



Lauderhill CARES Program



CHECKLIST

- Complete and sign application - must return with **original** signatures.
- Attach **COPIES** of **ALL** required documents listed below. Staff **cannot** make copies
- Incomplete Applications **cannot** be processed and will be returned

RENTAL ASSISTANCE PROGRAM – MANDATORY DOCUMENTS

Items listed below must be present at the time of submittal.

- A signed rental agreement or lease in the applicant's name.
- A copy of the complete mortgage loan application.
- Landlord Rent Payment schedule from September 2019 to March 1, 2020
- W-9 completed and signed by landlord

MORTGAGE ASSISTANCE PROGRAM - MANDATORY DOCUMENTS:

Items listed below must be present at the time of submittal.

- Statement from the lender for April 2020
- Verification that property taxes are current
- Lender mortgage payment history from September 2019 to March 1, 2020

WATER BILL ASSISTANCE PROGRAM - MANDATORY DOCUMENTS:

- Verification that property taxes are current
- Copy of the deed, for applicants with no mortgage note
- Copy of water bill for the month of April 2020

MANDATORY CONFLICT OF INTEREST DISCLOSURE

- Conflict of Interest Disclosure is required for applicant and co-applicant

MANDATORY AUTHORIZATION FOR RELEASE OF INFORMATION

- Authorization for the Release of Information Form – required for **ALL** adult household members over 18yr

MANDATORY GENERAL REQUIREMENTS:

- Documentation of loss of income due to COVID-19 from employer
- Documentation of State, Federal, and/or all other funds received related to COVID-19
- Signed Notice of Right to Cancel by the applicant and co-applicant, if applicable
- Valid driver's license or state identification card for **ALL** household members age 18 and older
- Required for all household members:** Social Security cards
- Signed Notice of Collecting Social Security Number For Government Purpose
- Signed Public Disclosure Form signed by all household members age 18 and older
- Required for all household members:** Birth certificates, Naturalization Certification, Passport, voter's registration card, or other proof of citizenship
- If the children living in your household are not claimed on your tax's return, you are required to submit a letter from the school or custody papers indicating the address where the children live
- Documentation regarding special needs status (if applicable)
- Documentation of child support in the form of a court order or print out from Child Support Enforcement and cash contribution payment amounts (if applicable)
- Divorce decree or death certificate, if applicable
- Two (2) most current Income Tax Return **with W/2's** for all household members 18 years of age and older – Note: **MANDATORY** must sign your Income Tax Return; **if** your return includes Schedule C (small business), then will also need audited or unaudited financial statement(s) of business; notarized statement or affidavit as to net income realized from the business during the previous 2 years
- Business profit and loss statement is only required for self-employed and independent contractors completed by your accountant or tax preparer and faxed back to our office; IRS Form 4506-T (if applicable)
- SIX (6) consecutive pay stubs for all household members age 18 and older
- Required for all household members:** Front and back pages of six (6) most current consecutive months of bank statements for all accounts held by applicant, co-applicant, and all household members, including minors. All deposits other than payroll and social security payments that exceed \$100 must be documented
- Current social security statement, pension benefit statement or benefit letter (including minors)
- Current whole life insurance policies stating cash value (if applicable)

If you have any questions, please feel free to contact Housing Grant Division at (954) 730-3000.

Lauderhill CARES Program

APPLICATION

General Information

	Applicant	Co-Applicant
Full Name		
Social Security #		
Date of Birth / Age		
E-mail		
Phone #		
Street Address	City	State Zip
Mailing Address	City	State Zip

Other Household Members:

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant

Your social Security Number is being collected for the purposes of income certifying you for the City’s Rehabilitation Assistance Program which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, State and/or State program dollars. Your social security number will not be used for any other intended purpose other than verifying your eligibility for the City’s program.

Full-Time Student

If any household member other than the applicant, co-app, or spouse of applicant is a FULL-TIME STUDENT – AGE 18 OR OLDER please list:

NAME(s):

Employment Information:

APPLICANT		Check box, if retired: <input type="checkbox"/>
Employee Name:	Employer Name:	
Position:	Supervisor:	
Address:	Time Employed:	
Pay Rate:	Pay Frequency:	
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$		
Phone:	Fax:	

CO-APPLICANT	
Employee Name:	Employer Name:
Position:	Supervisor:
Address:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	
Phone	Fax:

NOTE: Attach additional sheets as necessary for all household members 18 years and over.

Applicant

Does Applicant/Co-Applicant Own a Home? Yes No Monthly rent/mortgage: \$ _____

If No, Type of unit to be purchased? existing unit newly constructed unit

Other Sources of Income

For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Name	Type of Income	Gross Annual Amount
		\$
		\$
		\$
		\$
TOTAL		\$

Assets and Asset Income

For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks Equity in Properties, etc.)

Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
			\$
			\$
			\$
			\$
TOTAL		\$	TOTAL \$

Liabilities

For ALL Household Members 18 and Older, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)

Type Credit / Loan	Creditors Name	Balance Owed/Monthly Payment
		\$
		\$
		\$
		\$
TOTAL ANNUAL PAYMENTS		\$

Do you have any outstanding unpaid collections or judgments? Yes No Amount \$

Have you declared Bankruptcy in the last 7 years? Yes No

Are you a party in a lawsuit? Yes No

Ethnicity/Special Needs

For reporting purposes only, please check all that apply for Head of Household Only

White Black Hispanic Asian/Pacific Islander Native American Farmworker

Disabled or Disabled Minor Elderly Special needs Other _____



**DISCLOSURE STATEMENT
IMPORTANT READ BEFORE SIGNING**



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

Warning: Florida statute 817 provided that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and its punishable by fines and imprisonment provided under S775.082.775.83.

Applicant Signature

Date

Co-Applicant Signature

Date

Agency Statement

Based on the income information provided by the household and upon proofs and documentation submitted, the household is: (check one)

_____ Very Low-Income (VLI) Household based on the current applicable definitions of up to 50% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

_____ Low-Income (LI) Household based on the current applicable definitions of up to 80% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

Signature of The GRANT ADMINISTRATOR or His/Her Designated Representative:

SIGNATURE: _____

NAME: _____ TITLE: _____ DATE _____

Lauderhill CARES Program

CONFLICT OF INTEREST DISCLOSURE FORM

Conflict of Interest Regulations: In accordance with 24 CFR 570.611(b)(c); 24 CFR 214.303(f); 2 CFR 200; FAC 67-37; FS 112 and 420; City HR-42; A person in a position of trust, direct interest, director, employee, officer, contractor, volunteer, agent of participating agency or the family member of any individual holding these positions shall not engage in activities that create a real or apparent conflict of interest.

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, finding or providing assistance. The term "Conflict of Interest" refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program.

Please mark the appropriate box for each question and complete the attachment if indicated.

Applicant Name

Property Address

City, State, Zip Code

Co-Applicant Name

1. Are you a Covered Employee?

- Yes (If Yes, please complete "Attachment")
 No

A "Covered Employee" is a current employee, agent, consultant or elected official or officer of any City agency.

2. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have an immediate family member (such as: spouse, domestic partner, child, stepchild, parent, stepparent, sibling, etc.) or any person who has business dealings or business ties to a **Covered Employee**?

- Yes (If Yes, please complete "Attachment")
 No

3. Do you, a family member, or any person who holds an ownership or financial interest in the property described above, have business dealings or business ties as an investor, owner, employee, realtor, lender, consultant, contractor, etc. that has a contractual relationship with the City of Lauderhill?

- Yes (If Yes, please complete "Attachment")
 No

Warning: knowingly and willingly making false or fraudulent statements to the City of Lauderhill may result in denial of assistance, civil penalties, and/or referral to law enforcement.

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the City of Lauderhill to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

Signature of Applicant

Signature of Co-Applicant

Conflict of Interest Attachment

If you answered **YES** to any question on the previous page, please complete the relevant section(s) below:

Covered Employee's Name:	
Applicant's Relationship with the Covered Employee	<input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's family <input type="checkbox"/> Associated with an organization that employs or is about to employ Applicant <input type="checkbox"/> Has a financial or other interest in or with Applicant <input type="checkbox"/> Other:
Covered Employee's Relationship to the City of Lauderhill	<input type="checkbox"/> Employee <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Elected official <input type="checkbox"/> Other:

DESCRIBE RELATIONSHIPS CHECK ABOVE:

Name of Business:	
Applicant's Relationship with the Business	<input type="checkbox"/> Consultant or Advisor <input type="checkbox"/> Research Activities <input type="checkbox"/> Referrals <input type="checkbox"/> Realtor <input type="checkbox"/> Lender <input type="checkbox"/> Contractor <input type="checkbox"/> Other:

Describe applicant or covered employee's business relationship with the City of Lauderhill for all checked boxes above to include disclosure of any type of complementation received if applicable:

Warning: knowingly and willingly making false or fraudulent statements to the City of Lauderhill may result in denial of assistance, civil penalties, and/or referral to law enforcement.

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the City of Lauderhill to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

Signature of Applicant

Signature of Co-Applicant

NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

24 CFR Part 5 (General HUD Program Requirements; Waivers) §5.216 specifically states the following:

(b) **Disclosure required of assistance applicants.** Each assistance applicant must submit the following information to the City of Lauderhill when the assistance applicant's eligibility under the program involved is being determined.

(1) The complete and accurate SSN assigned to the assistance applicant and to each member of the assistance applicant's household; and

(2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(c) **Disclosure required of individual owner applicants.** Each individual owner applicant must submit the following information to the City of Lauderhill when the individual owner applicant's eligibility under the program involved is being determined:

(1) The complete and accurate SSN assigned to the individual owner applicant and to each member of the individual owner applicant's household who will be obligated to pay the debt evidenced by the mortgage or loan documents; and

(2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

The social security number is needed to determine eligibility under federal and state programs such as HOME, CDBG and SHIP that are determined eligible using 24 CFR part 5.

The applicant and household member hereby agree to allow the City to use the SS number to verify the following information:

- Employment
- Unemployment
- Pension
- Benefits
- Social Security
- Assets
- Child support

This form must be completed and signed by all adult household members age 18 and older.

RECEIVED BY: _____

Print Name

DATE: _____

Signature



**GRANTS DIVISION
PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM DISCLOSURES**

PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Having been advised of this fact prior to making application for assistance for supplying any information, I/we agree to hold harmless and indemnify City of Lauderhill, any agency, its offices, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City of Lauderhill does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to City of Lauderhill in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/we agree that City of Lauderhill does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City of Lauderhill, any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my /our purchase of any real estate, or any matter arising out of any housing rehabilitation project funded by the City of Lauderhill.

Applicant's Signature

Date

Co-Applicant/Household Member's Signature

Date

Household Member's Signature 18 or older

Date

Household Member's Signature 18 or older

Date

Household Member's Signature 18 or older

Date

City of Lauderdale
GRANTS DIVISION
LAUDERHILL CARES PROGRAMS

DUPLICATION OF BENEFITS CERTIFICATION

(Please place a check mark in the appropriate box and circle 'I' or 'We' whichever applies)

I/We _____ hereby states that:

- I/We have **not received** any prior financial and/or insurance as a result of COVID-19.
- I/We **have received** funds from insurance company, FEMA, Small Business Administration, or any other agency/company for assistance with COVID-19 relief assistance.

- 1. Type of Assistance: _____ Source: _____ Amount: \$ _____
- 2. Type of Assistance: _____ Source: _____ Amount: \$ _____

I/We understand if I/we receive any other funds to assist with COVID relief assistance that:

- The funding received through CDBG CARES Act funding is in no way a duplication of any other benefits received.
- I/We will notify the Grants Division of said funds, and
- I/We hereby agree that any funds received from insurance company, FEMA, Small Business Administration or any other agency/company, will be used to reimburse the City the portion of the grant that was used to provide relief of the same item. If we have filed a claim with any of the stated agencies, we will provide copies of the Explanation of Benefits.

_____ Applicant's Printed Name	_____ Signature	_____ Date
_____ Co-Applicant's Printed Name	_____ Signature	_____ Date

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, **by means of** **physical presence** or **online notarization**, this _____ day of _____, 20____, by _____, as _____, who is personally known to me or who has produced _____ as identification.

Notary Signature: _____
Printed Name: _____
Notary Public, State of Florida at Large
My Commission Expires _____

Federal law prohibits any person, business concern, or other entity from receiving financial assistance with respect to any part of a loss resulting from a major disaster as to which he has received financial assistance under any other program or from insurance or any other source. Funds may not be used for activities reimbursable by or for which funds have been made available by homeowner insurance, FEMA, the Army Corps of Engineers, or any other organization. Applicants for assistance must certify that there will be NO DUPLICATION OF BENEFIT.

Subrecipients of Disaster Recovery funding must use this form when screening and qualifying applicants for housing and/or economic development assistance. A copy must be completed by each applicant and maintained in the applicant's case file along with documentation of any assistance previously provided (i.e., insurance claim that shows amount paid by the insurance company, FEMA claim, etc.).

The client file should also include evidence that applicant signed for release of information by FEMA, evidence of request for information sent to FEMA by local government, any FEMA responses of FEMA reports for that household or benefits paid. Grantees should first contact the Department to determine the availability of FEMA information.

Lauderhill CARES Program

QUESTIONNAIRE

- Reason for assistance? COVID Related Non-COVID Related
- Do you have retirement accounts? Yes No
- Do you have life insurance policies? Term Whole None
- Do you collect child support? Yes No
- Do you collect alimony? Yes No
- Do you have any other properties besides the one to be assisted? Yes No
- Have you applied for Unemployment? Yes No
- Were your wages or hours cut or terminated within the last 2 months? Yes No
- Were you residing in the unit to be assisted for at least 6 months prior to application submittal? Yes No
- Do you have any unpaid judgments? Yes No

Lauderhill CARES Program

QUESTIONNAIRE

Is the property to be assisted your primary residence?

Yes No

Did you receive assistance or relief from your lender or landlord?

Yes No

If so, what type of assistance: _____

Applicant Name: _____

Signature: _____