



COMMUNITY SERVICES DIVISION

4700 SW 64TH AVENUE- SUITE D, DAVIE, FLORIDA 33314
PHONE: (954) 797-1173 FAX: (954) 797-2058 WWW.DAVIE-FL.GOV

COVID-19 Rental Eviction Prevention Program

Frequently Asked Questions as of
May 12th, 2020

Q. What is COVID-19 Rental Eviction Prevention Program?

The COVID-19 Rental Eviction Prevention Program provides one-time rental and utilities (electricity and water) assistance to eligible Town of Davie residents who have experienced loss of income, reduction in hours, or unemployment as a result of the COVID-19 pandemic only. Assistance will only be provided for rents due beginning on April 1, 2020 and onward. Eligible applicants should be able to demonstrate the capacity to make rental payments and meet basic needs once assistance is provided.

Q. Who is providing the funding for this program?

The Town is utilizing State Housing Initiative Partnership (SHIP) Program funds, Community Development Block Grant (CDBG) funds to support this program. The rules and regulations associated with Sections 420.9071-420.9079 F.S. chapter 67-37 F.A.C. will govern the use of the funds.

WARNING: Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within the jurisdiction. False information may result in civil liability, and/or in criminal penalties including, but not limited to, fine or imprisonment or both.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under § 775.082 or 775.83.

Q. Who is eligible to receive assistance?

Individuals or households that are renters in the Town of Davie. You must be able to document that you were unable to pay your rent strictly due to temporary loss of income, reduction in hours, or unemployment exclusively as a result of the COVID-19 pandemic.

Q. What requirements do I need to meet in order to qualify for the program?

Program requirements are as follows:

- Applicant must reside within the Town of Davie.
- Rent assistance is solely available to your full-time residence.
- Applicant(s) must meet gross annual incomes not exceeding 80% of Area Median Income (AMI) limits established by HUD for the jurisdiction of Broward County, FL. (See rental chart, page 2).
- Applicant(s) current rent must not exceed SHIP rental limits (not to exceed 120% AMI).
- Assistance will only be provided for rents due beginning on April 1, 2020 and onward.
- Applicant(s) must have documentable information to evidence loss of income, reduction in hours, or unemployment as a result of the COVID-19 pandemic that contributed to the missed rental payments.
- Applicant(s) must have a lease in their or a household member's name.
- Applicant(s) should be able to demonstrate the capacity to meet basic needs once payment has been rendered as determined by their household budget assessment.
- Applicant(s) or household member must not have received any other financial assistance for rent for the time frame payment is requested.



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- Applicant(s) must apply for unemployment benefits and provide support documentation.
- Applicant(s) or household members must have no liquid assets that exceed two (2) months of the household’s monthly rent and utilities (electricity and water).

Q. Are there income guidelines for this program?

Yes. Applicants must meet gross annual incomes not exceeding 80% of Area Median Income (AMI) limits established by HUD for the jurisdiction of Broward County, FL as follows:

Household Size	30%	50%	80%
1	\$18,720	\$31,200	\$49,920
2	\$21,390	\$35,650	\$57,040
3	\$24,060	\$40,100	\$64,160
4	\$26,730	\$44,550	\$71,280
5	\$28,890	\$48,150	\$77,040
6	\$31,020	\$51,700	\$82,720
7	\$33,150	\$55,250	\$88,400
8	\$33,310	\$58,850	\$94,160

Q. Are there any rental limits for this program?

Yes. Applicant(s) current rent must not exceed the following rental limits adjusted for bedroom size:

Rent Limits by Number of Bedrooms

Number of Bedrooms in Unit	0	1	2	3	4	5
120% Rent Limit	\$1,872	\$2,005	\$2,406	\$2,781	\$3,102	\$3,423

Q. If I qualify, how much funding can I receive?

The Town will assist with an initial payment of two month’s rent not to exceed \$7,300.00, which includes utilities (electricity and water). This \$7,300.00 limit includes a one-time rent payment to cover two (2) month’s rent, and a non-guaranteed additional 3rd month’s payment that may be considered on a case-by-case basis, after reevaluating income



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for eligibility and the presence of the availability of funds within the program.

Q. How many times can I receive assistance?

Only once.

Q. Does the applicant have to repay the funds?

No.

Q. I am behind on my rental payments for the month of February, am I eligible for assistance?

No. Assistance will only be provided for rents beginning on April 1, 2020 and onward. Assistance is only available to those who can provide evidence that they experienced loss of income, reduction in hours, or unemployment is a result of the COVID-19 pandemic.

Q. I have just received a stimulus check and/or income tax return. Should I pay for my rent?

Yes. Do not miss paying your rent if you can make the payment. During this time of delay, if you are currently behind, you should attempt to communicate with landlord about getting caught up. But, do not wait to receive notice in order to take action. You should always open your mail and/or read correspondence received from your landlord.

Q. What kinds of housing units can be rented?

Units such as apartments, houses, townhouses, and mobile homes are allowable.

Q. How do I apply for the Program?

Send an email to COVID19Rent@davie-fl.gov. An application will be sent to you within 24 business hours; please note our updated business hours. The application is also available on our website at www.davie-fl.gov

Q. How do I submit my application?

Completed applications will ONLY be accepted by one of the two following methods:

Mail to:

**Town of Davie
Community Services Division
4700 SW 64th Avenue, Suite D
Davie, FL 33314**

OR

Send through Dropbox* to:
COVID19Rent@davie-fl.gov**



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All applications **MUST BE** enclosed in a plain sealed envelope marked “Rental Eviction Prevention Program” and addressed to the location identified above.

*****Please note that we do not accept email, only Dropbox. Instructions on how to create a Dropbox account and send an application can be found on page 32.**

*****Please note that the program requirements are subject to change.**

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COVID-19 Rental Eviction Prevention Program Policy & Application

Effective Date: May 12th, 2020

Thank you for your interest in the Town of Davie's COVID-19 Rental Eviction Prevention Program.

The COVID-19 Rental Eviction Prevention Program provides one-time rental assistance to eligible Town of Davie residents who have experienced loss of income, reduction in hours, or unemployment as a result of the COVID-19 pandemic **only**. Assistance will only be provided for rents due beginning on April 1, 2020 and onward. Eligible applicants should be able to demonstrate the capacity to make rental payments and meet basic needs once assistance is provided.

The COVID-19 Rental Eviction Prevention Program is administered by the Community Services Division. CSD staff encourages you to **carefully review this application** to obtain a clear understanding of program participation and requirements.

Should you desire to apply for the program, please complete and submit this application in accordance with the instructions outlined below.

INSTRUCTIONS

1. Review the **Section I – Program Overview** (pages 5-8) portion of the application.
2. Complete the **Section II – Applicant and Household Information** (pages 9-15) portion of the application.
3. Complete and attach copies of all requested documentation to the **Section III- Required Documents** (pages 16-28) portion of the application.
4. Authorize application submission by signing the space at the bottom of this page.
5. Completed applications will ONLY be accepted by one of the two following methods:

Mail to:

**Town of Davie
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Section I- Program Information

The COVID-19 Rental Eviction Prevention Program is created to assist eligible Town of Davie households with temporary rental assistance in order to avoid displacement due to loss of income, reduction in hours, or unemployment as a result of the COVID-19 pandemic only.

Assistance will only be provided for rents due beginning on April 1, 2020 and onward. The assistance is limited to a maximum award of \$7,300.00. This \$7,300.00 limit includes a one-time rent payment to cover two (2) month's rent, and a non-guaranteed additional 3rd month's payment that may be considered on a case-by-case basis, after reevaluating income for eligibility and the presence of the availability of funds within the program.

This program assistance is not intended to provide long-term support for program participants, and it is not intended to provide all supportive service needs of households that affect housing stability.

The Town may utilize State Housing Initiative Partnership (SHIP) Program funds, CDBG funds, or other sources of funding to conduct activities associated with the COVID-19 Rental Eviction Prevention Program. The rules and regulations associated with Sections 420.9071-420.9079 F.S. chapter 67-37 F.A.C. will govern the use of such funds; when applicable.

Form of Assistance

Assistance is in the form of a one-time grant not to exceed \$7,300 per household. This \$7,300.00 limit includes a one-time rent payment to cover two (2) month's rent, and a non-guaranteed additional 3rd month's payment that may be considered on a case-by-case basis, after reevaluating income for eligibility and the presence of the availability of funds within the program.

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Eligible Applicants

For current residents seeking assistance:

- Applicant must reside within the Town of Davie.
- Applicant(s) must meet gross annual incomes not exceeding 80% of Area Median Income (AMI) limits established by HUD for the jurisdiction of Broward County, FL. The applicable low-income limits for determining program eligibility are published by HUD in the federal register and are updated annually. The occupant household's gross annual income (for the purpose of determining program eligibility) shall be calculated according to the HUD regulations identified in the Code of Federal Regulations at 24 CFR, Part 5. **See chart on page 8.**
- Applicant(s) current rent must not exceed SHIP rental limits (not to exceed 120% AMI). **See chart on page 8.**
- Assistance will only be provided for rents due beginning on April 1, 2020 and onward.
- Applicant(s) must have documentable information to evidence loss of income, reduction in hours, or unemployment as a result of the COVID-19 pandemic that contributed to the missed rental payments.
- Applicant(s) must have a lease in their or a household member's name.
- Eligible applicants should be able to demonstrate the capacity to make rental payments and meet basic needs once assistance is provided.
- Applicant(s) or household members must not have received any other financial assistance for rent for the timeframe payment is requested.
- Applicant(s) must apply for unemployment benefits and provide support documentation. Please see the attached duplication of benefits form, which must be completed.
- Applicant(s) or household members must have no liquid assets that exceed two (2) months of the household's cost of rent and utilities (electricity and water).

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Eligible Properties

Eligible properties must be located within the Town of Davie. The following types of housing units not eligible for this program are:

- Hotel/Motels
- Rooming/Halfway Houses
- Units deemed uninhabitable by Code Enforcement
- Units not in compliance with State and local ordinances
- Properties owned by an immediate family member of applicant (parents, step-parent, children, siblings or grand-parents)
- Properties where applicant is listed as an owner

All landlords receiving funds under the program must complete a W9 for tax purposes.

Public Records Disclosure

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.

Notice of Collecting Social Security Number

The Town collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the Town to give you this written statement explaining the purpose and authority for collecting your social security number.

Your Social Security Number is being collected for the purposes of income certifying you for the Town's Housing Stabilization 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, Federal 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 Town's program.

Availability of Funds

Applications will be processed on a first-come, first-served basis, first-ready eligible basis from all applicant(s) meeting program eligibility criteria, subject to funding availability. First priority will be given to "special needs" applicants, which include the disabled and general/honorably discharged veterans (SSI/disability proof or DD-214 required). Applications will be made available by sending an email to COVID19Rent@davie-fl.gov. Walk-ins or drop offs of the application will not be accepted.

Only completed applications, which consists of a completed application form and all the applicable supporting documentation, will be accepted. No copies or exceptions will be made. If application is not completed, application will not be accepted.



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SHIP/CDBG Income Guidelines & Rent Limits

Income Limits Effective 4/1/2020

Maximum Income Limit-Adjusted for Household Size

Household Size	30%	50%	80%
1	\$18,720	\$31,200	\$49,920
2	\$21,390	\$35,650	\$57,040
3	\$24,060	\$40,100	\$64,160
4	\$26,730	\$44,550	\$71,280
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8	\$33,310	\$58,850	\$94,160

Rent Limits by Number of Bedrooms

Number of Bedrooms in Unit	0	1	2	3	4	5
120% Rent Limit	\$1,872	\$2,005	\$2,406	\$2,781	\$3,102	\$3,423

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COVID-19 RENTAL EVICTION PREVENTION PROGRAM APPLICATION

Section II- Applicant and Household Information

Reason for Assistance: _____

APPLICANT(S): Please complete Sections (1-6) as applicable.

(1) HOUSEHOLD INFORMATION (Please Include area code for all phone numbers)

Applicant's Name		Monthly Rent Amount	
Social Security Number		Date of Birth	Marital Status
Present Address (include city, state, and zip code)			Apartment Number
Cell Phone Number	Work Phone Number	Home Phone Number	Emergency Contact Number
Email Address:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Co-Applicant's Name			
Social Security Number		Date of Birth	Marital Status
Present Address (include city, state, and zip code)			Apartment Number
Cell Phone Number	Work Phone Number	Cell Phone Number	Work Phone Number
Email Address:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
OTHER HOUSEHOLD MEMBERS		RELATIONSHIP	SSN
AGE			
1.			
2.			



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3.				
4.				
5.				
6.				
Total Number of Household Members:				

Is the applicant, co-applicant or any household member age 18 or older, a full-time student? If yes, what is that person's name(s)? _____		
Is the applicant or co-applicant a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(2) LEASED PROPERTY		
Address	City	Zip Code
Property Type <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex		Rent Amount
Total Number of Bedrooms	Total Number of Bathrooms	
Is this your full-time residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord Name	Landlord Phone Number	
(3) APPLICANT – PRIMARY EMPLOYMENT INFORMATION		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		
Applicant Name	Employer Name	
Job Title	Pay Rate	
Employer Address (include city, state, and zip code)		
Pay Frequency	Phone Number of Employer Contact Person (include area code)	
Time Employed	Annual Income (gross salary, overtime, tips, bonuses, etc.)	
(3a) APPLICANT – SECONDARY EMPLOYMENT INFORMATION		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		
Applicant Name	Employer Name	
Job Title	Pay Rate	



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Employer Address (include city, state, and zip code)	
Pay Frequency	Phone Number of Employer Contact Person (include area code)
Time Employed	Annual Income (gross salary, overtime, tips, bonuses, etc.)

(4) CO-APPLICANT/OTHER HOUSEHOLD MEMBER - PRIMARY EMPLOYMENT INFORMATION

Employed Self-Employed Disabled Retired Unemployed

Applicant Name	Employer Name
Job Title	Pay Rate
Employer Address (include city, state, and zip code)	
Pay Frequency	Phone Number of Employer Contact Person (include area code)
Time Employed	Annual Income (gross salary, overtime, tips, bonuses, etc.)

(4a) CO-APPLICANT/OTHER HOUSEHOLD MEMBER – SECONDARY EMPLOYMENT INFORMATION

Employed Self-Employed Disabled Retired Unemployed

Applicant Name	Employer Name
Job Title	Pay Rate
Employer Address (include city, state, and zip code)	
Pay Frequency	Phone Number of Employer Contact Person (include area code)
Time Employed	Annual Income (gross salary, overtime, tips, bonuses, etc.)

(5) HOUSEHOLD INCOME: Include all sources of anticipated income for the next 12 months: (gross salary, overtime/tips/bonuses, interest/dividends, business net income, social security income, pension/retirement income, rental net income, unemployment/worker’s comp., alimony/child support, welfare payments/public assistance, and other sources).

Name	Type of Income	Gross Annual Income



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Total Household Anticipated Income (from all income sources): \$ _____

(6) HOUSEHOLD ASSETS: Assets and asset income for all household members, including minors. List checking and savings accounts, IRA's, CD's, bonds, stocks, equity properties, etc.)

Name of Account Holder	Type of Asset	Cash Value	Institution Name	Bank Account Number	Annual Asset Income

(7) DISABILITY/SPECIAL NEEDS INFORMATION

Do you or any member of your family have any disabilities or special needs? Yes No

- Developmental Disability**
 "Developmental disability means a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of eighteen (18); and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.
- Other disability/special need**
 "Person with special needs" means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition: a young adult formerly in foster care who is eligible for services under s. 409.1451(5); a survivor of domestic violence as defined in s. 741.28; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veteran's disability benefits. OR A "Disabling condition": A diagnosable substance abuse disorder; Serious mental illness.



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RECIPIENT STATEMENT: The information on this form is to be used to determine eligibility based on income. I/we have provided, for each person set forth in Item 5 and 6, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

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WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds. According to Title 18, Section 1001 of the U.S. Code, if you knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

Signature of Applicant Date

Signature of Co-Applicant Date

Printed Name of Applicant Date

Printed Name of Co-Applicant Date

Signature of Adult Household Member Date

Signature of Adult Household Member Date

Printed Name of Adult Household Member Date

Printed Name of Adult Household Member Date



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CONFLICT OF INTEREST DISCLOSURE

In accordance with 24 CFR 570.611 applicants can be denied participation in the COVID-19 Rental Eviction Prevention Program if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official or appointed official of the recipient or subrecipients and the applicant currently or within the past 12 months:

- Exercises or has exercised any functions or responsibilities with respect to funds for this program.
Participates or has participated in the decision-making process related to funds for this program.
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 COVID-19 Rental Eviction Protection Program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge the conflict.

Please read statement #1 and #2 and check the statement that applies to you.

1. A conflict of interest DOES NOT EXIST as it relates to the COVID-19 Rental Eviction Prevention Program Application.

2. A conflict of interest DOES EXIST as it relates to the COVID-19 Rental Eviction Prevention Program

Application. If you placed a checkmark by statement, #2 please explain the Conflict of Interest:

Two horizontal lines for writing an explanation of the conflict of interest.

Certification Statements

The applicant(s) certifies that all information provided in this application and all information furnished in support of this application (including the asset, liability, and disclosure forms attached hereto) is provide for the purpose of obtaining rental and/or security deposit assistance and is true correct, and complete to the best of the applicant's knowledge and belief.

The applicant(s) understands that information in this application will be used to determine if the applicant is eligible for assistance and the amount of rental and/or security deposit assistance to be provided. 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.



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WARNING: Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within jurisdiction. The information provided in this application is true and correct as of the date set forth opposite my signature and that may intentional or negligent misrepresentation of this information contained in the application may result in civil liability, and /or in criminal penalties including, but not limited to, fine or imprisonment or both.

Signature of Applicant Date

Signature of Co-Applicant Date

Printed Name of Applicant Date

Printed Name of Co-Applicant Date

Signature of Adult Household Member Date

Signature of Adult Household Member Date

Printed Name of Adult Household Member Date

Printed Name of Adult Household Member Date



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Section III- Required Documents

The documents listed below must be submitted with your completed application, which consists of a completed application form AND all the applicable supporting documentation as listed below. Some of the requested information may not pertain you. Only provide the information that pertains to your household. Appropriate information will be verified by a third-party. **Only copies will be accepted. All household members 18 and older must provide the following documents.**

1. **Proof of Income.** Three (3) full months most recent consecutive pay stubs or earnings statements showing the employees name, gross pay per pay period, deductions, and frequency of pay for every household member over 18 years old.
2. **Bank Statements.** Last six (6) months of most recent consecutive bank statements for all bank accounts and every household member. We require every page of the bank statements, including blank pages. You may be required to explain deposits. If you have an account with Wells Fargo, please complete Section II and Customer Authorization. See document in attachments.
3. **Federal Income Tax Returns.** Federal income tax returns filed with the IRS for the last two (2) years AND W-2's for the last two (2) years. We will accept:
 - A. A copy of the original signed federal tax return with W-2's or
 - B. A transcript of your federal return from the IRS with W-2's. You can request a transcript by filling out IRS form 4506-T and sending to the IRS. The form can be obtained from the IRS website www.irs.gov, by calling the IRS at 1-800-829-3676, or by going to the IRS office.
4. **Proof of number of dependents claimed.** Dependents must be listed on your federal tax return:
 - A. Birth Certificate on which the parent/applicant's name is listed or
 - B. School records which give the parents' names and address or
 - C. Court-ordered letters of guardianship or
 - D. Divorce decree or
 - E. Letters of adoption
 - F. If a dependent over 18 is a full-time student, please submit a copy of their class schedule in addition to the above documents.
5. **Photo Identification.** Provide photo ID for all household members over the age of 18.
6. **Proof of citizenship or legal alien status documents (only for main applicant).**
 - A. United States of America birth certificate or
 - B. Naturalization papers or
 - C. Alien registration card



COMMUNITY SERVICES DIVISION

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PHONE: (954) 797-1173 FAX: (954) 797-2058 WWW.DAVIE-FL.GOV

7. **Divorce Decree.** If you are divorced, we need a copy of your divorce decree or certified court documents.
8. **Eviction notice.** Notice must be within Town of Davie and in applicant(s) name or current household member's name.
9. **Existing Lease.** Lease must be executed by both parties. Document must be in applicant(s) or household member's name.
10. **Self-Employment Income.** Schedule C, E, or F must be included with your federal income tax return AND
 - A. Accountant or bookkeeper's statement of net income expected for the next 12 months printed on the accountant/book keeper's company letterhead *or*
 - B. A notarized***, sworn statement, from the self-employed individual, of net income expected for the next 12 months
11. **Social Security, Supplemental Security Income (SSI), and Disability benefits.** An award or benefit notification letter for current year prepared and signed by the authorizing agency. This is typically more than one page.
12. **Unearned Income.** Provide documents for all that apply.
 - A. Unemployment Compensation - Unemployment benefit award notice with three (3) copies of unemployment check stubs.
 - B. Disability Compensation - Notice of eligibility from employer or authorizing agency and three (3) copies of check stubs.
 - C. Worker's Compensation - Notice of eligibility with amount awarded and three (3) copies of check stubs.
 - D. Severance Pay - Notice of employer stating the amount received in severance pay.
 - E. Welfare (TANF) of other needs-based payments given to any household members.
 - F. Unemployed household member not receiving unemployment benefits or income. Please provide a ***notarized, sworn statement from the household member stating that unemployment benefits are not received and he/or she is not receiving any income. Please see attached non-employment affidavit and populate if applicable.
13. **Alimony or Child Support Payments.**
 - A. A child support order from the court or governmental agency through which payments are being made *or*
 - B. Contempt of court order *or*
 - C. An original notarized letter from the non-custodial parent stating the amount given weekly, bi-weekly, or monthly
14. **Scholarships, Grants, and Veterans Administration Benefits.** Benefactor's written confirmation of amount of assistance, and educational institutions written confirmation of expected cost of the student's tuition, fees, books, and equipment for the next 12 months. (This does not apply to a student who is living with their parents, who are applying for or receiving Section 8 assistance).
15. **Assets.** Most recent, current statements for the below assets for each household member if applicable. We need all pages of each statement submitted and listed on your application form.



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- A. 2 quarterly statements for 401(K)
 - B. 2 quarterly statements for IRA
 - C. 2 quarterly statements for Retirement/Pension
 - D. 2 quarterly statements for stocks and bonds
 - E. 2 quarterly statements for annuities and life insurance (universal and whole life insurance policies are applicable).
 - F. Proof of the value of additional property that you own (land, homes, and boats).
16. **Recurring Contributions and Gifts.** Example: non-household member paying all of part of bills, mortgages or contributing money on a regular basis. Please see attached recurring cash contribution form, and populate if applicable.
- A. ***Notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts; please see attached document.
or
 - B. A letter from a bank, attorney, or a trustee providing required verification.
17. **Documentable proof of crisis due to COVID 19.**
- A. Letterhead from employer indicating lay off /loss of income *and*
 - B. Reemployments Assistance Benefits *and/or*
 - C. Hospital Records
18. **Proof of Filing for Reemployment Assistance Benefits**

*****Disclosure: If you are unable to obtain notarization due to social distancing guidelines, please contact the Town of Davie Community Services Office at 954-797-1173.**



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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize the release of information without liability for information regarding my employment, income, mortgage (if applicable), and/or assets to the Town of Davie for the purposes of verifying information provided as part of determining eligibility for assistance under the Rehabilitation or Homebuyers Assistance program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certification of deposits, Individual Retirement accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker’s compensation, welfare assistance, net income from the operation of a business, alimony or child support payments, and mortgage verification.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

- Past/Present Employers
Banks, Financial or Retirement Institutions
State Unemployment Agency
Welfare Agency
Alimony/Child Support Providers
Social Security Administration
Veteran’s Administration
Other: _____

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect. I understand that all the documents are subject to Florida’s public records laws and I also give the Town of Davie the authorization to share any of the information contained herein with appropriate federal, state, and local organizations that may be called upon for assistance.

Signature of Applicant Printed Name Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds.



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SHIP/CDBG DISASTER ASSISTANCE DUPLICATION OF BENEFITS AGREEMENT

Whereas, _____ is receiving State Housing Initiative Partnership Funds (SHIP/CDBG) Program financial assistance from The Town of Davie in the amount of no more than \$7,300.00 to provide funding to pay rent and utilities (water and electricity) at resident's address of _____.

Now, therefore, the Jurisdiction has an option to recoup assistance used on the above described property upon the terms, conditions and contingencies herein set forth:

Federal Benefits and Charitable Donations

Recipient agrees that if they receive further federal benefits or charitable donations to pay rent and utilities (water and electricity) in connection with the COVID-19 response, the recipient will report receiving benefits by emailing COVID19Rent@davie-fl.gov or calling (954) 797-1173 within one (1) month of receipt of additional proceeds and/or benefits. If recipient fails to report additional federal benefits or charitable donations, then the Town of Davie may require immediate repayment in full of the entire grant amount provided by the Town of Davie.

Duplication of Benefits

Recipient agrees that if benefits received subsequent to the receipt of SHIP/CDBG funds are a duplication of benefits (DOB) received from other sources such as federal benefits or charitable donations, that the following shall apply:

1. If the Award has been fully expended by the Town of Davie, any Subsequent DOB Proceeds shall be repaid by Recipient to the Town of Davie up to the amount of the Award.
2. If no portion of the Award has been expended by the Town of Davie, any Subsequent DOB Proceeds shall be paid by Recipient to the Town of Davie and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the Recipient to the Town of Davie shall be returned to the Recipient, and this Agreement shall terminate.
3. If some portion of the Award has been expended by the Town of Davie, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by Recipient to the Town of Davie to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award and retained by the Town of Davie; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the Recipient, and this Agreement shall terminate.
4. If the Town of Davie makes the determination that the Recipient does not qualify to participate in the Program or the Recipient decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the Recipient to the Town of Davie that have not been used or obligated by the Program shall be returned to the Recipient, and this Agreement shall terminate.
5. Once the Town of Davie has recovered an amount equal to the Award, the Town of Davie will reassign to Recipient any rights assigned to the Town of Davie pursuant to this Agreement.



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Income Eligibility

Recipient certifies that they have provided complete, accurate, and current information regarding household income to demonstrate Recipient’s eligibility to receive SHIP/CDBG funds.

Enforcement

The Recipient and the Jurisdiction acknowledge that the Jurisdiction has the right and responsibility to enforce this agreement.

Whereas, if the Recipient does not violate any of the terms listed in this agreement, then this agreement will be considered paid in full on the day of ____, 20__ and the Note will be released.

IN WITNESS WHEREOF, the undersigned recipient(s) has/have affixed his/her signature(s) and seal(s) this day of _____.

Signed, sealed and delivered in the presence of:

Witness

Applicant

Co-Applicant



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APPLICANT:
ADDRESS:

DATE:

TOWN OF DAVIE SELF-EMPLOYMENT AFFIDAVIT

Business Name
Business Address
Date Business Opened
Have operations been continuous? Yes No
Type of Business

I, do hereby certify that I am self-employed and that for the most current tax year, my net earnings were \$. I hereby attach copies of my individual federal income tax returns for the three calendar years immediately preceding the date referenced at the bottom of this form. I anticipate my annual earnings for the next calendar year to be \$. I certify that the information shown in such accompanying income tax returns is true and complete to the best of my knowledge. I understand that providing false or misleading information may subject me subject to criminal penalties.

Check all that apply:

- Previous year's tax return (Certified Form 1040)
Financial statements
Loan application listing business income from the preceding 12 months

Comments:

I hereby certify that the information provided is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE



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TO BE COMPLETED BY NOTARY PUBLIC

NOTARY
State of Florida

County of _____

THE FOREGOING INSTRUMENT was acknowledged before me this ____ day of _____, 20____, by _____, personally known to me or has produced _____ as identification.

Notary Public State of Florida at Large

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds.



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APPLICANT:
ADDRESS:

DATE:

TOWN OF DAVIE NON-EMPLOYMENT AFFIDAVIT

PLEASE SELECT ONE OF THE FOLLOWING BOXES:

I HAVE BEEN OFFERED/PROMISED a job to start within the next twelve (12) months.

Table with 4 columns: START DATE, JOB TYPE, HOURLY WAGE, HOURS PER WEEK

I am not currently employed in any capacity nor receiving income from any source, and...

I DO NOT intend to become employed within the next twelve (12) months. I do not receive unemployment compensation or other benefits as a result of my non-employed status, nor am I under any obligation to obtain employment.

I DO NOT intend to become employed within the next twelve (12) months because I am currently under doctor's care and unable to obtain employment.

I am not currently employed in any capacity nor receiving income from any source, however.....

I DO intend to become employed within the next twelve (12) months, but I am not currently employed.

Please state how you intend to meet daily expenses without any anticipated income source:

Blank lines for providing details on meeting daily expenses.

I hereby certify that the information provided is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE



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TO BE COMPLETED BY NOTARY PUBLIC

NOTARY
State of Florida

County of _____

THE FOREGOING INSTRUMENT was acknowledged before me this ____ day of _____, 20____, by _____, personally known to me or has produced _____ as identification.

Notary Public State of Florida at Large

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REGULAR CASH CONTRIBUTIONS

(i.e. Rents income, Regular Family Assistance, Alimony, etc.)

State and/or Federal Regulations require us to verify regular cash contributions made to person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Please return this information to the Town of Davie Community Services Division by mail or fax to (954)797-2058.

Authorization: I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant Print Name Date

Co-Applicant/Household Member Print Name Date

Type of Contribution: Amount:

Frequency of contribution (circle one): daily weekly monthly yearly

Will payment continue over the next 12 months (circle one): Yes No

Expected termination date of cash contributions:

Anticipate total cash contributions over the next 12 months: \$

Signature:

Date:

Printed Name:

Phone:



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TO BE COMPLETED BY NOTARY PUBLIC

NOTARY

State of Florida

County of _____

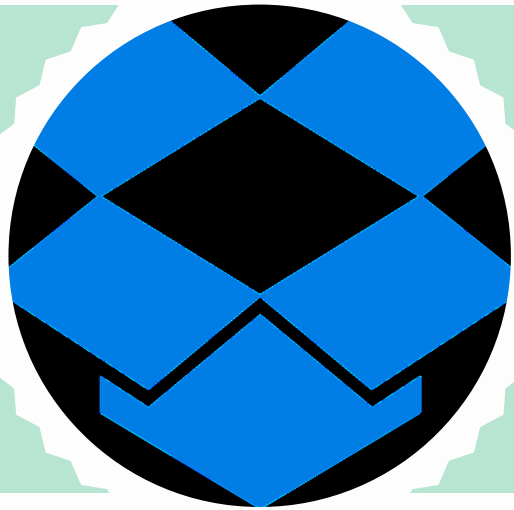
THE FOREGOING INSTRUMENT was acknowledged before me this ____ day of _____, 20____, by _____, personally known to me or has produced _____ as identification.

Notary Public State of Florida at Large

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WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds.

NOTE: For ALL applicable household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate source; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.



How to Use Dropbox

YOU CAN DO IT!

You'll Need a Dropbox Account. Be
Sure to Get the Free Version.

Go to <https://www.dropbox.com/basic> and
click the "sign up for free" box.

A screenshot of a web browser displaying the Dropbox Basic sign-up page. The browser's address bar shows 'dropbox.com/basic'. The page features the Dropbox logo in the top left and a 'Try Dropbox free' button in the top right. The main content area has a light blue background with the text 'Dropbox Basic' and 'Get a Dropbox free account' in a dark red font. Below this, it says 'Sign up for 2 GB of storage, and start accessing and sharing photos, documents, and other files from any device.' A white button with the text 'Sign up for free' is positioned below the text. A teal arrow points from the bottom left towards this button. To the right of the text is a grid of 16 icons representing various file types and folders, each with a small blue circle containing a white 'i'.

How to Use Dropbox

YOU CAN DO IT!

Create Your Account.

This will take you to the "Create an account" page. Fill in your information --> first Name, last Name, email you use, and a password you will remember, but is very secure.

[Try Dropbox Business](#)



[Download the app](#)



Create an account

[or log in](#)

John

Doe


email@yahoo.com

This page is protected by reCAPTCHA, and subject to the [Google Privacy Policy](#) and [Terms of service](#)

I agree to [Dropbox terms](#).

[Create an account](#)

or

 [Sign up with Google](#)

How to Use Dropbox

YOU CAN DO IT!

Once Logged In, Your Page Should Resemble the Interface Below.

The next step requires all of your documents to be scanned into your computer in order, and placed in one folder. It is okay if the documents you scan in are all in one PDF. Once the application and required documents are in a folder, select the upload files or folder on the Dropbox homepage. This is located on the right side; see arrow below.

The screenshot shows the Dropbox homepage. On the left is a sidebar with navigation options: Home, Files, Paper (marked 'New'), HelloSign, Transfer, and Showcase. The main content area is titled 'Home' and includes a search bar, an 'Upgrade account' link, and a 'Hide' button. Below this is a 'Suggested from your activity' section with a 'PDF' icon and the text 'Get Started w... Dropbox.pdf'. A 'Recent' section lists two items: 'Get Started with Dropbox.pdf' and 'Get Started with Dropbox Paper.url'. A 'Starred' section is also visible. On the right side, there is a 'Create new file' dropdown menu with options: 'Upload files', 'Upload folder', 'New folder', and 'New shared folder'. A large teal arrow points from the 'Create new file' button to the 'Upload files' option. At the bottom right, there are links for 'Privacy' and a help icon.

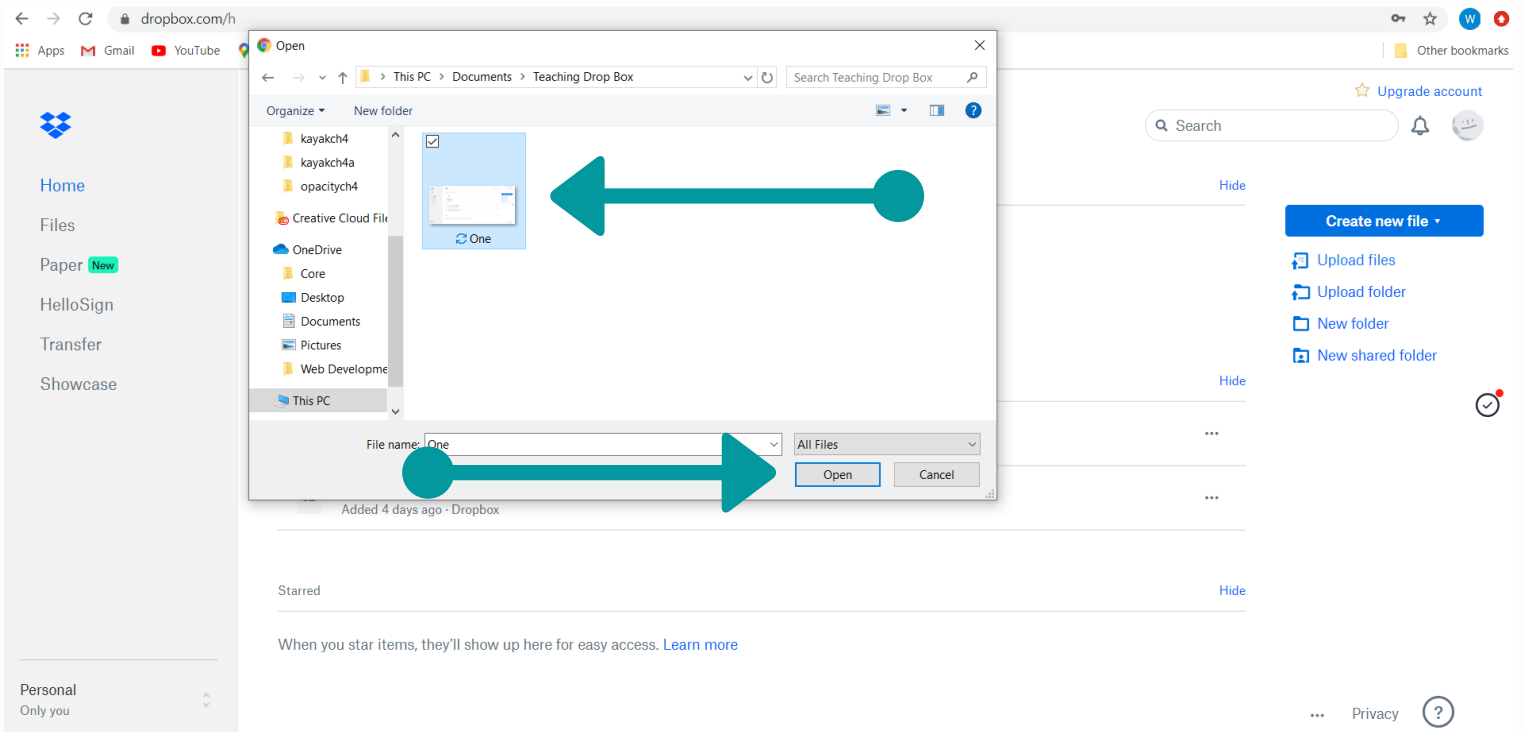
This block provides a magnified view of the 'Create new file' dropdown menu. The menu is shown as a blue button with a downward arrow, labeled 'Create new file'. Below the button, four options are listed with corresponding icons: 'Upload files' (document icon), 'Upload folder' (folder icon), 'New folder' (empty folder icon), and 'New shared folder' (folder icon with a person). A large teal arrow points from the left towards the 'Upload files' option. The word 'Magnified' is written in a large, bold, purple font to the right of the menu.

How to Use Dropbox

YOU CAN DO IT!

Your Computer's File Box Will Open.

Select the file with your application and required documents. Then click open.



How to Use Dropbox

YOU CAN DO IT!

Your Application Folder Should Now Be In Recent Documents.

Select the file with your application and required documents. Then click open.

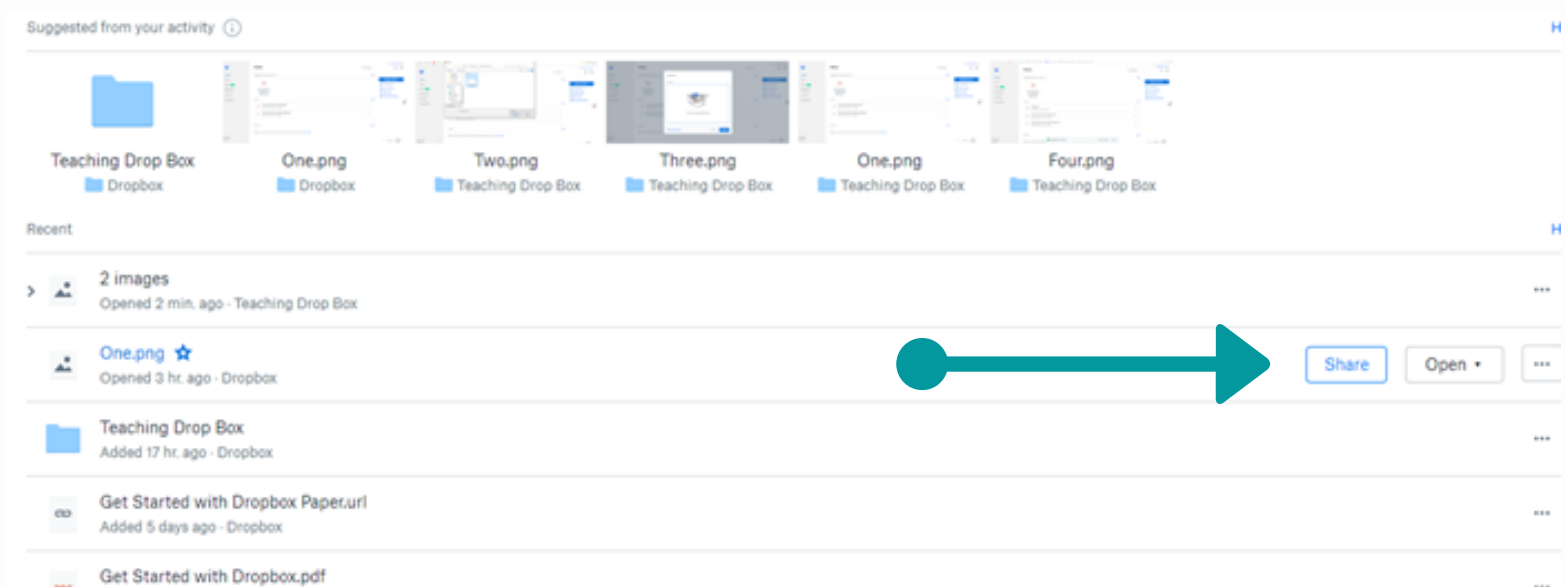
The screenshot shows the Dropbox web interface. On the left is a navigation sidebar with options: Home, Files, Paper (marked 'New'), HelloSign, Transfer, and Showcase. The main content area is titled 'Home' and features a search bar, an 'Upgrade account' link, and a 'Create new file' button with sub-options: Upload files, Upload folder, New folder, and New shared folder. The 'Recent' section lists three files: 'One.png' (Added just now - Dropbox), 'Get Started with Dropbox.pdf' (Opened 4 days ago - Dropbox), and 'Get Started with Dropbox Paper.url' (Added 4 days ago - Dropbox). A large teal arrow points to the 'One.png' file. A notification banner at the bottom indicates 'Uploaded One.png' with 'View details' and 'Close' buttons. The bottom right corner includes a 'Privacy' link and a help icon.

How to Use Dropbox

YOU CAN DO IT!

Place the Mouse Over Your New Document.

When you "hover" over your newly saved application, a "share" button should appear. Click on the share button. This will take you to a new pop-up box that allows you to email your application safely to our Dropbox.



How to Use Dropbox

YOU CAN DO IT!

Type Our Email.

Place our email, **COVID19Rent@davie-fl.gov**, in the "To" box. Once the text is recognized as an email, a share button should appear in the bottom-right corner. Once clicked, you have then shared your application.

