



Only completed application with all required documents will be accepted:

Renter's must have an income hardship. Property must be within the city limits of Fort Lauderdale.

RENTAL ASSISTANCE APPLICATION PACKET

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

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

MEET THE HUD INCOME LIMITS BELOW:

Fort Lauderdale, 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 Fort Lauderdale Housing and Community Development 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. ____ Copy of photo I.D. (driver's license or state I.D.) for **every** household member over the age of 18
2. ____ Copies 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.
3. ____ Copies of **all** pages of the last one (1) year **signed and dated** tax returns (2019/2018) for you and anyone in your home
4. ____ Copies of **all** pages of the last one (1) year **signed and dated** tax returns for you and anyone in your home who is self-employed. **Must** include Profit & Loss and an income and expense report for the last three (3) months.
5. ____ Copy of current lease agreement
6. ____ Proof that you have applied for unemployment
7. ____ Three most recent rent receipts
8. ____ Fully completed landlord packet to include name, address, tax identification number and verification of ownership or authority to rent the property.
9. ____ Evidence of loss of income due to COVID-19 (Termination letter from employer)

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 on one of the dates listed above. 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



Revised 04/06/2020DG



CITY OF FORT LAUDERDALE



RENTAL HOUSING PROGRAMS APPLICATION

MUST BE EMAIL TO

DGRAHAM@FORTLAUDERDALE.GOV AND
COPYAAQ@FORTLAUDERDALE.GOV

HOUSING & COMMUNITY DEVELOPMENT
914 Sistrunk Boulevard, Suite 103
Fort Lauderdale, Florida 33311



Revised 04/06/2020DG



HOUSING AND COMMUNITY DEVELOPMENT

914 Sistrunk Boulevard, Suite 103,
Fort Lauderdale, Florida 33311
Telephone 954-828-4527 - Fax 954-847-3754

Rental Assistance Program Application

This application and all documents submitted to the City of Fort Lauderdale 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: **Fort Lauderdale** 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 Fort Lauderdale 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: FORT LAUDERDALE State: FL
 Zip: _____
 Phone Number: _____ Email: _____
 Rental Payment Due date: _____ Rental Payment amount: _____

CONFLICT OF INTEREST FORM

CONFLICT OF INTEREST QUESTION:

Are you or anyone living in your household a City of Fort Lauderdale employee? YES No

If you answered YES, list the household member(s) name and the Department they work for:

Name: _____ Department: _____

Name: _____ Department: _____

Name: _____ Department: _____

Are you or anyone living in your household a City of Fort Lauderdale employee? YES No

If you answered YES, list each employee name and the Department they work for:

Name: _____ Department: _____

Name: _____ Department: _____

Name: _____ Department: _____

Are you or anyone living in your household an elected official or appointed official serving on any City Board? YES No

If you answered YES, list each name and the name of the City Board.

Name: _____ Elected Official Title or City Board: _____

Name: _____ Elected Official Title or City Board: _____

Name: _____ Elected Official Title or City Board: _____

The City will adhere to its employee code of conduct and all employees, contractors, and subrecipients of federal and state funding will adhere to the conflict of interest policies established by the Federal government and the State.

In accordance with 24 CFR 570.611 applicants can be denied participation in the City's Purchase Assistance/Housing Rehabilitation/Replacement Programs if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official, appointed official of the City of Fort Lauderdale or its subrecipients, and if within the past 12 months, any of the following statements applies to any of the applicants:

1. Exercises or has exercised any functions or responsibilities with respect to funds for this program.
2. Participates or has participated in the decision making process related to funds for this program.
3. 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 City's program.

When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge and disclose that conflict. If a conflict of interest exists (or the perception of one), the City is required to seek a legal opinion and make the potential conflict known to the public by applying by newspaper or before the City Commission and then request an exception from the U.S. Department of HUD.

The process is mandatory for all City of Fort Lauderdale employees and any time a conflict or the perception of one exists.

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 FORT LAUDERDALE.

AUTHORIZATION TO VERIFY INFORMATION

This is authorization for the City of Fort Lauderdale 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 Fort Lauderdale 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 Fort Lauderdale 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 Fort Lauderdale. 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 Fort Lauderdale 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 Fort Lauderdale.

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)	Applicant's Signature	Date
X	X	
Co-Applicant's Name (Print)	Co-Applicant's Signature	Date
X	X	
Other Adult's Name (Print)	Other Adult's Signature	Date
X	X	
Other Adult's Name (Print)	Other Adult's Signature	Date
X	X	
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)	