



Hallandale Beach Community Redevelopment Agency

Rental-Utility Assistance Program Policy

Introduction

The mission of the Hallandale Beach Community Redevelopment Agency (CRA) is to foster and directly assist in the redevelopment of the Community Redevelopment Area in order to eliminate slum and blight, thus improving the attractiveness and quality of life of the area and the City of Hallandale Beach as a whole. The CRA's Implementation Plan, which is available to the public on the CRA's website, provides the framework for projects and activities intended to accomplish this mission, and offers objectives for redevelopment of the area that is also consistent with the citizens' visions as expressed through various neighborhood and area planning initiatives. The policies used to accomplish these goals are targeted at businesses and residents respectively.

RENTAL-UTILITY ASSISTANCE PROGRAM (RUP)

Program Overview

The goal of the *Rental-Utility Program (RUP)* is to provide rental or utility assistance for help income-eligible (40% Area Median Income) senior households (ages 62 and up) within the CRA boundaries, who spend more than thirty percent (30%) of their household income on housing costs. The program would provide up to one hundred dollars (\$100) a month towards rental/utility expense for eligible applicants, for up to six (6) months.

Eligibility Requirements:

- The property must be located within the HBCRA district.
- Applicant must be 62 years old or older.
- Loss of Income.
- Reduction in income.
- Income below fifty percent (50%) Broward County Area Median income.
- Notice of non-payment – Eviction, late payment, utility shut off notice.

Required Documents

Application packets must include “copies” of all the following documentation:

1. Florida driver's license or valid State ID.
2. Proof of Income for every adult in household (adults that are not working are expected to write a letter and have it notarized, explaining why they don't have an income or a job).
3. List and proof of monthly expenses.
4. Written reason for requesting assistance – proof of inability to pay bills, etc.
5. Late or eviction notice from the landlord. Late or shut-off notice for light or water (whichever is applicable).
6. Lease agreement.

How did you hear about our program?

☐ Internet ☐ Hallandale Happenings ☐ Comcast ☐ Other Forum _____

Rental-Utility Program Application (RUP)

400 South Federal Highway, Hallandale Beach, Florida 33009
(954) 457-1422 | (954)-457-2228 | www.cohbcra.org

Applicant:

Name: _____

Property Address: _____ **Hallandale Beach, FL 33009**

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Email Address: _____

Monthly Mortgage \$ _____ Living at this address since: _____ Date of birth: _____

Social Security Number: _____ - _____ - _____ ☐ Male ☐ Female Household Size: _____

Marital status: _____ Married _____ Separated _____ Unmarried (single, divorced, widow)

Employer #1 (All employment must be listed below):

Employer: _____ Telephone: _____

Contact Person for Income Verification: _____ Telephone: _____

Address: _____

Position: _____ Employed since: _____

Monthly income: _____ Bonus: _____ Overtime: _____

Alimony/Child support: _____ SS/Disability/Pension _____ Other (explain): _____

Employer #2 (If applicable):

Employer: _____ Telephone: _____

Contact Person for Income Verification: _____ Telephone: _____

Address: _____

Position: _____ Employed since: _____

Monthly Income: _____ Bonus: _____ Overtime: _____

APPLICANT'S TOTAL MONTHLY INCOME: \$ _____

Co-Applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Monthly Mortgage \$ _____ Living at this address since: _____ Date of birth: _____

Social Security No.: _____ - _____ - _____ ☐ Male ☐ Female Email Address: _____

Marital status: _____ Married _____ Separated _____ Unmarried (single, divorced, widow)

Please check one: ___ White ___ Black ___ American Indian ___ Hispanic ___ Asian (Pacific Islander) ___ Other

Employer #1 (All employment must be listed below)

Employer: _____ Telephone: _____

Contact Person for Income Verification: _____ Telephone: _____

Address: _____

Position: _____ Employed since: _____

Gross Monthly income: _____ Bonus: _____ Overtime: _____

Alimony/Child support: _____ SS/Disability/Pension _____ Other (explain): _____

Employer #2 (If applicable)

Employer: _____ Telephone: _____

Contact Person for Income Verification: _____ Telephone: _____

Address: _____

Position: _____ Employed since: _____

Gross Monthly income: _____ Bonus: _____ Overtime: _____

Alimony/Child support: _____ SS/Disability/Pension _____ Other (explain): _____

CO-APPLICANT'S TOTAL MONTHLY INCOME: \$ _____

TOTAL HOUSEHOLD GROSS MONTHLY INCOME \$ _____

ALL OTHER HOUSEHOLD MEMBERS (Do not include Applicant and Co-Applicant on this page)

Name	Date of Birth	Relationship	Gross Annual Income

ASSETS (For Applicant, Co-Applicant and Others)

Bank accounts: Checking, Savings, Retirement, Certificates of Deposit, etc. Use additional pages if needed.

BALANCES

Type of account	Bank/Institution	Applicant	Co-Applicant	Other	TOTAL
Checking					
Savings					
Retirement					
Stocks					
Bonds					
Mutual Funds					
Other					
Vehicles, Boats					

TOTAL ASSETS \$ _____

LIABILITIES (For applicant, co-applicant)

Installment (Bank) loans, Auto loans, Credit cards, Student loans, Hospital bills, and other debt. Include child support and alimony payments. *(Rent, Utilities & cable should not be included)* Place amount under proper person.

Bank or Creditor	Applicant	Co-Applicant	Monthly Payment	Balance Due

TOTAL DEBTS:

\$ _____ \$ _____

HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY
400 S. Federal Highway, Hallandale Beach, FL 33009
REQUEST FOR VERIFICATION OF INCOME

A. APPLICANT'S NAME, ADDRESS & PHONE

Name: _____ Telephone: _____
Address: _____

B. EMPLOYER'S NAME, ADDRESS & PHONE #

Name: _____ Telephone: _____
Address: _____

NOTICE TO EMPLOYER

The applicant identified in Section A. has applied for Hallandale Beach CRA's Rental-Utility Program. The applicant has authorized the HBCRA in writing to obtain verification of employment income and is confidential. Please furnish the information requested below and return this form via mail to the address above or by email lparks@cohb.org Attn: CRA.

EMPLOYER'S VERIFICATION

1. Position Held: _____
2. Dates of employment: From _____ To _____
3. Probability of Continued Employment _____

Rate of Pay (Estimated, if not actual).

Present Base Salary \$ _____
_____ Weekly _____ Monthly _____ Bi-Weekly _____ Other _____
(List number of hours work per week)

Additional Compensation Received

\$ _____ Overtime \$ _____ Commission \$ _____ Bonus

Anticipated earnings for next 12 months _____

If applicant is Military, given income on a monthly basis as follows:

\$ _____ Base Pay \$ _____ Flight or Hazard
\$ _____ Duty Allowance \$ _____ Other Assistance

Has employment been terminated? ____ Yes ____ No [if yes, is the individual eligible for unemployment benefits? _____ (yes/no)]

EMPLOYER'S CERTIFICATION

The above information is furnished in strict confidence in response to the HBCRA's request.

Employer's Signature

Date

Employer's Title
AUTHORIZATION

APPLICANT'S

I hereby authorize the release of the above requested information.

Signature of Applicant

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CERTIFICATION:

The information provided is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

Signature of Applicant

Print Name: Applicant Date

Signature of Co-Applicant

Print Name: Co-Applicant Date

Signature Household Member (18 & over)

Print Name: Household Member Date

Signature Household Member (18 & over)

Print Name: Household Member Date

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this _____ day of _____ 2020, by means of (check one) ☐ physical presence or ☐ online notarization, by _____ who is ☐ personally known to me or who ☐ has produced a driver's license as identification.

My commission Expires:

(Notary seal)

Notary (Sign Name)

INCOME CATEGORY CHART

Broward County

Broward County Median Income: \$68,600

HUD Released: 4/24/19

FHFC Posted: 5/15/19

<i>House hold Size</i>	<i>Extremely Low (30%)</i>	<i>Very Low (50%)</i>	<i>Low (80%)</i>	<i>Moderate (120%)</i>	<i>Workforce (140%)</i>
1	\$17,700	\$29,500	\$47,150	\$70,800	\$82,600
2	\$20,200	\$33,700	\$53,900	\$80,880	\$94,360
3	\$22,750	\$37,900	\$60,650	\$90,960	\$106,120
4	\$25,750	\$42,100	\$67,350	\$101,040	\$117,880
5	\$30,170	\$45,500	\$72,750	\$109,200	\$127,400
6	\$34,590	\$48,850	\$78,150	\$117,240	\$136,780
7	\$39,010	\$52,250	\$83,550	\$125,400	\$146,300
8	\$43,430	\$55,600	\$88,950	\$133,440	\$155,680
9	Refer to HUD	\$58,940	\$94,304	\$141,456	\$165,032
10	Refer to HUD	\$62,308	\$99,693	\$149,539	\$167,462

MAXIMUM SALES PRICE OR ASSESSED VALUE \$320,855



Appendix II: CRA Area Map

The CRA area is bound to the north by Pembroke Road, to the south by the Dade-Broward County line, to the West by Interstate 95 and to the East by NE 14 Avenue and the 14th Avenue canal.



