



Hallandale Beach  
COMMUNITY REDEVELOPMENT AGENCY

# Hallandale Beach Community Redevelopment Agency

## Senior Mini Grant Program Application

Creation - April 22, 2019  
Revised - August 17, 2021

## **SENIOR MINI GRANT PROGRAM**

### **Program Overview:**

The purpose of the **Senior Mini-Grant Program** is to assist seniors, sixty (60) years and older with financial assistance for exterior residential facade improvements in the redevelopment district for the purpose of improving property conditions and value and aiding in the elimination of slum and blight. The grant can also assist with interior repairs to mitigate life safety issues including removal of asbestos, mold, home barriers to the disabled and/or elderly or other life safety issues as determined by the Building or Code Compliance Officer

A property can be assisted twice every four years under this program.

### **Eligibility Requirements:**

- The property must be located within the HBCRA district.
- Applicant must be sixty (60) years of age or older.
- Residence must be an owner-occupied (homesteaded) single-family home.
- Applicant cannot be in bankruptcy (If an applicant filed bankruptcy and receive a discharge, the three-year waiting period is waived).
- Property cannot be in foreclosure or pending foreclosure proceeding.
- All property taxes and city utilities must be current in order to apply and must remain current while receiving assistance.
- Homeowner's insurance must be current in order to apply and must remain current while receiving assistance. (Insurance can be waived if the house is paid off and need the improvement in order to get insurance coverage).
- Will accept application from applicants whose water bill is in the arrears as long as there's a payment plan, in place, and payments are made as per the payment plan.
- Participants must show proof of income and meet the household income requirements. based on the applicant's gross Income (Broward County Median Income chart attached)
- Applicant must be of moderate household income or below.
- Household size will be determined by the number of people an applicant declares and is able to provide documents that substantiate that claim. Documents to determine proof of residency may include but is not limited to:
  - a) Tax returns indicating dependents
  - b) School registration
- Any and all projects involving work that has already commenced prior to the execution of a grant with the HBCRA will not be funded.
- The work must be completed by a licensed contractor. The HBCRA will not finance any improvements in which the applicant does the work, also known as sweat equity.
- Trailer Parks and cooperative units are not eligible for the Senior Mini-Grant program.

### **Eligible Uses:**

HBCRA funding assistance can be used for the following improvements:

- Repair or replacement of roof
- Impact windows and doors
- Walkway and driveway, including swale
- Repair or cleaning of exterior masonry or stucco

- Pressure cleaning
- Painting
- Landscaping
- Fencing
- Energy efficient air conditioning, water heater
- Termite removal
- Seawall repair or replacement
- Other exterior improvements not listed above may be considered on a case by case basis.

While this program is designed to perform exterior improvements, emergency interior repairs can also be included if they mitigate life safety issues including: Removal of asbestos, mold, home barriers to the disabled and/or elderly or other life safety issues as determined by the Building or Code Compliance Official.

Costs may include other work necessary to complete the project, including: Architectural, landscape architectural or engineering fees for the preparation of construction drawings, construction supervision, permits and inspection fees.

**Terms:**

Owner Occupied Properties: Under the Senior Mini-Grant Program, the HBCRA can provide assistance of up to 15,000 for homesteaded residential properties.

The SMGP can be used in conjunction with the Paint the Town Program.

All improvements must be completed by a licensed contractor and must be completed within 120 days of loan execution.

Payments are made directly to the contractor on behalf of the applicant (applicant cannot be reimbursed for funds paid to the contractor, by the applicant).

**Fees:**

There is no application fee for this program.

**Required Documents**

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

- Property Deed
- Most recent Property Tax Bill from Broward County
- Homeowner Insurance, Windstorm Insurance (Waived, if home is paid off and need the improvements in order to get insurance coverage)
- Flood Insurance (if in designated flood zone and can be waived, if home is paid off and need the improvements in order to get insurance coverage)
- Proof of Occupancy (City Utility bill)
- Most recent mortgage statement showing current balance (if applicable) or mortgage satisfaction

- Recent bank statements for all accounts [checking, savings, etc.] for the last three (3) months]
- Social Security Statement
- SNAP Assistance (if applicable)
- Pension Distribution
- Disability
- Contractor estimated price proposals for all work to be completed (at least two (2) for each improvement)
- Florida driver's license or Florida ID card

**NOTE:** Applications can be submitted in person at the HBCRA office. Once received, the application will be reviewed within 10 business days to determine eligibility. Written notification will be sent to the applicant within the 10 business days. The HBCRA will not accept incomplete applications.

Submission of application is not a guarantee of funding. It is the responsibility of the applicant to READ AND UNDERSTAND all aspects of the program's rules/requirements and application.

NOTICE TO THIRD PARTIES: The HBCRA program application does not create any rights for any parties, including parties that performed work on the project. Nor shall issuance of grant/loan result in any obligation on the part of the HBCRA to any third party. The HBCRA is not required to verify that entities that have contracted with the applicant have been paid in full, or that such entities have paid any subcontractors in full. Applicant's warranty that all bills related to the project for which the applicant is directly responsible is sufficient assurance for the HBCRA to award grant/loan funding.

How did you hear about our program?

Internet     Hallandale Happenings     Comcast     Other Forum

## Hallandale Beach Community Redevelopment Agency

400 South Federal Highway, Hallandale Beach, Florida 33009

(954) 457-1422 | (954)-457-1303 | [www.cohbcra.org](http://www.cohbcra.org)

### Senior NIP Mini Grant Program Application

#### 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: \_\_\_\_\_

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): \_\_\_\_\_

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**Income Source:**

Alimony \_\_\_\_\_

Child support: \_\_\_\_\_

Social Security \_\_\_\_\_

Disability/Pension \_\_\_\_\_

SNAP Assistance \_\_\_\_\_

Other (explain): \_\_\_\_\_

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 MONTHLY INCOME: \$ \_\_\_\_\_**

**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 Senior Mini Grant 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 regular mail at the above address or via email to Info\_cra@cohb.org

**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

**APPLICANT'S AUTHORIZATION**

I hereby authorize the release of the above requested information.

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





**IMPROVEMENT(S):**

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**ESTIMATE:**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Approximate amount of assistance you are applying for:

\$ \_\_\_\_\_

**CERTIFICATION:**

I / we understand that this program provides assistance for homeowners and I / we state that I / we are not currently in bankruptcy.

I/we agree to participate in the promotion of this program and agree to be interviewed and accept pictures to be taken. I/we agree that HBCRA may use such photographs of me/us with my/our name(s) and for any lawful purposes, including such purposes as publicity, illustration, advertising and web consent.

I/we understand the terms of this program and sign acknowledging the following terms apply to me/us.

I/we declare that all information provided on all pages of this application is true and accurate to the best of my/our knowledge. I/we understand that misrepresentations or incorrect information provided can disqualify me/us from participating in this program.

IN WITNESS WHEREOF, I/we have set my/our hand(s) and seal this \_\_\_\_\_, 20\_\_\_\_\_.

**WITNESSES:**

\_\_\_\_\_

\_\_\_\_\_ **Print Name: Applicant**

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

**STATE OF FLORIDA  
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 2021, 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 (Sign Name)**

**(Notary seal)**

# BROWARD COUNTY

## 2021 INCOME CATEGORY CHART

Broward County Median Income: \$73,400HUD

Released: 4/1/2021

FHFC Posted: 4/1/2021

<i>House hold Size</i>	<i>Extremely Low (30%)</i>	<i>Very Low (50%)</i>	<i>Low (80%)</i>	<i>Moderate (120%)</i>	<i>Work Force Housing (140%)</i>
1	\$18,500	\$30,800	\$49,300	\$73,920	\$86,240
2	\$21,150	\$35,200	\$56,350	\$84,480	\$98,560
3	\$23,800	\$39,600	\$63,400	\$95,040	\$110,880
4	\$26,500	\$44,000	\$70,400	\$105,600	\$123,200
5	\$31,040	\$47,550	\$76,050	\$114,120	\$133,140
6	\$35,580	\$51,050	\$81,700	\$122,520	\$142,940
7	\$40,120	\$54,600	\$87,300	\$131,040	\$152,880
8	\$44,660	\$58,100	\$92,950	\$139,440	\$162,680
9	Refer to HUD	Refer to HUD	Refer to HUD	\$147,840	\$172,480
10	Refer to HUD	Refer to HUD	Refer to HUD	\$156,288	\$182,336



