



Hallandale Beach Community Redevelopment Agency

Senior Mini Grant Program Application

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.

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 to improve property conditions and value and aid in eliminating slums and blight. The grant can also assist with interior repairs to mitigate life safety issues, including removal of asbestos, mold, home barriers to people with disabilities, or other life safety issues as determined by the Building or Code Compliance Officer.

A property can be assisted once 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.
- Applicants cannot be in bankruptcy (If an applicant filed for bankruptcy and received 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 is paid off and needs improvement in order to get insurance coverage).
- Will accept applications from applicants whose water bill is in 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's household income must fall within the Broward County low-income category or below.
- Any and all projects involving work that has already commenced before 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 (the 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 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)
- 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
- Pay Stubs (last three (3) months – if applicable)
- Tax Return (last two (2) years - if applicable)
- 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

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 forty-five (45) days to determine eligibility. Written notification will be sent to the applicant within forty-five (45) 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) 988-2631 | 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)

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: _____

Social Security: _____ 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: _____

Social Security: _____ 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)

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: _____

Social Security: _____ 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: _____

Social Security: _____ Disability/Pension: _____ Other (explain): _____

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

Income Source

Alimony _____ Child Support _____

Social Security _____ Disability/Pension _____

SNAP Assistance _____ Other (explain) _____

TOTAL HOUSEHOLD 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 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 and Cable should not be included) Place amount under proper person.

Bank or Creditor	Applicant	Co-Applicant	Monthly Payment	Balance Due

TOTAL DEBTS: \$ _____ \$ _____

IMPROVEMENT(S):

ESTIMATE:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Approximate amount of assistance you are applying for:

\$ _____

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

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 _____ 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

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



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 14th Avenue and the 14th Avenue Canal

