



# Hallandale Beach Community Redevelopment Agency

## Rental-Utility Assistance Program Policy

# Introduction

The mission of the Hallandale Beach Community Redevelopment Agency (CRA) is to foster and directly assist in the redevelopment of the Community Redevelopment Area in order to eliminate slum and blight, thus improving the attractiveness and quality of life of the area and the City of Hallandale Beach as a whole. The CRA's Implementation Plan, which is available to the public on the CRA's website, provides the framework for projects and activities intended to accomplish this mission, and offers objectives for redevelopment of the area that is also consistent with the citizens' visions as expressed through various neighborhood and area planning initiatives. The policies used to accomplish these goals are targeted at businesses and residents respectively.

## **RENTAL-UTILITY ASSISTANCE PROGRAM (RUP)**

### **Program Overview**

The goal of the *Rental-Utility Program (RUP)* is to provide rental or utility assistance for help income-eligible (40% Area Median Income) senior households (ages 62 and up) within the CRA boundaries, who spend more than thirty percent (30%) of their household income on housing costs. The program would provide up to one hundred dollars (\$100) a month towards rental/utility expense for eligible applicants, for up to six (6) months.

### **Eligibility Requirements:**

- The property must be located within the HBCRA district.
- Applicant must be 62 years old or older.
- Loss of Income.
- Reduction in income.
- Income below fifty percent (50%) Broward County Area Median income.
- Notice of non-payment – Eviction, late payment, utility shut off notice.

### **Required Documents**

#### **Application packets must include “copies” of all the following documentation:**

1. Florida driver's license or valid State ID.
2. Proof of Income for every adult in household (adults that are not working are expected to write a letter and have it notarized, explaining why they don't have an income or a job).
3. List and proof of monthly expenses.
4. Written reason for requesting assistance – proof of inability to pay bills, etc.
5. Late or eviction notice from the landlord. Late or shut-off notice for light or water (whichever is applicable).
6. Lease agreement.

How did you hear about our program?

Internet     Hallandale Happenings     Comcast     Other Forum \_\_\_\_\_

**Rental-Utility Program Application (RUP)**

400 South Federal Highway, Hallandale Beach, Florida 33009  
(954) 457-1422 | (954)-457-2228 | www.cohbcra.org

**Applicant:**

Name: \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **Hallandale Beach, FL 33009**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Monthly Mortgage \$ \_\_\_\_\_ Living at this address since: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Household Size: \_\_\_\_\_

Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Unmarried (single, divorced, widow)

**Employer #1 (All employment must be listed below):**

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Alimony/Child support: \_\_\_\_\_ SS/Disability/Pension \_\_\_\_\_ Other (explain): \_\_\_\_\_

**Employer #2 (If applicable):**

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

**APPLICANT'S TOTAL MONTHLY INCOME: \$** \_\_\_\_\_

**Co-Applicant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Monthly Mortgage \$ \_\_\_\_\_ Living at this address since: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Email Address: \_\_\_\_\_

Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Unmarried (single, divorced, widow)

Please check one: \_\_\_ White \_\_\_ Black \_\_\_ American Indian \_\_\_ Hispanic \_\_\_ Asian (Pacific Islander) \_\_\_ Other

**Employer #1 (All employment must be listed below)**

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Gross Monthly income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Alimony/Child support: \_\_\_\_\_ SS/Disability/Pension \_\_\_\_\_ Other (explain): \_\_\_\_\_

**Employer #2 (If applicable)**

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Gross Monthly income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Alimony/Child support: \_\_\_\_\_ SS/Disability/Pension \_\_\_\_\_ Other (explain): \_\_\_\_\_

**CO-APPLICANT'S TOTAL MONTHLY INCOME: \$** \_\_\_\_\_

**TOTAL HOUSEHOLD GROSS MONTHLY INCOME \$** \_\_\_\_\_

ALL OTHER HOUSEHOLD MEMBERS (Do not include Applicant and Co-Applicant on this page)

Name	Date of Birth	Relationship	Gross Annual Income

**ASSETS** (For Applicant, Co-Applicant and Others)

Bank accounts: Checking, Savings, Retirement, Certificates of Deposit, etc. Use additional pages if needed.

**BALANCES**

Type of account	Bank/Institution	Applicant	Co-Applicant	Other	TOTAL
Checking					
Savings					
Retirement					
Stocks					
Bonds					
Mutual Funds					
Other					
Vehicles, Boats					

**TOTAL ASSETS \$** \_\_\_\_\_

**LIABILITIES** (For applicant, co-applicant)

Installment (Bank) loans, Auto loans, Credit cards, Student loans, Hospital bills, and other debt. Include child support and alimony payments. *(Rent, Utilities & cable should not be included)* Place amount under proper person.

Bank or Creditor	Applicant	Co-Applicant	Monthly Payment	Balance Due

**TOTAL DEBTS:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY**  
**400 S. Federal Highway, Hallandale Beach, FL 33009**  
**REQUEST FOR VERIFICATION OF INCOME**

**A. APPLICANT'S NAME, ADDRESS & PHONE**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. EMPLOYER'S NAME, ADDRESS & PHONE #**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**NOTICE TO EMPLOYER**

The applicant identified in Section A. has applied for Hallandale Beach CRA's Rental-Utility Program. The applicant has authorized the HBCRA in writing to obtain verification of employment income and is confidential. Please furnish the information requested below and return this form via mail to the address above or by email [lparks@cohb.org](mailto:lparks@cohb.org) Attn: CRA.

**EMPLOYER'S VERIFICATION**

1. Position Held: \_\_\_\_\_
2. Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_
3. Probability of Continued Employment \_\_\_\_\_

Rate of Pay (Estimated, if not actual).

Present Base Salary \$ \_\_\_\_\_  
\_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Other \_\_\_\_\_  
(List number of hours work per week)

Additional Compensation Received  
\$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commission \$ \_\_\_\_\_ Bonus

Anticipated earnings for next 12 months \_\_\_\_\_

If applicant is Military, given income on a monthly basis as follows:

\$ \_\_\_\_\_ Base Pay \$ \_\_\_\_\_ Flight or Hazard  
\$ \_\_\_\_\_ Duty Allowance \$ \_\_\_\_\_ Other Assistance

Has employment been terminated? \_\_\_ Yes \_\_\_ No [if yes, is the individual eligible for unemployment benefits? \_\_\_\_\_ (yes/no)]

**EMPLOYER'S CERTIFICATION**

The above information is furnished in strict confidence in response to the HBCRA's request.

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Title  
AUTHORIZATION

**APPLICANT'S**

I hereby authorize the release of the above requested information.

\_\_\_\_\_  
Signature of Applicant



**CERTIFICATION:**

The information provided is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification. 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name: Applicant                      Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Print Name: Co-Applicant                      Date

\_\_\_\_\_  
Signature Household Member (18 & over)

\_\_\_\_\_  
Print Name: Household Member                      Date

\_\_\_\_\_  
Signature Household Member (18 & over)

\_\_\_\_\_  
Print Name: Household Member                      Date

**STATE OF FLORIDA  
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 2020, by means of (check one)  physical presence or  online notarization, by \_\_\_\_\_ who is  personally known to me or who  has produced a driver's license as identification.

My commission Expires:  
  
(Notary seal)

\_\_\_\_\_  
Notary (Sign Name)



# BROWARD COUNTY

## 2020 INCOME CATEGORY CHART

Broward County Median Income: \$74,800  
 HUD Released: 4/1/2020  
 FHFC Posted: 4/1/2020

-----CDBG, HOME & SHIP----- SHIP ONLY-----

House hold Size	Extremely Low (30%)	Very Low (50%)	Low (80%)	Moderate (120%)	Work Force Housing (140%)
1	\$18,750	\$31,200	\$49,950	\$74,880	\$87,360
2	\$21,400	\$35,650	\$57,050	\$85,560	\$99,820
3	\$24,100	\$40,100	\$64,200	\$96,240	\$112,280
4	\$26,750	\$44,550	\$71,300	\$106,920	\$124,740
5	\$30,680	\$48,150	\$77,050	\$115,560	\$134,820
6	\$35,160	\$51,700	\$82,750	\$124,080	\$144,760
7	\$39,640	\$55,250	\$88,450	\$132,600	\$154,700
8	\$44,120	\$58,850	\$94,150	\$141,240	\$164,780
9	\$62,370*	\$62,370	\$99,792	\$149,688	\$174,636
10	\$65,934*	\$65,934	\$105,494	\$158,242	\$184,615

\* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low-income limits may equal the very low (50%) income limits.

**MAXIMUM SALES PRICE OR ASSESSED VALUE \$331,888.00**



## Appendix II: CRA Area Map

The CRA area is bound to the north by Pembroke Road, to the south by the Dade-Broward County line, to the West by Interstate 95 and to the East by NE 14 Avenue and the 14<sup>th</sup> Avenue canal.

