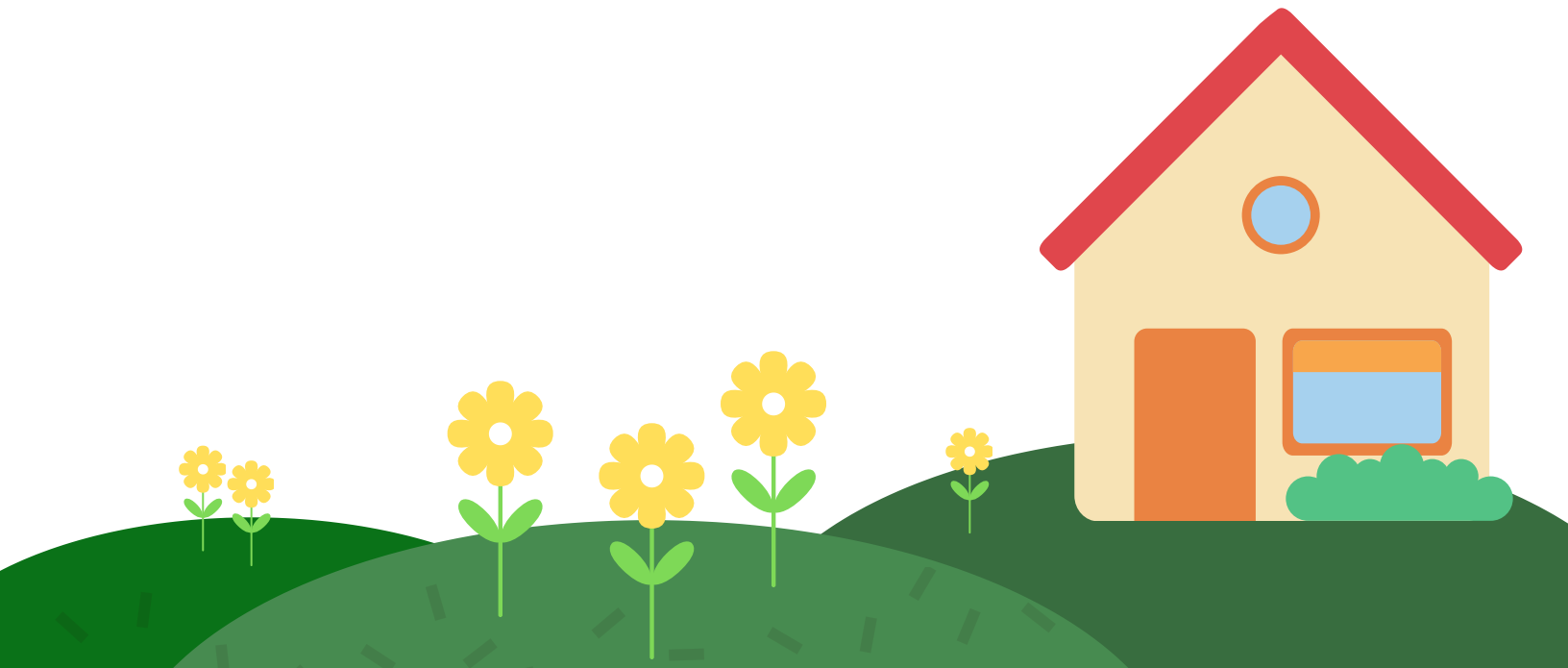


# Town of Davie CRF Foreclosure Prevention Program

## **Important Notice:**

Applications will be accepted from August 3rd, 2020 through October 2nd, 2020. Incomplete submissions will not be accepted or processed. If your submission is denied, you may resubmit by 4:00 PM on October 2nd, 2020.

Please be aware, email correspondence will be utilized throughout the program, and it is required that you provide a valid email address.





**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 Foreclosure Prevention Program Policy & Application**  
**Effective Date: August 3rd, 2020**

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

The COVID-19 Foreclosure Prevention Program provides mortgage 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 mortgages due beginning on April 1, 2020 and onward. Eligible applicants should be able to demonstrate the capacity to make mortgage payments and meet basic needs once assistance is provided.

The COVID-19 Foreclosure 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 **Program Information** portion of the application.
2. Review and check the **Required Documents List**.
3. Sign all documentation included within this application package.
4. Complete the application portion of this package, leaving no spaces blank.
5. Completed applications will primarily be accepted by dropping off in drop-box at **4700 SW 64 Ave Suite D Davie, FL 33314** or by mail to the same address.
6. Please note that Town facilities remain closed to the public, therefore applications can only be submitted to the locked drop-box between the hours of 8:30 AM through 4:30 PM, Monday through Friday; applications will not be accepted after hours or on weekends. You may also mail your application to the address listed above. Please adhere to social distancing guidelines when utilizing the drop-box.



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**All applications MUST BE enclosed in a plain sealed envelope marked "Foreclosure Prevention Program" and addressed to the location identified on the previous page.**

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

## **Program Information**

The COVID-19 Foreclosure Prevention Program is created to assist eligible Town of Davie households with temporary mortgage 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 mortgages due beginning on April 1, 2020 and onward. The assistance is limited to a maximum award of up to \$13,000.00. This \$13,000.00 limit includes mortgage payments to cover up to six (6) months, considered on a case-by-case basis, after reevaluating income for eligibility each month, and is dependent on 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 Coronavirus Relief Funds (CRF), CDBG funds, or other sources of funding to conduct activities associated with the COVID-19 Foreclosure 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 \$13,000 per household. This \$13,000.00 limit includes mortgage payments to cover up to six (6) month's, which will be considered on a case-by-case basis, after reevaluating income for eligibility each month, and is dependent on 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) or household members must not have more than \$10,000 of liquid assets. A liquid asset is an asset that can easily be converted into cash in a short amount of time. Liquid assets include things like cash, all money in your checking and savings accounts, money market instruments, and marketable securities. Examples of **non-liquid assets** are your car, house, and 401(K).
- Applicant(s) must meet gross annual incomes not exceeding 120% 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 5.
- Assistance will only be provided for mortgages 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 mortgage payments.
- Applicant(s) name must be listed on the mortgage statement and the warranty deed.
- Eligible applicants should be able to demonstrate the capacity to make mortgage payments and meet basic needs once assistance is provided.
- Applicant(s) or household members must not have received any other financial assistance for mortgage for the time frame payment is requested.
- Applicant(s) must apply for unemployment benefits and provide support documentation. If eligible and awarded, you will be required to sign a duplication of benefits form.
- If your submission does not meet all guidelines, you do not provide all documentation, and/or you do not initially disclose information that is later discovered, your submission will be deemed ineligible.



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### **Eligible Properties**

Eligible properties must be located within the Town of Davie and be owner occupied.

### **Ineligible Properties**

Secondary properties owned by the applicant (example: rental properties).

### 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, first-ready eligible basis from all applicant(s) meeting program eligibility criteria, subject to funding availability.

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, the application will not be processed.**



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**SHIP/CDBG Income Guidelines**  
**Income Limits Effective 4/1/2020**

**Maximum Income Limit-Adjusted for Household Size**

| Household Size | 30%      | 50%      | 80%      | 120%      |
|----------------|----------|----------|----------|-----------|
| 1 Person       | \$18,750 | \$31,200 | \$49,950 | \$74,880  |
| 2 Person       | \$21,400 | \$35,650 | \$57,050 | \$85,560  |
| 3 Person       | \$24,100 | \$40,100 | \$64,200 | \$96,240  |
| 4 Person       | \$26,750 | \$44,550 | \$71,300 | \$106,920 |
| 5 Person       | \$30,680 | \$48,150 | \$77,050 | \$115,560 |
| 6 Person       | \$35,160 | \$51,700 | \$82,750 | \$124,080 |
| 7 Person       | \$39,640 | \$55,250 | \$88,450 | \$132,600 |
| 8 Person       | \$44,120 | \$58,850 | \$94,150 | \$141,240 |

**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.**



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**Required Documents:**

**In order for your application to be processed, all 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. Appropriate information will be verified by a third-party if applicable. Only copies will be accepted. **All household members 18 and older must provide the following documents.** If your submission does not meet all guidelines, you do not provide all documentation, and/or you do not initially disclose all required information, your submission will be deemed ineligible. Please check off all that apply on the left.

**TOWN OF  
DAVIE  
VERIFIED**

**1. Photo Identification.** Provide photo ID for all household members over the age of 18.

**2. Proof of citizenship or legal alien status documents (only for main applicant).**

- A. Passport
- B. United States of America birth certificate or
- C. Alien registration card or
- D. Naturalization papers or
- E. Student/Work Visa

**3. 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.

**4. Documentable proof of crisis due to COVID-19.**

- A. Letterhead from employer indicating lay off /loss of income OR
- B. Reemployment Assistance Benefits. This must have your name listed on it with award amount or pending status, from FLDOE. Otherwise it does not serve as proof as yours or household members.

**5. Homeowner Documentation.** Please provide the following:

- Most recent mortgage statement and/or forbearance plan AND
- Warranty deed.

**6. Self-Employment Affidavit** if applicable.



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## **CRF FORECLOSURE PREVENTION PROGRAM APPLICATION**

### **INSTRUCTIONS FOR APPLICATION**

#### **General Instructions**

Read the instructions.

Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in. All household members 18 years of age or older must sign and date the application. Completed applications will primarily be accepted by dropping off in drop-box at **4700 SW 64 Ave Suite D Davie, FL 33314** or by mail to the same address.

#### **Itemized Instructions**

**1. APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail, an e-mail address (**required**), your date of birth, and your marital status and other fields.

**2. CO-APPLICANT/OTHER HOUSEHOLD MEMBER INFORMATION:** List all other members of the household residing in the unit. Attach additional sheets if necessary.

**3. ALTERNATE CONTACTS INFORMATION:** This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. List contacts who are helping you through this process, if applicable.

**4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, gender, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.

**5. RACE AND ETHNICITY FOR HEAD OF HOUSEHOLD:** This information is collected for reporting purposes only.

**6. ELIGIBILITY INFORMATION:** The information collected here is important to determine eligibility as it relates to emergency assistance.

**7. COVID-19 INFORMATION:** Provide basic information concerning eligibility related to the public health emergency with respect to COVID-19. Provide information on whether you or a household member was directly affected by COVID-19.





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**8. OTHER ASSISTANCE RECEIVED:** Provide all information any other type of related assistance to the disaster.

**9. INCOME INFORMATION:** Provide information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members over age 18. Food benefits are NOT considered income.

**10. ASSET INFORMATION:** Provide the requested information on assets for all household members. Examples of what constitutes assets are listed below:  
Typical assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;
- Mortgage or deeds of trust held by the applicant

Some items of personal property are NOT counted as assets for the purposes of determining annual income:

- Automobiles;
- Jewelry; and/or
- Term life insurance policies

#### **11. FALSE STATEMENTS**

Chapter 817 of the Florida Statutes 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 775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

#### **12. PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT**

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Information provided by you/your household 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 finalizing the application for assistance or supplying any information, your signature below indicates that:



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I/We agree to hold harmless and indemnify the Town of Davie, any governmental agency, its officers, 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 Town of Davie does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the Town of Davie in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that the Town of Davie 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 Town of Davie or any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

**13. ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the Town of Davie to request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

Applicant's Signature

Date

Applicant's Printed Name

Co-Applicant's Signature

Date

Co-Applicant's Printed Name

Adult Household Member's Signature

Date

Adult Household Member's Printed Name

Adult Household Member's Signature

Date

Adult Household Member's Printed Name



**Timestamp to be completed  
by Town staff only**

**CRF RENTAL EVICTION PREVENTION PROGRAM APPLICATION**

**1. TO BE COMPLETED BY HEAD OF HOUSEHOLD:**

|                             |  |                          |  |
|-----------------------------|--|--------------------------|--|
| <b>Full Name</b>            | <input style="width: 95%;" type="text"/>                 | <b>Social Security #</b> | <input style="width: 95%;" type="text"/>                 |
| <b>Current Address</b>      | <input style="width: 430px;" type="text"/>               | <b>Apt#</b>              | <input style="width: 80px;" type="text"/>                |
| <b>City, State, and Zip</b> | <input style="width: 100%;" type="text"/>                |                          |  |
| <b>Daytime Phone</b>        | <input style="width: 280px;" type="text"/>               | <b>Mobile Phone</b>      | <input style="width: 280px;" type="text"/>               |
| <b>Email Address</b>        | <input style="width: 280px;" type="text"/>               | <b>Date of Birth</b>     | <input style="width: 280px;" type="text"/>               |
| <b>Marital Status</b>       | <input style="width: 180px;" type="text"/>               | <b>Age</b>               | <input style="width: 180px;" type="text"/>               |
|                             |  | <b>Gender</b>            | <input style="width: 180px;" type="text"/>               |
| <b>Employed?</b>            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Self-Employed?</b>    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**2. TO BE COMPLETED BY CO-APPLICANT:**

|                             |  |                          |  |
|-----------------------------|--|--------------------------|--|
| <b>Full Name</b>            | <input style="width: 95%;" type="text"/>                 | <b>Social Security #</b> | <input style="width: 95%;" type="text"/>                 |
| <b>Current Address</b>      | <input style="width: 430px;" type="text"/>               | <b>Apt#</b>              | <input style="width: 80px;" type="text"/>                |
| <b>City, State, and Zip</b> | <input style="width: 100%;" type="text"/>                |                          |  |
| <b>Daytime Phone</b>        | <input style="width: 280px;" type="text"/>               | <b>Mobile Phone</b>      | <input style="width: 280px;" type="text"/>               |
| <b>Email Address</b>        | <input style="width: 280px;" type="text"/>               | <b>Date of Birth</b>     | <input style="width: 280px;" type="text"/>               |
| <b>Marital Status</b>       | <input style="width: 180px;" type="text"/>               | <b>Age</b>               | <input style="width: 180px;" type="text"/>               |
|                             |  | <b>Gender</b>            | <input style="width: 180px;" type="text"/>               |
| <b>Employed?</b>            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Self-Employed?</b>    | <input type="checkbox"/> Yes <input type="checkbox"/> No |



**3. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:** As of today, all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household

| Household Member Name | Relationship to Head of HH | Date of Birth/Age | Is Household Member Disabled? Y/N | Employed? Y/N | Social Security # |
|-----------------------|----------------------------|-------------------|-----------------------------------|---------------|-------------------|
|                       |                            |                   |                                   |               |                   |
|                       |                            |                   |                                   |               |                   |
|                       |                            |                   |                                   |               |                   |
|                       |                            |                   |                                   |               |                   |

**4. RACE AND ETHNICITY FOR HEAD OF HOUSEHOLD (ONLY FOR HEAD OF HOUSEHOLD, CHECK ONE).** This information is being collected for reporting purposes only.

**RACE (CHECK ALL THAT APPLY):**

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Asian
- White
- Other Multi-Racial

**ETHNICITY (CHECK ONE):**

- Hispanic or Latino- A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin", can be used in addition to "Hispanic or Latino".
- Non-Hispanic or Latino- A person not of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

**5. ELIGIBILITY INFORMATION**

Were you or a household member affected by the COVID-19 pandemic? **YES** **NO**

How many household members are/were affected by COVID-19? [ ]

**For each household member affected by COVID-19, provide the following information:**

**Main Household Member**

Name of affected household member: [ ]

Are they unemployed due to COVID-19? [ ]

Date person became unemployed or hours reduced: [ ]



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Employment prior to being impacted by COVID-19:

Name of Employer:  Phone# of Employer:

Address of Employer:

What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020, whichever is later? (Please note these amounts should be equal to what is placed on your self-certification and household income pages).

\$

What is the projected annual gross income of this household after being affected by COVID-19?

\$

Is this household member receiving unemployment benefits?

YES  NO

If yes, how much are they receiving monthly?

\$

**Please provide additional details about COVID-19 related hardship:**

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**2nd Household Member:**

Name of affected household member:

Are they unemployed due to COVID-19?

Date person became unemployed or hours reduced:

Employment prior to being impacted by COVID-19:

Name of Employer:  Phone# of Employer:

Address of Employer:



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What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020, whichever is later? (Please note these amounts should be equal to what is placed on your self-certification and household income pages).

\$

What is the projected annual gross income of this household after being affected by COVID-19?

\$

Is this household member receiving unemployment benefits?

YES  NO

If yes, how much are they receiving monthly?

\$

**Please provide additional details about COVID-19 related hardship:**

**6. Leased Property Information**

Are you past due or delinquent on your rent?

YES  NO

What are the penalties due, if any?

\$

Landlord Name:

Landlord Phone Number

How many months of rent are due?



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*The following question will require a special review to determine eligibility:*

Did you apply for COVID-19 assistance to any other program or organization?

**YES**      **NO**

Explain:

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Have you received any COVID-19 related assistance?

**YES**      **NO**

If yes, amount approved?

\$

Amount received to date?

\$

List agencies providing service:

- 1.
- 2.
- 3.

**7. Small Business Administration (SBA)**

Have you received any event-related assistance from the SBA? (If no, continue to letter C. in this section.)

**YES**      **NO**

If yes, amount approved?

\$



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What is/are your SBA Application No. (s)?

1.

2.

What is/are your SBA Loan No. (s)?

1.

2.

What is the status of your SBA Loan, ex. paying as agreed, did not use, etc.

Text input area for SBA Loan status, containing three horizontal lines for text entry.

Did you receive any other assistance due to disaster?

**YES**

**NO**

If yes, explain the type of assistance you received ex. Red Cross, United Way, previous federal or state assistance (CRF, CDBG, CDBG-DR, HOME), etc.

Text input area for explanation of assistance, containing three horizontal lines for text entry.



# Household Income

For each household member (HH Mbr#) below, anticipate annual income **for the next 12 months by converting current income to annual figures.** Convert wages/income by multiplying it by the frequency in which it is received and factor in amounts that will terminate before the end of the next 12 months. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-monthly income (received twice each month) by 24; and Monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income. Leave blank those that do not apply. To determine the total income for the household, add up all columns on the last row of this chart. Please note this section should be equal to your self certification and self-employment affidavit (if applicable).

| Income Sources   | HH Mbr #1 | HH Mbr #2 | HH Mbr #3 | HH Mbr #4 |
|--|-----------|-----------|-----------|-----------|
| Unemployment Compensation<br>(include regular unemployment, Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation)<br>(exclude Federal Pandemic Unemployment Compensation) |           |           |           |           |
| Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions)  |           |           |           |           |
| Net income from business and self-employment<br>(include income from independent contractors, Gig jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.)                               |           |           |           |           |
| Interest, dividends, and other net income of any kind from real or personal property (include rental income)   |           |           |           |           |
| Social Security (include disability/Supplemental; include gross amount prior to any Medicare premiums)   |           |           |           |           |
| Retirement/Pension/Insurance policy/Annuities  |           |           |           |           |
| Disability or Death Benefits (disability compensation)   |           |           |           |           |
| Worker's Compensation and Severance pay  |           |           |           |           |
| Welfare Assistance Payments (Temporary Assistance to Needy Families)   |           |           |           |           |
| Regular Pay, special pay, and housing allowance for the Armed Forces (exclude military hazard pay)   |           |           |           |           |
| Veterans Administration (VA) Benefits (exclude deferred disability benefits)   |           |           |           |           |
| Adoption Assistance Payments (exclude amount in excess of \$480)   |           |           |           |           |
| Alimony or Child Support (include only amounts expected)   |           |           |           |           |
| Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the unit   |           |           |           |           |
| Other, please describe:  |           |           |           |           |
| <b>Total for each household member</b>   |           |           |           |           |
| <b>Total Income for Household</b>  |           |           |           |           |



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**8. Asset Information: Provide the requested information on any property you may own or assets you may have.**

Do you own any other real estate?

**YES      NO      N/A**

**Assets:** List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. **Please be aware, checking and savings bank accounts are assets. (A listing of examples is located in the instruction section).** Provide this information for all household members.

| Household Member Name | Type of Asset | Institution Name | Last 4 digits account number | Cash Value | Annual Income from Asset |
|-----------------------|---------------|------------------|------------------------------|------------|--------------------------|
|                       |               |                  |                              |            |                          |
|                       |               |                  |                              |            |                          |
|                       |               |                  |                              |            |                          |
|                       |               |                  |                              |            |                          |
|                       |               |                  |                              |            |                          |
|                       |               |                  |                              |            |                          |
|                       |               |                  |                              |            |                          |

Do you have more than \$10,000 in liquid assets? A liquid asset is an asset that can easily be converted into cash in a short amount of time. Liquid assets include things like cash, all money in your checking and savings accounts, money market instruments, and marketable securities. Examples of **non-liquid assets** are your car, house, and 401(K).

**YES      NO**

If you answered yes to the previous question, is the \$10,000 or more in the form of a student loan? If you answer yes, please provide documentation. If the amount is not a student loan, please be aware you are ineligible for this program due to the asset cap.

**YES      NO      N/A**



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

**ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the Town of Davie to request information from the third parties concerning your eligibility and participation in this program.

Information Covered: Inquiries may be made about items initialed below by the applicant

Instructions to Applicant: Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the Town of Davie or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the CRF Foreclosure Prevention Program for disaster assistance. Each adult member of the household must sign this Eligibility Release.

Information provided by the applicant's may be subject to Chapter 119, Florida Statutes, regarding Open Records.

**Applicant Certification:** Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the Town of Davie or any of its duly authorized representatives to verify the information listed herein.

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the CRF program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information for the purpose of obtaining assistance is grounds for termination of housing assistance and is punishable under Chapter 817 of the Florida Statutes as a first-degree misdemeanor.

I/We authorize the above-referenced Town of Davie/subrecipient/sponsor and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

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**Applicant's Authorization:**

I authorize the Town of Davie to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the Town of Davie and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the Town of Davie in the eligibility verification process.
- (5) Applicants who provide a self-certification will be required to provide proof of income when the President's or Governor's executive order expires. If the applicant falsified information to obtain assistance, all funds paid on behalf of the applicant must be repaid to the program.

Applicant's Signature

Date

Applicant's Printed Name

Co-Applicant's Signature

Date

Co-Applicant's Printed Name

Adult Household Member's Signature

Date

Adult Household Member's Printed Name

Adult Household Member's Signature

Date

Adult Household Member's Printed Name

**Warning:** Chapter 817 of the Florida Statutes 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 775.083.



**CRF FORECLOSURE PREVENTION PROGRAM SELF CERTIFICATION OF INCOME FORM**  
**To be completed by EACH adult household member 18 and older. All fields are required.**

**Name of Household Member** [redacted] **Phone #** [redacted]

**Address** [redacted] **Email** [redacted]

1.  I hereby certify that I have been negatively impacted by the COVID-19 pandemic and have had my hours reduced or have become unemployed.

2. I will receive income from the following sources over the next 12 months: (Circle Y for yes, N for no) for each statement.

**Y**    **N**    Wages from employment (including comissions, tips, bonuses, fees, etc.): \$ [redacted]

**Y**    **N**    Net income from operation of a business: \$ [redacted]

**Y**    **N**    Rental income from real or personal property: \$ [redacted]

**Y**    **N**    Interest or dividends from assets: \$ [redacted]

**Y**    **N**    Gross Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits: \$ [redacted]

**Y**    **N**    Unemployment: \$ [redacted]

**Y**    **N**    Disability Payments: \$ [redacted]

**Y**    **N**    Public Assistance Payments: \$ [redacted]

**Y**    **N**    Periodic allowances such as alimony, child support, or gifts received from persons not living in my household: \$ [redacted]

**Y**    **N**    Sales from self-employed resources: \$ [redacted]

**Y**    **N**    Any other not named above: \$ [redacted]

**Y**    **N**    I currently have no income of any kind and there is no imminent change expected in my financial status or employment.

3. I will be using the following sources of funds to pay for rent and other necessities:

[redacted]

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I certify my anticipated gross annual income for the next 12 months to be (Total of section 2):

\$

I will inform Town of Davie staff if my income changes during the period when I am receiving assistance.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information shall result in your application being denied. The information provided is subject to verification by the Town of Davie.

Applicant's Signature

Date

Applicant's Printed Name

Witness Signature

Witness Signature

OR

FOR AN OATH OR AFFIRMATION:

STATE OF FLORIDA

COUNTY OF

Sworn to (or affirmed) and described before me this day of , 20, by .

(NOTARY SEAL)

Signature

Name of Notary (Typed, Printed, or Stamped)

Personally Known OR Produced Identification

Type of Identification Produced

# TOWN OF DAVIE SELF-EMPLOYMENT AFFIDAVIT

To be completed by EACH self-employed household member. Please make additional copies if necessary.

Applicant:

Date:

Address:

Business Name:

Business Address:

Date Business Opened:

Type of Business:

Have Operations Been Continuous?:    Yes        No   

I, \_\_\_\_\_, do hereby certify that I am self-employed and that for the most current tax year \_\_\_\_\_, pre-COVID my net earnings were \$\_\_\_\_\_. I anticipate my annual earnings for the next calendar year after losses incurred due to the COVID-19 pandemic to be \$\_\_\_\_\_. I certify that the information shown 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.

Comments:

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

Signature of Applicant

Date