









How did you hear about our program?

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**HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY**

400 South Federal Highway, Room 241, Hallandale Beach, Florida 33009

Phone Number: 954-457-1422 | 954-457-2228 | www.cohbcra.org

**Paint Voucher Program Application**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

How long at this address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (if  
different from above)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Monthly Mortgage \$ \_\_\_\_\_ Household Size: \_\_\_\_\_

Type of Ownership: Single Family \_\_\_\_\_ Townhouse \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Manager's Signature

\_\_\_\_\_  
Date



Hallandale Beach  
COMMUNITY REDEVELOPMENT AGENCY

Hallandale Beach Community Redevelopment Agency  
400 South Federal Highway  
Hallandale Beach, FL 33009  
(954) 457-1422 | 954-457-2228 | [www.cohbcra.org](http://www.cohbcra.org)

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## CHECK REQUEST FORM AND INSTRUCTIONS

\*\*ALL BLANKS MUST BE FILLED IN; IF NOT APPLICABLE, ENTER N/A.

DATE: \_\_\_\_\_

Paint Appl.#: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ Hallandale Beach, FL 33009

PROPERTY OWNER'S NAME: \_\_\_\_\_

OWNER CONTACT PHONE NUMBER: \_\_\_\_\_

**COMPANYNAME:** \_\_\_\_\_

TYPE OF WORK PERFORMED (simplified): \_\_\_\_\_

PAYMENT AMOUNT: \$ \_\_\_\_\_

SPECIAL INSTRUCTIONS (i.e. Mail check to contractor)

OWNER'S SIGNATURE: \_\_\_\_\_

**HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY**  
**400 S. Federal Highway**  
**Hallandale Beach, FL 33009**

**Payment Release Authorization Form**

The Community Redevelopment Act of 1969, codified as Part III of Ch. 163, F.S., was enacted to enable counties and municipalities to eliminate and prevent the development or spread of slums and urban blight, to encourage needed community rehabilitation and to provide for the redevelopment of slums and blighted areas.

- This form is applicable to the Paint Program. A separate authorization must be submitted with each request for payment to a contractor.
- This authorization may be cancelled or changed by the homeowner at any time prior to the release of payment by providing a written notice to the HBCRA. Homeowner is responsible for notifying the third party of changes and cancellations of payment.

Check payable to:			
Company Name		W-9 form is required. Check if Documentation is on file <input type="checkbox"/>	
Tax ID (SSN/FEIN)			
Mailing Address	City	State	Zip
Contact Name		Title	
E-mail Address	Phone	Ext.	Fax

**Paint Program Customer Signature Area**

I am authorizing the payment of the funds associated with the Paint Program in the amount of \$\_\_\_\_\_ to the third party named above. I understand and agree that I will not be receiving the payment directly from HBCRA. I also understand and agree that my release of payment to a third party does not exempt me from the program requirements and terms and conditions specified in the loan documents.

**Print Name:** \_\_\_\_\_ **Date: (mm/dd/yyyy)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Electronic signatures are not accepted for this form. Owner must affix original signature and submit to HBCRA.*

# 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.

