



# Hallandale Beach Community Redevelopment Agency

## Rental-Utility Assistance Program Policy

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

**The deadline to apply for any of the programs for Fiscal Year 2025-2026 is June 30, 2026.**

## INTRODUCTION

The mission of the Hallandale Beach Community Redevelopment Agency (HBCRA) 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 HBCRA's Implementation Plan, which is available to the public on the HBCRA'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 to accomplish these goals are targeted at businesses and residents.

### **RENTAL-UTILITY PROGRAM (RUP)**

#### **Program Overview**

The goal of the *Rental-Utility Program* (RUP) is to provide rental or utility assistance to help income-eligible (50% Area Median Income) senior households (ages 60 and older) 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 expenses for eligible applicants for up to six (6) months. Applicants can only be assisted once per calendar year.

#### **Eligibility Requirements:**

- The property must be located within the HBCRA district.
- Applicant must be 60 years old or older.
- 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 the household (adults who are not working are expected to write a letter and have it notarized, explaining why they don't have an income or a job). Include wages, social security benefits, pension benefits, etc.
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)
6. Deed (if a homeowner)
7. Last three (3) months of bank statements
8. SNAP award letter (if applicable)

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

**NOTE:** Applications can be submitted in person at the HBCRA office. Once received, the application will be reviewed within thirty (30) days to determine eligibility. Written notification will be sent to the applicant within thirty (30) days. The HBCRA will not accept incomplete applications. The HBCRA reserves the right to change and modify this program anytime.

Applicant must seek other sources of assistance (i.e LIHEAP, Hepburn Center Utility Assistance Program, etc.) before coming to the HBCRA

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Program Coordinator's Name

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Date

**How did you hear about our program?**

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

**Rental-Utility Program Application (RUP)**

400 South Federal Highway, Hallandale Beach, Florida 33009

(954) 988-2631 | www.cohbcra.org

**Applicant:**

Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Monthly Mortgage \$ \_\_\_\_\_ How long at this address: \_\_\_\_\_ 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: \$** \_\_\_\_\_

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

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

Name	Date of Birth	Relationship	Gross Annual Income

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

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)

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: \_\_\_\_\_

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 the number of hours worked per week)

Additional Compensation Received

\$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commission \$ \_\_\_\_\_ Bonus

Anticipated earnings for next 12 months \_\_\_\_\_

If the 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

Reason for requesting assistance:



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)**

\_\_\_\_\_  
**Print Name: Household Member**                      **Date**

\_\_\_\_\_  
**Signature Household Member (18 & over)**

\_\_\_\_\_  
**Print Name: Household Member**                      **Date**



# BROWARD COUNTY

## 2024 INCOME CATEGORY CHART

Broward County Median Income: \$89,100 HUD

Effective: 4/1/2024

FHFC Effective:4/1/2024

<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	\$22,200	\$36,950	\$59,150	\$88,680	\$103,460
2	\$25,400	\$42,200	\$67,550	\$101,280	\$118,160
3	\$28,550	\$47,500	\$76,050	\$114,000	\$133,000
4	\$31,700	\$52,800	\$84,450	\$126,720	\$147,840
5	\$36,580	\$57,000	\$91,200	\$136,800	\$159,600
6	\$41,960	\$61,250	\$98,000	\$147,000	\$171,500
7	\$47,340	\$65,500	\$104,750	\$157,200	\$183,400
8	\$52,720	\$69,700	\$111,500	\$167,280	\$195,160
9	Refer to HUD	\$73,920	\$118,272	\$177,408	\$206,976
10	Refer to HUD	\$78,144	\$125,030	\$187,546	\$218,803



Hallandale Beach  
COMMUNITY REDEVELOPMENT AGENCY

## 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.

