

**CITY OF FORT LAUDERDALE**  
**PANDEMIC RENTAL INCREASE ASSISTANCE PROGRAM**  
**TENANT APPLICATION**

**Program Details:**

1. Applicants must be able to demonstrate that their household income is at or below 80% of Area Median Income (AMI).
2. Assistance provided for an eligible household is paid directly to the landlord and **may not** duplicate any other assistance provided for an increase in rent during the same time period, including federal, state, and local assistance.
3. Amount of assistance would equal the difference between your old rent amount and your new rent amount for the same rental unit multiplied by 6. (A maximum of 6 months of assistance not to exceed \$3,000.) The rent increase must have occurred no earlier than April 1, 2020. (Example: If an applicant was paying \$1,000/month on a lease and their NEW lease for the same unit is now \$1,500/month, the assistance would be \$500/month x 6 months or a total of \$3,000)

**REQUIRED DOCUMENTATION CHECKLIST**

**NOTE:** Please make sure that you submit a **complete** package as described below.  
Incomplete packages cannot be processed.

**TENANT** - You will need the following when applying:

- Completed Tenant Intake Application
- Identification for all members of 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
- Signed copy of your prior lease as well as a copy of your current lease for the same property.
- Printed payment history from your resident portal or copy of rental ledger from landlord
- Verification of household income:
  - SIGNED Federal tax returns or official IRS transcript for calendar year 2021 and W-2s  
Note: If tenant only receives Social Security income and does not file taxes, copy of 2022 Award letter will be required
  - Three months of pay stubs dated after January 1, 2022 for each adult household member
  - If self-employed, a Profit & Loss Statement covering a period of at least 6 months
  - Three months of bank statements (all pages including blank)
- Signed and witnessed Certification of Other Federal Assistance/Duplication of Benefits form
- Signed Notice Regarding Collection of Social Security Numbers

**Please ensure that all signatures are in ink. Electronic signatures are not acceptable.**

**CITY OF FORT LAUDERDALE  
 PANDEMIC RENTAL INCREASE 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

Have you previously received pandemic rental assistance from:

City of Fort Lauderdale  Broward County  OurFlorida  Other  None

**Pre-Screening**

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

Yes  No

E2. Have you experienced a rent increase after April 1, 2020?

Yes  No

E3. 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 PRE-SCREENING QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR RENTAL ASSISTANCE THROUGH THIS PROGRAM.**

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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 prior monthly rent: \$ \_\_\_\_\_ Current monthly rent: \$ \_\_\_\_\_

**When did your rent increase? (Only mark the month the increase began)**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For office use only:

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**HUD Demographics**

<p><b>Check here if you are NOT English proficient:</b> <input type="checkbox"/></p> <p><b>Race:</b></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"/> Chose not to respond</p> <p><input type="checkbox"/> More than one race</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p><b>Hispanic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Number in Household:</b> _____</p> <p><b>Rural Status:</b></p> <p><input type="checkbox"/> I live in a rural area</p> <p><input type="checkbox"/> I <b>do not</b> live in a rural area</p> <p><b>Household type:</b></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>
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<p><b>Active Military:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Highest education completed:</b></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><b>Marital Status:</b></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>
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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.

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Signature

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Print Name

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Date

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**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 same rental unit during the period of time for which I am seeking assistance.

Yes  No

I certify that I received a rent increase beginning the month indicated in this application.

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 or 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. If requested by the City of Fort Lauderdale, I am able to provide documentation to prove my household's additional rental 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 Pandemic Rental Increase 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:

