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 PROGRAM (RUP)

Program Overview
The goal of the Rental-Utility Program (RUP) is to provide rental or utility assistance for help income-eligible (50% 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 five hundred dollars ($500) per 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/late 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. Lease and/or eviction notice from the current residence Late or shut-off notice for light or water (whichever is applicable)

The deadline to apply for the program, for this fiscal year, is July 29, 2022. HBCRA will receive new applications starting October 3, 2022.
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)-457-1303 | 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)

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: $________________________

<table>
<thead>
<tr>
<th>TOTAL HOUSEHOLD GROSS MONTHLY INCOME $</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Gross Annual Income</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Type of account</th>
<th>Applicant</th>
<th>Co-Applicant</th>
<th>Other</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
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<td>Savings</td>
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<td>Retirement</td>
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<td>Stocks</td>
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<tr>
<td>Bonds</td>
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<tr>
<td>Mutual Funds</td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Vehicles, Boats</td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Bank or Creditor</th>
<th>Applicant</th>
<th>Co-Applicant</th>
<th>Monthly Payment</th>
<th>Balance Due</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
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 regular mail to 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.

_____________________________ Date
Employer’s Signature

_____________________________
I hereby authorize the release of the above requested information.

__________________________
Signature of Applicant

Reason for requesting assistance:

________________________________________________________________________

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________________________________________________________________________
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) Prints Name: Household Member       Date

______________________________ ________________________________
Signature Household Member (18 & over) Prints Name: Household Member       Date
BROWARD COUNTY
2022 INCOME CATEGORY CHART

Broward County Median Income: $82,100 HUD
Released: 4/18/2022

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Extremely Low (30%)</th>
<th>Very Low (50%)</th>
<th>Low (80%)</th>
<th>Moderate (120%)</th>
<th>Work Force Housing (140%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$19,050</td>
<td>$31,750</td>
<td>$50,800</td>
<td>$73,920</td>
<td>$86,240</td>
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<tr>
<td>2</td>
<td>$21,800</td>
<td>$36,300</td>
<td>$58,050</td>
<td>$84,480</td>
<td>$98,560</td>
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<tr>
<td>3</td>
<td>$24,500</td>
<td>$40,850</td>
<td>$65,300</td>
<td>$95,040</td>
<td>$110,880</td>
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<tr>
<td>4</td>
<td>$27,750</td>
<td>$45,350</td>
<td>$72,550</td>
<td>$105,600</td>
<td>$123,200</td>
</tr>
<tr>
<td>5</td>
<td>$32,470</td>
<td>$49,000</td>
<td>$78,400</td>
<td>$114,120</td>
<td>$133,140</td>
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<tr>
<td>6</td>
<td>$37,190</td>
<td>$52,650</td>
<td>$84,200</td>
<td>$122,520</td>
<td>$142,940</td>
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<td>7</td>
<td>$41,910</td>
<td>$56,250</td>
<td>$90,000</td>
<td>$131,040</td>
<td>$152,880</td>
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<tr>
<td>8</td>
<td>$46,630</td>
<td>$59,900</td>
<td>$95,800</td>
<td>$139,440</td>
<td>$162,680</td>
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<tr>
<td>9</td>
<td>Refer to HUD</td>
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<td>10</td>
<td>Refer to HUD</td>
<td>Refer to HUD</td>
<td>Refer to HUD</td>
<td>Refer to HUD</td>
<td>Refer to HUD</td>
</tr>
</tbody>
</table>

Refer to HUD: Refer to HUD
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 14th Avenue canal.