



# City of Hallandale Beach

## Senior Mini-Grant Program

**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.**

## **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 City of Hallandale Beach (East of NE 14<sup>th</sup> Avenue) 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 east of NE 14<sup>th</sup> Avenue.
- Applicant must be sixty (60) years of age or older.
- Residence must be an owner-occupied (homesteaded) single-family home, townhome, and condo.
- 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 proceedings.
- 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/condo is paid off and need improvement in order to get insurance coverage).
- Will accept applications 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.
- Any and all projects involving work that has already commenced prior to the execution of a grant agreement will not be funded.
- The work must be completed by a licensed contractor. The City 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.

NOTE: Household size is determined by the number of people living in the home.

### **Eligible Uses:**

Funding assistance can be used for the following improvements:

- Repair or replacement of roof (not applicable for condos)
- Impact windows and doors
- Walkway and driveway, including swale (not applicable for condos)
- Painting (not applicable for condos)
- Landscaping (not applicable for condos)

- Fencing (not applicable for condos)
- Energy efficient air conditioning and hot water heater

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.

**Terms:**

Owner Occupied Properties: Under the Senior Mini-Grant Program, the City can provide assistance of up to \$5,000 for homesteaded residential properties.

All improvements must be completed by a licensed contractor and must be completed within 120 days of the grant approval.

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.

**Please complete all pages of the application. If it is not applicable, please enter N/A**

## **REQUIRED DOCUMENT CHECKLIST**

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

- Property Deed
- Most recent Property Tax Bill form Broward County
- Homeowner Insurance, Windstorm Insurance (Waived, if home is paid off and need the improvements in order to get insurance coverage)
- Proof of Occupancy (City Utility Bill, Florida Power & Light Bill, or Voter Registration Card )
- 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
- Pay Stubs (last 3 months – if applicable)
- Tax Return (if applicable)
- Social Security Statement
- Disability Statement
- Pension Distribution
- SNAP Assistance (if applicable)
- 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
- Any other documents needed to determine eligibility.

Is there a Reverse Mortgage on this property    Yes     No

**NOTE:** Applications can be submitted in person at the HBCRA office. Once received, the application will be reviewed within 30 days to determine eligibility. Written notification will be sent to the applicant within 30 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 City's program application does not create any rights for any parties, including parties that performed work on the project. Nor shall issuance of a grant result in any obligation on the part of the City to any third party. The City 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 City to award grant funding.

How did you hear about our program?

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

## City of Hallandale Beach

400 South Federal Highway, Hallandale Beach, Florida 33009  
(954) 988-2631 | [www.cohbcra.org](http://www.cohbcra.org)

### Senior 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)  
Circle one

#### 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**

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)  
Circle One

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

**Income Source**

Alimony \_\_\_\_\_ Child Support \_\_\_\_\_

Social Security \_\_\_\_\_ Disability/Pension \_\_\_\_\_

SNAP Assistance \_\_\_\_\_ Other (explain) \_\_\_\_\_

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

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



**IMPROVEMENT(S):**

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**ESTIMATE:**

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

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

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

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

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

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

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

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

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

Approximate amount of assistance you are applying for:

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



**CITY OF HALLANDALE BEACH**  
**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 the City of Hallandale Beach Senior Mini-Grant Program. The applicant has authorized the City of Hallandale Beach, in writing, to obtain verification of employment income. Information obtained 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.

9 INITIAL [    ]

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

**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 the City of Hallandale Beach 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 \_\_\_\_\_ 20\_\_\_\_\_, 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.

\_\_\_\_\_  
Notary sign name

My commission Expires:  
(Notary seal)

# BROWARD COUNTY

## 2023 INCOME CATEGORY CHART

Broward County Median Income: \$88,500

HUD 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                        |

