



Hallandale Beach Community Redevelopment Agency
Highland Park Village Condo. Affordability Certification
954-457-1422 | 954-457-1303 or www.cohb.org

The deadline to apply for any of the programs for Fiscal Year 2023-2024 is June 27, 2024.

The deadline to apply for any of the programs for Fiscal Year 2024-2025 is June 26, 2025.

Requirements

Applicants must meet the income and asset requirements under the Broward County Median Income Guidelines.

Required Documents (Please provide copies only):

- ☐ **APPLICATION PROCESSING FEE \$100**
- ☐ **COMMITMENT LETTER FROM A LENDER/FIRST MORTGAGEE**

IDENTIFICATION (all of the following that apply):

- ☐ ID (Florida driver's license, voter's registration card or FL ID card)
- ☐ Birth Certificates or United States Passport
- ☐ Marriage Certificate (if applicable)
- ☐ Divorce Certificate (if applicable)
- ☐ Verification of residence, i.e., Alien Registration, etc.

INCOME: (all of the following that apply):

- ☐ Signed last two (2) years Income Tax forms with W2s
- ☐ Verification of employment: pay stubs for the last three (3) months
- ☐ Profit & Loss Statement (if self-employed)
- ☐ Current Social Security Award letter – if applicable
- ☐ Worker's Compensation letter – if applicable
- ☐ Unemployment Compensation letter – if applicable
- ☐ Pension Statement – if applicable
- ☐ Child Support (Court Order) – if applicable

- ☐ Alimony (Court Order) – if applicable
- ☐ VA Benefits (Award Letter) – if applicable
- ☐ SNAP Assistance (Award letter) – if applicable

FINANCIAL STATEMENTS: (all of the following that apply):

- ☐ Last 3 months of bank statements CHECKING & SAVINGS
- ☐ "Gift" Letter if a relative is GIVING you funds toward the purchase
- ☐ Latest statement for all IRA's, 401Ks, 457K, Stocks, Bonds, etc.

MISCELLANEOUS:

- ☐ Full Credit Report (compiled within the last three months).
- ☐ Rental receipts for last six (6) months.
- ☐ Bankruptcy Papers (if applicable)
- ☐ Processing time is twenty (20) business days.

Hallandale Beach Community Redevelopment Agency (HBCRA) will review all applications to determine eligibility. Applicants for the HPV development are required to complete an "Affordable Housing Application. Once completed, applicants can return applications with copies of all required documents to the HBCRA office. The HBCRA will not accept incomplete applications.

Applicant Signature

Date

Program Coordinator's Name

Date

Applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____ Cell: _____

Monthly rent \$ _____ How long at this address: _____ E-Mail: _____

Social Security Number: _____ - _____ - _____ Date of birth: _____ ☐ Male ☐ Female

Marital status: _____ Married _____ Separated _____ Unmarried (single, divorced, widow) Household Size _____

Employed _____ **Unemployed** _____ **Retired** _____

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 rent \$ _____ How long at this address: _____ E-Mail: _____

Social Security Number: _____ - _____ - _____ Date of birth: _____ ☐ Male ☐ Female

Marital status: _____ Married _____ Separated _____ Unmarried (single, divorced, widow) Household Size _____

Employed _____ **Unemployed** _____ **Retired** _____

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: _____

CO-APPLICANT'S TOTAL MONTHLY INCOME: \$ _____

TOTAL HOUSEHOLD GROSS MONTHLY INCOME \$ _____

ALL OTHER HOUSEHOLD MEMBERS (Do not include Applicant and Co-Applicant listed on Page 1)

Name	Date of Birth	Relationship	Income

ASSETS (For Applicant, Co-Applicant and Other)

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, other)

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: _____ Cell: _____
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 Homebuyer Certification 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.

Employer's Signature

Date

Employer's Title

APPLICANT'S AUTHORIZATION

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

Signature of Applicant

BROWARD COUNTY

2023 INCOME CATEGORY CHART

Broward County Median Income: \$88,500

HUD Effective: 5/15/2023

FHFC Effective: 5/15/2023

<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	\$20,200	\$33,600	\$53,800	\$80,640	\$94,080
2	\$23,050	\$38,400	\$61,450	\$92,160	\$107,520
3	\$25,950	\$43,200	\$69,150	\$103,680	\$120,960
4	\$30,000	\$48,000	\$76,800	\$115,200	\$134,400
5	\$35,140	\$51,850	\$82,950	\$124,440	\$145,180
6	\$40,280	\$55,700	\$89,100	\$133,680	\$155,960
7	\$45,420	\$59,550	\$95,250	\$142,920	\$166,740
8	\$50,560	\$63,400	\$101,400	\$152,160	\$177,520
9	Refer to HUD	\$67,200	\$107,520	\$161,280	\$188,160
10	Refer to HUD	\$71,040	\$113,664	\$170,496	\$198,912

MAXIMUM SALES PRICE OR ASSESSED VALUE \$382,194

Revised: September 2023