assistance that pays for all of my rent. (e.g. HUD Housing Choice Voucher or Project-based Section 8, FUP, Mainstream, HOME-TBRA, VASH, Public Housing).

Yes No

I authorize the City of Fort Lauderdale to contact my landlord/property manager, employer, agencies and individuals for information about my family of myself for the purpose of rental assistance, case management and referrals.

Yes No

I certify that the information provided in this application and supporting documents is true, accurate, and complete and if requested by the City of Fort Lauderdale, I am able to provide documentation to prove my household's loss of income or additional expenses. I understand that providing false, incomplete, or inaccurate information on the application form or seeking duplicate assistance for months in which assistance has been or will be provided, may result in termination of participation in the COVID19-CV2 Rental Assistance Program, up to 5 years of imprisonment and for each occurrence a fine of up to \$10,000.

Yes No

**** Pursuant to Federal guidelines, none of the assistance funds paid via this program may be distributed in any manner to the tenant. All funds must be used by the landlord for rental payments due (or credited towards future rent due) from the tenant.**

I CERTIFY THE INFORMATION PROVIDED IN THIS APPLICATION TO BE TRUE AND CORRECT:

Applicant Signature:

Date:

Print Name:

Explanation of Deposits

All deposits of \$100 or more on all bank statements for all applicants that do not tie exactly in the same amount to a documented income source must be justified on this form.

Date of Deposit	Amount	Source of Deposit	Frequency of deposit (monthly, weekly, etc...)	Nature of Deposit (gift, loan, sale of personal items, etc...)

By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge.

Signature of Account Holder: _____

Date: _____