



**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 Information and Policies**  
**Effective Date: January 5th, 2021**

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

The COVID-19 Foreclosure Prevention Program provides one-time mortgage assistance to eligible Town of Davie residents who have experienced documentable loss of income, reduction in hours, or unemployment as a result of the COVID-19 pandemic only, that contributed to missed mortgage payments. Assistance will only be provided for mortgages due beginning on April 1, 2020 and onward.

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. Applicant must reside within the Town of Davie, and mortgage assistance is solely available to your full-time residence. Applicant(s) must have a mortgage statement and warranty deed in their or a household member's name and applicant(s) or household members must not have received any other financial assistance for mortgage for the time frame payment is requested. Funding is not paid to the resident, it is only paid out to the mortgagee, and may only be paid out if there is a balance due on your mortgage.

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 Overview** (pages 1-3) portion of the application and initial each page.
2. Complete the **Applicant and Household Information** (pages 5-11) portion of the application.
3. Complete and attach copies of all requested documentation to the **Required Documents** (page 4) portion of the application.
4. Complete the **Self Certification** on pages 12-14, as well as the self employment affidavit if applicable.
5. Completed applications will ONLY be accepted by one of the following methods:

- **By Mail**
- **Drop in Physical Dropbox at:**

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



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**Program Policies and Procedures**

The assistance is limited to a maximum award of **up to** \$13,000.00 and/or up to six months mortgage, considered on a case-by-case basis, after reevaluating income for eligibility each month, and **is dependent on the availability of funds within the program**. Only complete application submissions will be considered. The amount of the grant will be based on the amount of assistance needed to pay your mortgage per your signed mortgage statement provided by your mortgagee. The Town is utilizing Community Development Block Grant (CDBG-CV) funds to support this program.

Applicant and household members do not repay funds, and must not have received any other financial assistance for mortgage for the timeframe payment is requested. By accepting the grant assistance, the recipient agrees to complete a duplication of benefits form.

Please be advised that the Town may request additional documentation to update your file until we deem it to be complete; continue to actively check your email throughout your participation in the program for emails pertaining to your application.

In regards to assets, while loans are not counted as regular assets towards your income calculation, loans do count towards your liquid asset balance. Only student loans that can be proved/tracked through school-issued documentation do not count towards liquid assets. Applicant(s) or household members must have no liquid assets that exceed \$10,000.00.

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. Residents must remain in the property documented on their mortgage statement to be considered for the program. 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.

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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**CDBG-CV Income Guidelines**  
**Income Limits Effective 4/1/2020**

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.

<b>Household Size</b>	<b>30%</b>	<b>50%</b>	<b>80%</b>
<b>1 Person</b>	<b>\$18,750</b>	<b>\$31,200</b>	<b>\$49,950</b>
<b>2 Person</b>	<b>\$21,400</b>	<b>\$35,650</b>	<b>\$57,050</b>
<b>3 Person</b>	<b>\$24,100</b>	<b>\$40,100</b>	<b>\$64,200</b>
<b>4 Person</b>	<b>\$26,750</b>	<b>\$44,550</b>	<b>\$71,300</b>
<b>5 Person</b>	<b>\$30,680</b>	<b>\$48,150</b>	<b>\$77,050</b>
<b>6 Person</b>	<b>\$35,160</b>	<b>\$51,700</b>	<b>\$82,750</b>
<b>7 Person</b>	<b>\$39,640</b>	<b>\$55,250</b>	<b>\$88,450</b>
<b>8 Person</b>	<b>\$44,120</b>	<b>\$58,850</b>	<b>\$94,150</b>



**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. Please check**

**APPLICANT CHECK**

**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, the following is accepted proof):**

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

**3. Proof of household members under 18:**

- 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. If a dependent over 18 is a full-time student, please submit a copy of their class schedule, with their name visible, in addition to the above documents.

**4. Documentable proof of crisis due to COVID-19 for all household members with income loss. If proof from all household members experiencing loss/reduction/etc., is not included, application will be rejected.**

A. 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. If you have not applied, please apply and provide this documentation.

*or*

B. Letterhead from employer indicating lay off/loss of income due to COVID-19.

*or*

C. Self-employment affidavit if applicable.

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

A. Most recent mortgage statement and/or forbearance plan and

B. Warranty deed.



Timestamp to be completed  
 by Town staff only

## CV FORECLOSURE PREVENTION PROGRAM APPLICATION

### Main Applicant

We will need to be able to contact you by phone and email. Please provide relevant contact information. If we are unable to reach you, your application will be deemed ineligible.

Full Name  Social Security #

Current Address  Apt#

City, State, and Zip

Daytime Phone  Mobile Phone

Email Address  Date of Birth

Marital Status  Age  Gender

Employed?  Yes  No  Self-Employed?  Yes  No

Is applicant disabled?  Yes  No  Race/Ethnicity

### Co-Applicant

Full Name  Social Security #

Current Address  Apt#

City, State, and Zip

Daytime Phone  Mobile Phone

Email Address  Date of Birth

Marital Status  Age  Gender

Employed?  Yes  No  Self-Employed?  Yes  No

Is applicant disabled?  Yes  No



**HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:** As of today, all **other** members of the household aside from applicant and co-applicant. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). Indicate if there will be any additional members in the near future to the household. Away college students count as household members.

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

Was your household impacted by the Covid-19 pandemic? Yes No

### Your Property

Mortgage Name  Property Type

Street Address

City, State, and Zip

Mortgage Phone  Mortgage Amount

Mortgage Email Address

Is This Your Full Time Residence? Yes No

Are You Past Due on Your Mortgage? Yes No If Yes, How Many Months Are Due?

What are the penalties due, if any? \$



# Household Employment Information

## Main Applicant

Explain how Covid-19 impacted your income; Provide sufficient detail to substantiate your claims.

[Large text input area for explaining Covid-19 impact]

- Furloughed/Laid Off From Listed Employment
- Terminated From Listed Employment
- Hours Reduced
- Self Employed
- Employed
- Other: \_\_\_\_\_

Applicant Name [input] Employer Name [input]

Job Title [input] Employer Phone [input]

Employer Address [input]

Is this household member receiving unemployment benefits? Yes No

If so, how much do they receive weekly? \$ [input]



Co-Applicant

Explain how Covid-19 impacted your income; Provide sufficient detail to substantiate your claims.

Large text input area for explaining Covid-19 impact on income.

\_\_\_ Furloughed/Laid Off From Listed Employment

\_\_\_ Self Employed

\_\_\_ Terminated From Listed Employment

\_\_\_ Employed

\_\_\_ Hours Reduced

Other: \_\_\_\_\_

Applicant Name [input field]

Employer Name [input field]

Job Title [input field]

Employer Phone [input field]

Employer Address [input field]

Is this household member receiving unemployment benefits?

Yes No buttons

If so, how much do they receive weekly?

\$ [input field]





## Household Member

Explain how Covid-19 impacted your income; Provide sufficient detail to substantiate your claims.

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Furloughed/Laid Off From Listed Employment

Self Employed

Terminated From Listed Employment

Employed

Hours Reduced

Other: \_\_\_\_\_

Applicant Name

Employer Name

Job Title

Employer Phone

Employer Address

Is this household member receiving unemployment benefits?

Yes	No
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If so, how much do they receive weekly?

\$

\*\*\*You may print additional pages as needed if additional household members (18+) are present.



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

Information Covered: Inquiries may be made about items 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/CDBG-CV Rental Eviction/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/CDBG-CV 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.

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.

**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.

**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.

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Your Social Security Number is being collected for the purposes of income certifying you for the Town's Housing Stabilization Program which may require 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.

**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) 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:** 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. 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.



**CV FORECLOSURE PREVENTION PROGRAM SELF CERTIFICATION OF INCOME FORM (Pages 12-14)**

**To be completed separately by EACH adult household member 18 and older. All fields are required.**  
**Print and complete multiple copies of pages 12 through 14 if more than one adult (18+) household member;**  
**each individual must have their own self certification pages.**

**Name of Household Member**  **Phone #**   
**Address**  **Email**

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.

**What was your annual gross income before being affected by Covid?**

**\$**

2. I will receive income from the following sources over the next 12 months: (Circle Y for yes, N for no) for each statement. If yes, place the **annualized amount** you expect to receive over the next 12 months. Please annualize amounts; do not place biweekly, monthly, etc. amounts in spaces.

- Y**    **N**    Wages from employment (including comissions, tips, bonuses, fees, etc.): **\$**
- Y**    **N**    Net income from operation of a business: **\$**
- Y**    **N**    Rental income from real or personal property: **\$**
- Y**    **N**    Interest or dividends from assets: **\$**
- Y**    **N**    Gross Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits: **\$**
- Y**    **N**    Unemployment: **\$**
- Y**    **N**    Disability Payments: **\$**
- Y**    **N**    Public Assistance Payments: **\$**
- Y**    **N**    Periodic allowances such as alimony, child support, or gifts received from persons not living in my household: **\$**
- Y**    **N**    Sales from self-employed resources: **\$**
- Y**    **N**    Any other not named above: **\$**
- Y**    **N**    I currently have no income of any kind and there is no imminent change expected in my financial status or employment.

**I certify my anticipated gross annual income for the next 12 months to be:**

**\$**



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I have not received any other form of assistance which would constitute a duplication of benefits for the requested assistance.

**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 (ex.: interest received). **Please be aware, cash held in checking and savings bank accounts are assets.** 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

**FURTHER CLARIFICATION REGARDING ASSETS:** 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.

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

I certify I will provide third-party documentation upon request.

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.

[Signature line]

Applicant's Signature

[Date line]

Date

[Printed Name line]

Applicant's Printed Name

[Witness Signature One line]

Witness Signature One (1)

[Date line]

Date

[Witness Signature Two line]

Witness Signature Two (2)

[Date line]

Date

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 in the year I last filed taxes, \_\_\_\_\_, 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 to criminal penalties.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of Applicant

Date