



Hallandale Beach
COMMUNITY REDEVELOPMENT AGENCY

Hallandale Beach
Community
Redevelopment Agency
Affordable Housing Rental
Program

RENTAL PROGRAM

Program Overview

The Affordable Rental Housing Program is designed to provide safe, decent, and affordable rental housing opportunities for income-eligible residents within the HBCRA district. The program establishes income-restricted rents based on annually published HUD Area Median Income (AMI) limits and utilizes a transparent, publicly noticed lottery process to ensure equitable access to available units.

Program Administration and Oversight

The HBCRA will maintain full policy control and oversight of the Affordable Rental Housing Program. HBCRA responsibilities include:

- Establishing and adopting program policies and procedures Defining eligibility criteria
- Ensuring compliance with all applicable housing regulations
- Retaining final approval authority for applicant selection
- Marketing and community outreach
- Application intake and processing
- Income verification
- Rental history, credit review, and criminal background screening consistent with HUD guidance
- Lease preparation and execution
- Rent collection

The Property Management Company will handle property maintenance and assist with some of the day-to-day operations under HBCRA oversight, including:

- Marketing and community outreach
- Application intake and processing
- Income verification
- Rental history, credit review, and criminal background screening consistent with HUD guidance
- Lease preparation and execution
- Rent collection
- Compliance monitoring and reporting
- Property maintenance and tenant relations

All applicants will be evaluated using standardized, uniformly applied screening criteria to promote fairness, consistency, transparency, and risk mitigation. Final eligibility determinations will be made in accordance with HBCRA-adopted policies and subject to HBCRA oversight.

Tenant Selection Process – Lottery System

To promote transparency, fairness, and equal access to housing opportunities, applicants will be selected through a publicly noticed random lottery process rather than on a first-come, first-

served basis.

Application and Lottery Process:

- Each time a unit becomes available or a new development is brought online, a publicly advertised application period will open for that specific property.
- Applicants will be separated into two categories:
 - o Senior-designated applicant pool
 - o General population applicant pool
- At the close of the application period, a documented and verifiable random lottery will be conducted within each applicable applicant pool.
- The lottery will establish the order in which available units are offered.
- Units will be offered sequentially in lottery order.
- o If an applicant declines a unit, is determined ineligible following final verification, or cannot be contacted after documented reasonable efforts, the next applicant in lottery order will be contacted.
- The lottery applies only to the units available during that specific application cycle.
- No ongoing waiting list will be maintained beyond the completion of unit offers for that property or development.

Public notice will be provided each time an application period opens to ensure transparency and equal access for all eligible applicants.

Fair Housing and Non-Discrimination

The Affordable Rental Housing Program will comply with all applicable federal, state, and local Fair Housing laws, including but not limited to:

- The Fair Housing Act
- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- The Americans with Disabilities Act

HBCRA and its property management company will not discriminate based on race, color, religion, national origin, sex (including gender identity and sexual orientation), familial status, disability, or any other protected characteristic under applicable law. Reasonable accommodation and reasonable modifications will be provided to qualified individuals with disabilities upon request.

Eligibility Requirements - Eligibility for this program is based on income.

- **Senior-Designated Units**
 - Senior households must meet the program's senior definition in accordance with applicable program guidelines (age 60 and older).

- Income eligibility is limited to households earning between **30% and 50%** of Area Median Income (AMI), as published annually by HUD.

- **Non-Senior (General Population) Units**

- Available to income-eligible households earning no more than **80% of AMI**.
- Maximum allowable rents will be established in accordance with annually published HUD income and rent limits.
- Applicants must provide proof of income and meet the gross household income requirements based on Broward County Median Income (chart attached).
- Applicants must be citizens or permanent legal residents of the United States in order to qualify.
- A minimum credit score may be required to determine eligibility.
- Household size will be determined by the number of people an applicant declares and is able to
Provide documents that substantiate that claim.

Fees – Non-refundable

\$50.00 for Seniors

\$75.00 for general applicants

Rental Program Applicant Checklist

Thank you for your interest in our Rental Program. To process your application, please submit the following required documentation. Incomplete applications may delay approval.

Completed Application

- Rental Program Application (completed and signed by all adult household members)
- Application fee

Identification (All Adult Household Members)

- Government-issued photo ID (Driver's License, State ID, or Passport)
- Social Security Card or ITIN documentation
- Birth certificates (for minors in household)

Proof of Income (All Household Income Sources)

Please provide most recent documentation (typically last 30–60 days unless otherwise noted).

- Recent pay stubs (last 4–8 weeks)
- Employment verification letter

- Most recent tax return (if self-employed)
- Bank statements (last 2 months)
- Offer letter (if newly employed) If applicable:
- Social Security / SSI / SSDI award letter
- Pension or retirement income statement
- Unemployment benefits statement
- Child support / alimony documentation
- Public assistance benefits verification

Rental History

- Current landlord contact information
- Previous landlord information (last 2–5 years)
- Rental verification form (if required)
- Explanation of prior evictions (if applicable)

Background & Credit Screening

- Signed authorization for credit and background check
- Explanation letter for negative credit or criminal history (if applicable)

Assets (If Required by Program)

- Checking/savings account statements
- Investment account statements
- Property ownership documentation (if applicable)

Additional Requirements (If Applicable)

- Proof of student status
- Disability verification (for accessible units or accommodations)
- Pet documentation (vaccination records, photo, breed/weight information)
- Vehicle registration information
- Renter's insurance (required prior to move-in)
- Guarantor/Co-signer application and supporting documents

Move-In Funds (Due Upon Approval)

- Security deposit
- First month's rent
- Prorated rent (if applicable)
- Pet deposit/fee (if applicable)

Important Notes

- All documents must be current, legible, and complete.
- Additional documentation may be requested to verify eligibility.
- Submission of an application does not guarantee approval.
- Income and eligibility requirements vary by program guidelines.

Please complete all pages of the application. If it is not applicable, please enter N/A

NOTE: Applications can be submitted online or in person at the HBCRA office. Once received, the application will be reviewed to determine eligibility. Applicants will be notified in writing of the decision within fourteen (14) days. Incomplete applications will not be accepted.

How did you hear about our program?

Internet Hallandale Happenings Comcast Other Forum _____

**HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY
(HBCRA)**

**400 South Federal Highway, Hallandale Beach, Florida 33009 Phone
Number: 954-988-2631 | www.cohbcra.org
Affordable Housing Rental Program Application**

Applicant:

Name: _____

Current Address: _____

City, State, Zip Code: _____ Work Phone: _____

Home/Cell Phone: _____ Social Security # _____

Date Of Birth: _____ Bedroom Size Requested: _____

Marital Status: ___single ___married ___divorced ___separated ___widow

Co-Applicant:

Name: _____

Current Address: _____

City, State, Zip Code: _____ Work Phone: _____

Home Phone: _____ Social Security # _____ Date of Birth: _____

Marital Status: ___single ___married ___divorced ___separated ___widow

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the Relations of each family member to the head.

Name	Relationship	Birth Date	Age	Sex	Social Security	Student circle which applies	Citizenship Status circle which applies
	Head of Household					NO FT PT	Citizen Noncitizen
						NO FT PT	Citizen Noncitizen
						NO FT PT	Citizen Noncitizen
						NO FT PT	Citizen Noncitizen
						NO FT PT	Citizen Noncitizen
						NO FT PT	Citizen Noncitizen
						NO FT PT	Citizen Noncitizen
						NO FT PT	Citizen Noncitizen

2. Do you expect a change in your household composition within the next 12 months?

Yes No

If yes, please explain: _____

INCOME INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below. Does any member of your household:

1. Work Full time, part-time, or seasonally Yes __ No __ \$ _____
2. Work for someone who pays him or her cash Yes __ No __ \$ _____
3. Expect a leave of absence from work due to layoff Yes __ No __ \$ _____
medical, maternity, or military leave.
4. Now receive or expect to receive unemployment benefits Yes __ No __ \$ _____
5. Now receive or expect to receive child support. Yes __ No __ \$ _____
6. Entitled to child support that he/she is not now receiving Yes __ No __ \$ _____
7. Now receive or expect to receive alimony Yes __ No __ \$ _____
8. Have an entitlement to receive alimony that is not currently being received Yes __ No __ \$ _____
9. Now receive or expect to receive public assistance. (TANF) Yes __ No __ \$ _____
10. Now receive or expect to receive Social Security or disability Yes __ No __ \$ _____
11. Now receive or expect to receive income from a pension/annuity Yes __ No __ \$ _____
12. Now receive or expect to receive regular contributions from organizations or individuals not living in the unit Yes __ No __ \$ _____
13. Receive income/dividends from assets including checking, savings, certificates of deposit, stocks, bonds, rental property Yes __ No __ \$ _____
14. Own real estate or any asset for which you receive income Yes __ No __ \$ _____
15. Now receive military pay Yes __ No __ \$ _____
16. Now receive workers compensation Yes __ No __ \$ _____
17. Now receive veterans' administration benefits Yes __ No __ \$ _____
18. Do you have income from any source not mentioned above Yes __ No __ \$ _____

If yes, please explain: _____

Employment History for the past two (2) years.

Applicant: _____ **Year** _____

Check all applicable:

Employed full time **Employed part time** **Self – Employed**
 Non-employed **Unemployed**

Current Employer _____ Position _____ Date Hired _____

Address _____ Supervisor _____

Phone _____ Current Wages: \$ _____ per hour ___ week ___ month ___ year

Do you expect to earn substantial overtime? () Yes () No If so, how much? _____

Applicant: _____ **Year** _____

Check all applicable:

Employed full time **Employed part time** **Self – Employed**
 Non-employed **Unemployed**

Current Employer _____ Position _____ Date Hired _____

Address _____ Supervisor _____

Phone _____ Current Wages: \$ _____ per hour ___ week ___ month ___ year

Do you expect to earn substantial overtime? () Yes () No If so, how much? _____

Co- Applicant: _____ **Year** _____

Check all applicable:

Employed full time **Employed part time** **Self – Employed**
 Non-employed **Unemployed**

Current Employer _____ Position _____ Date Hired _____

Address _____ Supervisor _____

Phone _____ Current Wages: \$ _____ per hour ___ week ___ month ___ year

Do you expect to earn substantial overtime? () Yes () No If so, how much? _____

Co- Applicant: _____ **Year** _____

Check all applicable:

Employed full time **Employed part time** **Self – Employed**
 Non-employed **Unemployed**

Current Employer _____ Position _____ Date Hired _____

Address _____ Supervisor _____

Phone _____ Current Wages: \$ _____ per hour ___ week ___ month ___ year

Do you expect to earn substantial overtime? () Yes () No If so, how much? _____

ASSET INFORMATION

Please answer each of the following questions.

Do any household members have any of the following? If yes, indicate the value.

- Checking Account (average 6mon balance)..... [] Yes [] No \$ _____
- Savings Account [] Yes [] No \$ _____
- Certificates of Deposit [] Yes [] No \$ _____
- Stocks or Bonds..... [] Yes [] No \$ _____
- IRA/s or Retirement Funds [] Yes [] No \$ _____
- Mutual Funds [] Yes [] No \$ _____
- Trust Accounts..... [] Yes [] No \$ _____
- Whole or Universal Life Insurance (not Term) [] Yes [] No \$ _____
- Personal Property held as an investment [] Yes [] No \$ _____
- Real Estate [] Yes [] No \$ _____
- Any Assets not listed above [] Yes [] No \$ _____

Have you disposed of any assets in the previous 24 months for less than fair market value? [] Yes [] No

List all information for any asset noted above (including Checking, Savings, IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

NAME ON ACCOUNT	BANK NAME or INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

PREVIOUS RENTAL HISTORY

Name and Address of Your Present Landlord:

Do you: Rent Own Other _____
 Telephone No. _____
 How Long Have You Lived There? _____
 Reason for Leaving. _____

Name and Address of Your Former Landlord:

Do you: Rent Own Other _____
 Telephone No. _____
 How Long Have You Lived There? _____
 Reason for Leaving. _____

Please list all states in which you or any household member has resided: _____

OTHER INFORMATION

Driver's License No.: _____ State: _____ Expires: _____

Vehicle No.1 Model: _____ Year: _____ License Plate No.: _____

Vehicle No.1 Model: _____ Year: _____ License Plate No.: _____

HAVE YOU EVER:

Filed for Bankruptcy? [] Yes [] No

Been evicted from Tenancy? [] Yes [] No

Been evicted from Federally Funded Housing for a lease violation including drug use or a crime? [] Yes [] No
If yes, when: _____

Been convicted of a Felony or Misdemeanor? [] Yes [] No
If yes, explain: _____

Been displaced by government action? [] Yes [] No

Been displaced by a presidentially declared disaster? [] Yes [] No

Are you or any household member subject to lifetime sex offender registration [] Yes [] No

Are you or any household member enlisted in the U.S. Military or a veteran [] Yes [] No

Are you or any household member currently receiving housing assistance from HUD or a PHA ... [] Yes [] No

Do you have any special housing needs? [] Yes [] No
If yes, explain: _____

EMERGENCY CONTACT:

Nearest Living Relative: Name _____ Phone _____

Relationship _____

Address: _____

MARKETING INFORMATION:

How did you hear about this community? _____

I hereby apply to lease the above-described premises on the terms set forth herein. As an inducement to Community Housing Partners, Agent for the owner of the property, to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification. I hereby authorize Landlord to procure a consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. 1881 a (d) seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury. By execution of this application, I hereby authorize Community Housing Partners. to make such investigations into my credit history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, rental history, and consumer credit reports. By signing below, the applicant gives permission to procure a criminal background check and understands the results of such background check could affect the approval of this application. The undersigned do hereby acknowledge disclosure that the licensee, Community Housing Partners represents the Landlord in a real estate transaction.

RESIDENT'S DUTY TO PROVIDE TRUTHFUL & COMPLETE INFORMATION

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

Resident acknowledges that federal law and the IRS require Resident to answer all questions about income and student status truthfully and completely at Resident's initial certification and at each annual recertification. This information is essential for determining Resident's eligibility to occupy the Unit.

Resident understands that (s) he must always give truthful and complete income and student status information. Resident understands that compliance with this paragraph is a condition of Resident's occupancy of the Unit. If the Owner discovers, at any time in the Lease Term, that Resident purposely gave false or incomplete income or student status information, Owner may evict Resident from the Unit.

Resident's Acknowledgement: (Initial here) _____

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

Received by: _____ Date Received: _____ Time: _____

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 Neighborhood Improvement 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 regular mail to the above address or via email to Info_cra@cohb.org

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 monthly 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 HBCRA's request.

Employer's Signature

Date

Employer's Title

APPLICANT'S AUTHORIZATION

I hereby authorize the release of the above requested information.

Signature of Applicant

APPLICATION PROCESS

Application Processing

PMC shall review the Rental Housing Checklist and provide the applicant with all required forms for completion, including those identified on the checklist (initials and date required).

- Credit Report / State Background Check Authorization (signature required)

Processing Steps

1. Credit and Background Check
PMC shall process the credit and background check in accordance with the Background Check Guidelines.
Note: Credit and background checks must be completed prior to initiating any other reports or verifications.
2. Request and Verification Forms
PMC shall send all applicable request and verification forms in accordance with the Forms Process.
Note: All forms are transmitted by PMC via email.
3. Eligibility Review
PMC shall review the credit report, rental application, and all verification documentation to determine eligibility in accordance with the Approval Guidelines.
4. Submission for Final Decision
PMC shall submit the completed Checklist, all supporting documentation, and a written recommendation to the PMC Executive Director for final approval or denial.

Required Forms

Applicants must complete all forms listed on the Rental Housing Checklist, including:

- Rental Application
- Credit and Background Authorization (signed)
- Income and Asset Verification Forms

Incomplete applications shall not be processed.

Screening Order

Screening shall be conducted in the following order:

1. Credit and Background Check
2. Income and Asset Verification
3. Landlord Verification

No additional verification shall be processed until the credit and background check has been completed.

VERIFICATION PROCESS

A. Employment Verification

1. Send the verification form to the employer.
2. If not returned, instruct the applicant to follow up with the employer.
3. Collect six (6) most recent weeks of detailed pay stubs showing income and legally required payroll deductions.

If deductions are not being made, employment is subject to Third-Party Verification of Income from Business.

Note: PMC cannot approve a tenant without the employment verification form and supporting pay stubs.

B. Third-Party Verification of Asset Income (If Applicable)

Applies to savings accounts, certificates of deposit, or other listed assets.

- Send verification to the listed institution.
- If information cannot be verified, the application will be processed without the listed assets.

C. Social Security Income Verification

Send the signed SSA Consent for Release of Information to:

SSA
1338 Annex Building
Baltimore, MD 21235-6401

If the applicant provides a current SSA verification letter, the consent form is not required.

D. Unemployment Income

Unemployment benefits will be considered only if:

- The benefit period covers at least the lease term, or
- The income is supplemental (e.g., co-applicant).

Send the signed form to the State Unemployment Office unless a verification letter is provided.

E. VA Benefits Verification (If Applicable)

Send verification to:

U.S. Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420
1-800-827-1006

If applicant provides official VA verification, the form is not required.

F. Self-Employment (Third-Party Verification of Income from Business)

Required documentation:

- Most recent tax return
- Last three (3) bank statements
- Most recent pay stubs covering three (3) months

G. Landlord Verification

Contact the applicant's most recent landlord and complete the verification form. Document:

- Contact name
- Title
- Community name
- Phone number
- Comments
- Date contacted

If residency was less than one (1) year, the prior landlord must also be contacted.

Background Check Guidelines

Applications from the following will not be considered:

- Registered and/or convicted sex offenders
- Convicted felons (subject to review below)

Felonies occurring more than five (5) years prior to application may be considered. PMC will make a recommendation, with final approval determined by HBCRA.

Credit Report Guidelines

Applications are evaluated and categorized as:

- Denied (Red Zone) – Have not made payments on time -Credit score at 500 or below
- Approved (Green Zone) – Credit score of 620 and above
- Considered with Conditions (Yellow Zone) – Credit score between 570 and 619

Application Review and Recommendation

PMC shall:

1. Review all documentation for completeness and compliance.
2. Determine eligibility in accordance with the Approval Guidelines.
3. Submit the following to the PMC Executive Director:
 - Completed Checklist
 - Supporting documentation
 - Written recommendation.

The PMC Executive Director shall issue final approval or denial.

Criteria for Application Approval

All the following must be satisfied:

1. No denial specifications exist.
2. Employment and income are verified.
3. Income qualifications are met (if applicable).
4. All required documentation is complete.
5. Credit evaluation meets guidelines.
6. Landlord verification is positive.

Medical collections should not be considered grounds for denial.

Criteria for Application Denial

Grounds for denial include:

- Failed background check
- Credit report in the Red Zone
- Inability to verify income
- Negative landlord verification, including:
 - Property damage
 - Non-payment of rent
 - Broken lease with unpaid balances

Denial letters shall be sent to the applicant's email address listed on the application.

LEASING

Rental Rate Confirmation

If completed by the PMC, prior to execution of a lease agreement, all approved applicant information shall be submitted to HBCRA staff to confirm the rental rate.

Once confirmed, the lease agreement shall be prepared and the Filling Vacancies process finalized.

Lease Preparation

The following documents shall be prepared and transmitted electronically for signature:

- Lease Agreement (HBCRA-approved form)
- Policy Guidelines
- Security Deposit Form/Checklist
- Parking Regulations
- Any additional required addenda

All leases shall be completed using designated leasing software and electronically signed.

Lease Terms and Execution Requirements

The lease shall clearly state all applicable regulations and policies, including but not limited to:

- Late fees
- Partial payment policy (partial payments are not accepted)
- Lease term
- Rent amount

A lease shall not be considered fully executed until signed by:

- The tenant
- The PMC representative
- The PMC Executive Director

The PMC Executive Director shall not sign a lease that has not first been signed by both the tenant and the PMC representative.

The tenant must sign and date the lease prior to the lease commencement date.

PMC shall ensure the lease is fully executed within one (1) week of the tenant's signature.

Lease Documentation Retention

Once fully executed, the lease and all supporting checklist documentation shall be scanned into a single electronic file and maintained for recordkeeping.

LEASE RENEWAL

Renewal Review

Renewal processing begins **60 days** prior to lease expiration. PMC shall:

- Review tenant payment history
- Review compliance with lease terms
- Confirm continued eligibility (if applicable to program requirements)
 - New Background and credit check
 - Updated income verification (if income exceeds the affordable threshold lease will not be removed)
 - If tenant fails to submit documentation within 15 days of notification, this will result in non-renewal of lease.
 - Unemployment only income may be considered for month-to month tenancy.

Renewal Approval

Renewals shall be approved by the PMC Executive Director and documented in the tenant file.

LEASE TERMINATION

Termination by Tenant

Tenants must provide written notice in accordance with lease terms.

Termination for Cause

Grounds may include:

- Non-payment of rent
- Lease violations
- Criminal activity
- Material non-compliance

All actions shall comply with Florida law and HBCRA requirements.

SECURITY DEPOSIT AND FEES

Security Deposits

- Security deposits shall equal one (1) month's rent.
- Deposits are due within twenty-four (24) hours of the walkthrough.
- All security deposits shall be deposited into the designated bank account within two (2) business days of receipt of approval notice. Payment can also be made by money order or cashier's check payable to HBCRA.
- Deposits shall be clearly recorded as "Security Deposit."

- The Security Deposit Form must include the tenant's proper mailing address.

Pet Deposits / Fees

Pet deposits (pet application fees) are non-refundable.

AFFORDABLE HOUSING RENT LIMITS

HUD Gross Rent Limits – Broward County (2025)

RENT COLLECTION

Rent Due Date

Rent is due as specified in the Lease Agreement, on the 1st of each month.

Late Fees

Late fees shall be assessed in accordance with the Lease Agreement.

- Rent is late after the 5th of the month.
- Late fee of \$25 calculated on the 6th of the month.
- Additional late fees of \$5 per day thereafter (subject to Florida law)

Partial Payments

Partial payments are not accepted.

Collection Procedures

If rent is not received:

1. Issue required notices in accordance with Florida law.
2. Document all communications.
3. Proceed with enforcement action if necessary.

EVICTION PROCESS

Evictions shall be coordinated with CRA legal counsel.

Steps include:

1. Three-Day Notice (excluding weekends/holidays)
2. Filing eviction complaint
3. Court registry payment requirement
4. Default and final judgment!
5. Writ of possession and lock change

ABANDONMENT

If rent is unpaid and tenant absent for **14 consecutive days**, the unit may be deemed abandoned per Florida law.

DECEASED TENANT PROCEDURE

PMC shall:

- Contact emergency contact.
- Release belongings upon signed General Release
- Document and photograph unit.
- Dispose of property per approved policy.
- Return remaining security deposit to beneficiary.

MOVE-OUT PROCEDURES

- Conduct final walkthrough within 24 hours of move-out
 - Document property condition
 - Process security deposit reconciliation in accordance with Florida law
- Collect all keys.
- Mail refund within 10 days to address provided by tenant.
- No refund shall be issued without the return of all keys. If there is damage to the unit, the repair amount will be deducted from the security deposit.
- Maintain documentation in tenant file.

FINANCIAL REPORTING

Monthly Financial Reports shall be submitted by the PMC to HBCRA by the **15th day** of each month.

Expenses over \$500 require prior HBCRA approval.

INSURANCE REQUIREMENTS

HBCRA shall provide:

- Commercial General Liability
- Directors & Officers
- Errors & Omissions
- Workers' Compensation

RENT RATE

The HUD Gross Rent Limits table reflects the maximum allowable rent based on household income as a percentage of the Broward County median income.

HUD rent limits are subject to annual updates.

Broward County, Florida – HUD AMI Income & Rent Limits (2025)					
Broward County, Florida – HUD AMI Income & Rent Limits (2025)					
This document summarizes HUD Area Median Income (AMI) income and rent limits commonly used for affordable and income-restricted rental housing in Broward County, Florida. Limits are published annually by the U.S. Department of Housing and Urban Development (HUD) and distributed in Florida through the Shimberg Center for Housing Studies.					
HUD AMI Income Limits – Broward County (2025)					
AMI Level	1-Person	2-Person	3-Person	4-Person	
30% AMI (Extremely Low)	\$24,210	\$27,660	\$31,110	\$34,590	
50% AMI (Very Low)	\$40,350	\$46,100	\$51,850	\$57,650	
60% AMI (Low)	\$48,420	\$55,320	\$62,220	\$69,180	
80% AMI (Moderate)	\$64,560	\$73,760	\$82,960	\$92,240	
120% AMI (Workforce)	\$96,840	\$110,640	\$124,440	\$138,360	
HUD Gross Rent Limits – Broward County (2025)					
AMI Level	Studio	1-Bedroom	2-Bedroom	3-Bedroom	4-
30% AMI	\$605	\$648	\$777	\$899	\$1,003
50% AMI	\$1,008	\$1,080	\$1,296	\$1,498	\$1,672
60% AMI	\$1,210	\$1,296	\$1,555	\$1,798	\$2,007
80% AMI	\$1,614	\$1,729	\$2,074	\$2,398	\$2,676
120% AMI	\$2,421	\$2,593	\$3,111	\$3,597	\$4,014
Source & Citation					
U.S. Department of Housing and Urban Development (HUD). 2025 HUD Income Limits and Rent Limits for Broward County,					

FORMS AND EXHIBITS

All referenced forms, templates, and worksheets are incorporated by reference and maintained by the PMC. Forms must include revision dates and be available for HBCRA review upon request.

APPLICANT CERTIFICATION OF INFORMATION & DOCUMENT AUTHENTICITY

Property/Program Name: _____

Property Address: _____

Unit #: _____

Applicant Name: _____

Date of Birth: _____

CERTIFICATION STATEMENT

I hereby certify that all information provided in my Rental Application, Income Certification, and all supporting documentation submitted to _____ (Property Owner/Management Company) is true, complete, and accurate to the best of my knowledge.

I further certify that:

1. All documents submitted (including but not limited to identification, pay stubs, bank statements, tax returns, benefit letters, rental history information, and verification forms) are authentic and unaltered copies of original documents.
2. All sources of income and assets for every household member have been fully disclosed.
3. No material information has been intentionally omitted or misrepresented.
4. I understand that providing false, misleading, altered, or incomplete information may result in:
 - o Denial of my application,
 - o Termination of my lease,
 - o Repayment of benefits (if applicable),
 - o Legal action as permitted by law.

I authorize the Property Owner/Management to verify any information provided, including contacting employers, financial institutions, government agencies, and prior landlords for verification purposes.

I understand that this certification remains part of my permanent tenant file.

APPLICANT SIGNATURES

Applicant Signature: _____

Printed Name: _____

Date: _____

Co-Applicant Signature (if applicable): _____

Printed Name: _____

Date: _____

MANAGEMENT USE ONLY

Received By: _____ Date Received: _____

Verified By: _____

MOVE-IN / MOVE-OUT INSPECTION CHECKLIST

PROPERTY CONDITION REPORT

Property Address: _____

Unit #: _____

Tenant Name(s): _____

Move-In Date: _____

Move-Out Date: _____

Area	Condition at Move-In	Condition at Move-Out
Walls	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
Floors	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
Windows	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
Appliances	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
Bathroom	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
Kitchen	<input type="checkbox"/> Good <input type="checkbox"/> Damaged	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
Smoke Detectors	<input type="checkbox"/> Working <input type="checkbox"/> Not Working	<input type="checkbox"/> Working <input type="checkbox"/> Not Working

Additional Notes:

Tenant Signature (Move-In): _____ Date: _____

Landlord Signature: _____ Date: _____

CREDIT & BACKGROUND CHECK AUTHORIZATION

AUTHORIZATION FOR RELEASE INFORMATION

I, _____, authorize _____ (Property Owner/Management Company) to obtain a consumer credit report, criminal background report, rental history verification, and employment verification for the purpose of evaluating my rental application.

I understand that this authorization is valid for tenant screening purposes only.

Applicant Signature: _____

Printed Name: _____

Date: _____

LANDLORD / RENTAL VERIFICATION FORM

RENTAL HISTORY VERIFICATION

Applicant Name: _____

Property Address Rented: _____

Landlord/Property Manager Name: _____

Phone: _____

Dates of Tenancy: From _____ To _____

Monthly Rent: \$_____

Was rent paid on time? Yes No

Any NSF payments? Yes No

Any lease violations? Yes No

Any damages beyond normal wear and tear? Yes No

Would you rent to this tenant again? Yes No

Additional Comments:

Landlord Signature: _____

Date: _____

Deceased Release

ACKNOWLEDGEMENT OF THE RECEIPT AND GENERAL RELEASE

I acknowledge that to the best of my knowledge, I am the next-of-kin of, _____
_____ deceased _____, 20____ I hereby acknowledge that I have been given access to _____
_____ 's last known residence located at _____
_____ Hallandale Beach, Florida, which is managed by _____ I have retrieved
all the personal belongings that I wish to preserve from _____ 's residence and I am
satisfied that I have been given the adequate time and opportunity to peruse through _____ 's
belongings. I hereby now give the _____ the authority to dispose of the
remaining property within the above-stated apartment as it sees fit. As the next-of-kin of the deceased, I
hereby release and discharge the, _____ Its employees, officers,
directors, successors, and subsidiaries from all claims, liabilities, demands, and causes of action known or
unknown, fixed or contingent, which I may have or claim to have against the _____
_____ as a result any of its actions taken following my execution of the document in regards
to _____ 's belongings.

Signed

Print Name

Denial Letter (Credit)

Denial Letter

Date

Applicant's Name

Address

City, State, Zip

Re: Lease Application

Dear _____:

The Property Management Company recently received and reviewed your application seeking to lease a rental property located at _____. This correspondence is to notify you that due to the information contained within your credit report, your lease application has been denied. Pursuant to the Fair Credit Reporting Act, you may contact the credit bureau at the address listed below to request a free copy of your credit report:

List the name of the credit reporting agency

Address

City, State, Zip

Phone number

Should you have any questions, please feel free to contact us at the number listed above.

Sincerely,

Name

Title

cc: Hallandale Beach CRA

Denial Letter General

Denial Letter

Date

Applicant's Name

Address

City, State, Zip

Re: Lease Application

Dear _____:

The (insert Property Management name) recently received and reviewed your application seeking to lease a rental property located at _____. This correspondence is to notify you that your application has been denied because you have not met the requirements/standards required for approval.

Should you have any questions, please feel free to contact us, in writing, at the following address:

Insert Property Management address information here

Sincerely,

Name

Title

cc: Hallandale Beach CRA

Lease Termination Letter

Via HAND DELIVERY AND U.S MAIL

<Name of Tenant>

<Address>

Hallandale Beach, FL 33009

Re: NOTICE OF TERMINATION OF LEASE—LEASE EXPERIATION

Dear<Tenant>:

The _____ is the management company of the premises located at <Address of Property>, Hallandale Beach, Broward County, Florida and now occupied by you.

You are hereby notified that your lease of the above-referenced premises expires on <DATE>. The _____ elects not to renew your lease. Please arrange to vacate the property by <DATE>. Your deposit of \$_____ will be returned within thirty (30) days should you comply with the following conditions.

The_____ request that you vacate the premises on or before <DATE> and return all the keys to its office by that date. If you fail to return the keys, you would be charged \$25.00 for the mailbox key and \$50.00 for each of the exterior and apartment keys.

Additionally, the _____ will inspect the property once it has been vacated and schedule any necessary repairs or cleaning that may be required. You are invited to inspect the property with _____ staff personnel if you desire. After cleaning and repairs have been completed, the company (landlord) will forward the remainder of your deposit along with an accounting of its expenditures from your deposit within thirty (30) days of you vacating the premises. Please leave a forwarding address to receive an accounting of your deposit and any remaining balance.

Finally, contact your telephone provider and cable provider (if applicable) to have services transferred to your new location. Contact FPL to arrange for a final reading on <DATE>. Please give all providers a forwarding address and give the post office notice where to forward mail.

Sincerely,

Print Name and sign

BROWARD COUNTY 2025 INCOME CATEGORY CHART

Broward County Median Income: \$96,200

HUD Effective: 4/1/2025

FHFC Effective:4/1/2025

House Hold Size	Extremely Low (30%)	Very Low (50%)	Low (80%)	Moderate (120%)	Work Force Housing (140%)
1	\$24,250	\$40,350	\$64,550	\$96,840	\$112,980
2	\$27,700	\$46,100	\$73,800	\$110,640	\$129,080
3	\$31,150	\$51,850	\$83,000	\$124,440	\$145,180
4	\$34,600	\$57,650	\$92,200	\$138,360	\$161,420
5	\$37,650	\$62,250	\$99,600	\$149,400	\$174,300
6	\$43,150	\$66,900	\$107,000	\$160,560	\$187,320
7	\$48,650	\$71,500	\$114,350	\$171,600	\$200,200
8	\$54,150	\$76,100	\$121,750	\$182,640	\$213,080
9	\$59,650	\$80,750	\$129,100	\$193,704	\$225,988
10	\$65,150	\$85,350	\$136,500	\$204,773	\$238,902



Hallandale Beach
COMMUNITY REDEVELOPMENT AGENCY

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.

