

# EVICTON PREVENTION/ RENTAL ASSISTANCE INTAKE APPLICATION

## INSTRUCTIONS FOR APPLICATION

### General Instructions

- Read the instructions for this application.
- Please type or use **BLUE** 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.
- Submit application with all the required documentation to:

City of Hollywood  
2600 Hollywood Blvd., Old Library Building  
Hollywood, FL 33020

*Special Instructions: Applicants may utilize the "Mail Drop Box" located on the right side of the glass doors of the Old Library Building.*

### Itemized Instructions

#### 1. COVERSHEET TO BE COMPLETED BY APPLICANT AND CO-APPLICANT:

**2. APPLICANT INFORMATION, HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** Provide your legal name, an address where you receive your mail, an e-mail address (if applicable), your date of birth, and your marital status and other fields. 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

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

**5. ELIGIBILITY & LANDLORD INFORMATION:** The information collected here is important to determine eligibility as it relates to emergency assistance and related contact information for payment processing.

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

**7. 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.

**8. 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

#### **9. Estimate Pre-COVID Income**

List estimated Annual Income based on income sources being received before March 9, 2020

#### **10. Anticipated Post-COVID Income**

List anticipated Annual Income based on income sources being received after March 9, 2020

#### **11. APPLICANT CERTIFICATIONS AND ELIGIBILITY RELEASE**

It is required that you sign this form, which allows the City 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. The form also certifies 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 City of Hollywood, Subrecipient, State or Vendor or any of its duly authorized representatives to verify the information listed herein.

# HOUSING INTAKE APPLICATION

## 1. Coversheet

<b>APPLICANT</b>
<b>First Name:</b>
<b>Last Name:</b>
<b>Current Address:</b>
<b>City:</b>
<b>State:</b>
<b>Zip:</b>
<b>Address prior to March 9, 2020 (If different than current):</b>
<b>City:</b>
<b>State:</b>
<b>Zip:</b>
<b>Mobile Phone:</b>
<b>Best Contact Number:</b>
<b>E-mail Address:</b>
<b>Date of Birth:</b>
<b>Gender:</b>
<b>Marital Status:</b>

<b>CO-APPLICANT</b>
<b>First Name:</b>
<b>Last Name:</b>
<b>Current Address:</b>
<b>City:</b>
<b>State:</b>
<b>Zip:</b>
<b>Address prior to March 9, 2020 (If different than current):</b>
<b>City:</b>
<b>State:</b>
<b>Zip:</b>
<b>Mobile Phone:</b>
<b>Best Contact Number:</b>
<b>E-mail Address:</b>
<b>Date of Birth:</b>
<b>Gender:</b>
<b>Marital Status:</b>

**2. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:** - As of today, list the Applicant/ Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, son, daughter, 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	Gender M/F	Date of Birth	Marital Status (M or S)	Disabled? Y/N	Additional Members in the next (12) Months? If yes, explain, e.g. birth of a child, adoption, legal custody.
	Applicant/ Head of Household					
	Co-applicant					

**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. You may also list a contact who is helping you through this process.

Contact Name (first):	
Contact Phone No.:	Email Address:
Contact Name (second):	
Contact Phone No.:	Email Address:

**4. RACE AND ETHNICITY FOR HEAD OF HOUSEHOLD (Check one):** -This information is being collected for reporting purposes only.

**RACE (Check all that apply):**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Multi-Racial

**ETHNICITY FOR HEAD OF HOUSEHOLD (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.

<b>5. ELIGIBILITY AND LANDLORD INFORMATION:</b>		
i. Were you or a household member affected by COVID-19? If the answer to this question is NO, the applicant is not eligible for assistance.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ii. Are you at least 30 days past due or delinquent on your rent? If the answer to this question is NO, the applicant is not eligible for assistance at this time. If Yes, please advise of the date of last payment:  Rent Amount: _____  Late Fee: _____  Months Outstanding (i.e. March, April, May 2021): _____  Most Recent Rent Payment: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
iii. Landlord Information:  Landlord Name/ Property Management: _____  Contact Name and Phone Number: _____  Contact Email Address: _____		

<b>6. OTHER ASSISTANCE RECEIVED: - Assistance provided under the CDBG Program may not exceed a household's unmet needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources).</b>	
<b>A. OTHER</b>	
i. Did you receive any other assistance due to COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. If yes, explain the type of assistance you received e.g. City of Hollywood, Broward County, Red Cross, United Way, previous federal or state assistance (SHIP, CDBG, CDBG-DR, HOME, etc.)	



**9. Estimate Pre-COVID Household Income** (Wages / Salaries (include tips, commission, bonuses and overtime, Benefits / Pensions, Public Assistance, Asset Income, Other Income)  
**List Estimated Annual Household Income based on income sources being received BEFORE March 9, 2020**

<b>TOTAL Annualized estimate of Household Pre-COVID Income</b>	<b>\$</b>
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**10. Post-COVID Income** (If the post-COVID Income exceeds the pre- COVID Income, applicant is not eligible for assistance)  
**List Anticipated Annual Household Income based on income sources being received AFTER March 9, 2020**

Wages / Salaries (include tips, commission, bonuses and overtime)	\$
Benefits / Pensions	\$
Public Assistance	\$
Other Income	\$
Asset Income	\$
<b>TOTAL Annualized Post-COVID Income</b>	<b>\$</b>

**11. 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 City of Hollywood, Sub recipient, State or Vendor 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 CDBG for COVID-19. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under state and local law. I/We authorize the above-referenced City of Hollywood/sub recipient/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.

**ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the City of Hollywood, Sub recipient, State or Vendor to request information from 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 City of Hollywood or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the CDBG Eviction Prevention/ Rental Assistance Program. **Each adult member of the household must sign this Eligibility Release.**

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form", must be prepared and signed separately.

<b>Signature of Applicant:</b>	<b>Date</b>
<b>Signature of Co-Applicant:</b>	<b>Date</b>
<b>Household member (18 or Over):</b>	<b>Date</b>
<b>Household member (18 or Over):</b>	<b>Date</b>
<b>Household member (18 or Over):</b>	<b>Date</b>
<b>Household member (18 or Over):</b>	<b>Date</b>

**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 775.083.

**Applicant's Authorization:**

I authorize the above-named City of Hollywood, Subrecipient, Sponsor, State or Vendor 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 City of Hollywood, Subrecipient 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 City of Hollywood, Subrecipient in the eligibility verification process.

**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 775.083.**

<b>Signatures:</b>		
<i>Signature-Applicant/ Head of Household</i>	<i>Print Name</i>	<i>Date</i>
<i>Signature- Co-Applicant</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member (Over 18 years old)</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member (Over 18 years old)</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member (Over 18 years old)</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Member (Over 18 years old)</i>	<i>Print Name</i>	<i>Date</i>



## Applicant Checklist

Please provide the information listed below to ensure that your application will be processed in an expedited manner.

- Unemployment approval/denial Letter for each adult household member, if applicable;
- Unemployment Statement for each adult household member, if applicable;
- Most recent Workers Compensation Statements for each adult household member, if applicable;
- Copy of current driver's license or photo ID for ALL adult household members;
- Birth certificates for all minor children;
- Social Security cards or US Passport or other proof of legal residency in the United States for **ALL** household members;
- Most current copy of lease in applicant's name and lease extension, if expired;
- Copy of lease in applicant's name prior to March 9, 2020 to prove Hollywood residency at the time of COVID-19;
- Landlord's W-9. If landlord refuses or is unable to provide their W-9, we will be **unable** to provide assistance;
- Three (3) day notice for failure to pay rent (if applicable);
- Provide any and all proof of income for individuals that live at the property and that are over the age of 18;
- 6 months of ALL bank statements (checking, savings, other) for each household member. All pages of statements are required (Example: If one of the statements has 5 pages, you must provide all 5 pages- 1 of 5, 2 of 5, 3 of 5 and so on);
- Last 2 months of consecutive (back to back) paycheck stubs;
- Attach most recent IRS Tax Form 1099 for each adult household member (if applicable);
- Attach year to date Profit and Loss Statement (if self- employed);
- Current copy of Social Security statement/award letter for each adult household member if applicable);
- Current copy of retirement/pension statements for each adult household member;
- Attach Alimony Agreement, Child Support Agreement or other for each adult household member (if applicable);
- Document from landlord that reflect arrears (months and amounts in detail);
- Additional documents may be required