



# City of Hallandale Beach

## Hurricane Shutter/Impact Glass Program Policy

# **STORM SHUTTER REBATE PROGRAM**

## **Program Overview**

Under the Storm Shutter Rebate Program, the CITY offers a rebate of up to \$1,500 for the installation of storm shutters or impact glass for owner-occupied property, excluding trailer parks in order to mitigate storm damage. The \$1,500 is in the form of a rebate. The property owner is responsible for any costs exceeding the maximum \$1,500 benefit.

## **Eligibility Guidelines**

- The property must be located outside the CRA District.
- The property must be owner occupied.
- Condo unit/home cannot be a rental.
- Property can only be assisted once through this program.
- Application must be submitted by the homeowner.
- Application for the rebate program must be received in the CRA office before any work can commence. Applicant cannot be reimbursed for work already started or completed.

## **Eligible Uses**

Assistance may only be used for the installation of storm shutters and/or impact glass (windows and doors) to protect an owner-occupied residential property from storm damages.

Mobile homes and commercial buildings do not qualify for this program.

## **Rebate Process**

Applications are received by appointment only. Submit only completed application with the required documents and appropriate signature (please print legibly in either black or blue ink).

Applicants must provide color pictures of the windows/doors they are changing or installing shutters on, along with other documents, at time of the appointment.

Document numbers 1 through 6, **listed under required documents** must be submitted at the time of the appointment. If the required document numbers 7 and 8 are not available at time of appointment, applicant has up to 45 days to submit these two documents.

Applicant has a **total** of 75 days, from date of initial application submission, to complete the work.

Program Manager will determine eligibility at time of appointment. If approved, the applicant will be provided with a conditional approval letter reserving funds for 75 days.

All installation must be completed by a licensed and insured company and/or contractor. All installations require a building permit and all products must meet applicable building codes. Installation of shutters and/or hurricane impact windows/doors must be completed and inspected by the City's Building Division within 75 days of application acceptance.

Program Manager will verify with the City's Building Department that the inspection passed and that the permit is closed.

After the below mentioned final documents are received and there is confirmation that the inspection is approved, the Program Manager will submit the request for the rebate.

Rebate is generated in the form of a check and is mailed to the applicant (rebate check cannot be picked up) within two (2) to three (3) weeks.

**Required Documents - (Please provide copies)**

- ☐ 1. Proof of Ownership Occupancy (i.e. Deed)
- ☐ 2. Proof of Occupancy (Current FPL Bill or City Utility bill)
- ☐ 3. Most recent Property Tax Bill from Broward County
- ☐ 4. Picture Identification (Driver's License)
- ☐ 5. Before pictures (color/printed)
- ☐ 6. \$75.00 Application fee, check or money order (Non refundable).
- ☐ 7. Contractor price proposals for shutters or hurricane impact windows/doors
- ☐ 8. Proof of Permit Approval (Permit must be approved before any work begins)

**After the work is completed applicant must submit the following:**

- ☐ 1. A check request form for reimbursement
- ☐ 2. Proof that the City's building department has approved the final building inspection for the work completed
- ☐ 3. A "paid in full" receipt from the contractor (on company's letter head) as proof of total payment by homeowner
- ☐ 4. "After pictures" (printed/color) of completed installed windows/doors or shutters

Submission of application is not a guarantee of funding. It is the responsibility of the applicant to READ AND UNDERSTAND all aspects of the program's rules/requirements and application.

NOTICE TO THIRD PARTIES: The CITY program application does not create any rights for any parties, including parties that performed work on the project. Nor shall issuance of grant/loan result in any obligation on the part of the CITY to any third party. The CITY is not required to verify that entities that have contracted with the applicant have been paid in full, or that such entities have paid any subcontractors in full. Applicant's warranty that all bills related to the Project for which the applicant is directly responsible is sufficient assurance for the CITY to award grant/loan funding.



How did you hear about our program?

☐ Internet ☐ Hallandale Happenings ☐ Comcast ☐ Other Forum \_\_\_\_\_

**CITY OF HALLANDALE BEACH**

**400 South Federal Highway, Room 239 Hallandale Beach, Florida 33009**

**Phone Number: 954-457-1422 | [www.coCity.org](http://www.coCity.org)**

**Hurricane Shutters/Impact Glass Program Application**

**Applicant:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_\_

Race: White \_\_\_\_ Black \_\_\_\_ American Indian \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ Other \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Married \_\_\_\_ Separated \_\_\_\_ Unmarried \_\_\_\_ (Single, Divorced, Widow)

Property Address: \_\_\_\_\_ Hallandale Beach, FL 33009

How long at this address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ (if different from above)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Monthly Mortgage \$ \_\_\_\_\_ Number of Person living in household: \_\_\_\_\_

Type of Ownership: Condo \_\_\_\_ Single Family \_\_\_\_ Townhouse \_\_\_\_ Other \_\_\_\_\_

Employment: Employed \_\_\_\_ Retired \_\_\_\_ Unemployed \_\_\_\_ Self-Employed \_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Other Income: Social Security: \_\_\_\_\_ Disability: \_\_\_\_\_ Retirement: \_\_\_\_\_

**TOTAL HOUSEHOLD GROSS MONTHLY INCOME:** \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Manager's Signature

\_\_\_\_\_  
Date



**City of Hallandale Beach**  
**400 South Federal Highway Rm 241**  
**Hallandale Beach, FL 33009**  
**(954) 457-1422 / 954-457-2228 / [www.coCity.org](http://www.coCity.org)**

---

## **CHECK REQUEST FORM AND INSTRUCTIONS**

**\*\*ALL BLANKS MUST BE FILLED IN; IF NOT APPLICABLE, ENTER N/A.**

DATE: \_\_\_\_\_

Appl.#: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ Hallandale Beach, FL 33009

PROPERTY OWNER'S NAME: \_\_\_\_\_

OWNER CONTACT PHONE NUMBER: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

\_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

TYPE OF WORK PERFORMED (simplified): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REBATE AMOUNT: \$\_\_\_\_\_ \*If final payment, permit must be finalized by Building Division. Consult Building Division for permit status.

SPECIAL INSTRUCTIONS (i.e. Mail check to home owner, Mail to alternative owner's address): \_\_\_\_\_

\_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_

*City Manager reserves the right to adjust or change, at any time with no prior notice, any of the guidelines on this form.*

