



City of Hallandale Beach

Senior Mini-Grant Program

The last day to apply for any of the programs for Fiscal Year 2025-2026 is June 30, 2026. Provided that funding is available

The last day to apply for any of the programs for Fiscal Year 2026-2027 is June 30, 2027. Provided that funding is available

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 14th Avenue) to improve property conditions and value and aid 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 person may receive assistance a maximum of two times, with at least four years between each assistance.

Eligibility Requirements:

- The property must be located east of NE 14th Avenue.
- Applicant must be sixty (60) years of age or older.
- Residence must be an owner-occupied (homesteaded) single-family home, townhome, and condo.
- The applicant cannot be in bankruptcy (the three-year waiting period is waived if the applicant files bankruptcy and receives a discharge).
- Property cannot be in foreclosure or pending foreclosure proceedings.
- All property taxes and city utilities must be current to apply and remain current while receiving assistance.
- Homeowner's insurance must be current to apply and must remain current while receiving assistance. (Insurance can be waived if the house/condo is paid off and needs improvement to get coverage).
- We will accept applications from applicants whose water bills are in arrears as long as a payment plan is in place and payments are made according to 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.
- Applicant's with assets above \$80,000 are not eligible for this program
- Any and all projects involving work that has already commenced before the execution of a grant agreement will not be funded.
- A licensed contractor must complete the work. 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.

A licensed contractor must complete all improvements and must be completed within 120 days of the grant approval.

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 DOCUMENT CHECKLIST

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

- ☐ Proof of Ownership - Property Deed
- ☐ The most recent Property Tax Bill from Broward County
- ☐ Homeowner Insurance, Windstorm Insurance (Waived if the home is paid off and needs the improvements to get insurance coverage)
- ☐ Proof of Occupancy (City Utility Bill or Florida Power & Light 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 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 must be submitted in person at the HBCRA office. Once received, the application will be reviewed within sixty (60) days to determine eligibility. Written notification will be sent to the applicant within sixty (60) days. The HBCRA will not accept incomplete applications.

Submission of an application does not guarantee funding. It is the applicant's responsibility 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 the 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

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 # of Household members: _____

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: _____

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)
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: _____

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): _____

Income Source

Alimony _____ Child Support _____

Social Security _____ Disability/Pension _____

SNAP Assistance _____ Other (explain) _____

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

TOTAL HOUSEHOLD MONTHLY INCOME: \$ _____

Program Coordinator's Name

Date

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 in the household)

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. (Utilities and Cable bills should not be included) Place amount under proper person.

Bank or Creditor	Applicant	Co-Applicant	Monthly Payment	Balance Due

TOTAL DEBTS: \$ _____ \$ _____

7 INITIAL []

IMPROVEMENT(S):

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. The 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.

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, agree to be interviewed, and accept pictures to be taken. I/we agree that the City of Hallandale Beach may use photographs of me/us with my/our name(s) for any lawful purposes, including 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

2025 INCOME CATEGORY CHART

Broward County Median Income: \$96,200

HUD Effective: 4/1/2025

FHFC Effective: 4/1/2025

House Hold Size	Extremely Low (30%)	Very Low (50%)	Low (80%)	Moderate (120%)	Work Force Housing (140%)
1	\$24,250	\$40,350	\$64,550	\$96,840	\$112,980
2	\$27,700	\$46,100	\$73,800	\$110,640	\$129,080
3	\$31,150	\$51,850	\$83,000	\$124,440	\$145,180
4	\$34,600	\$57,650	\$92,200	\$138,360	\$161,420
5	\$37,650	\$62,250	\$99,600	\$149,400	\$174,300
6	\$43,150	\$66,900	\$107,000	\$160,560	\$187,320
7	\$48,650	\$71,500	\$114,350	\$171,600	\$200,200
8	\$54,150	\$76,100	\$121,750	\$182,640	\$213,080
9	\$59,650	\$80,750	\$129,100	\$193,704	\$225,988
10	\$65,150	\$85,350	\$136,500	\$204,773	\$238,902



Hallandale Beach
PROGRESS. INNOVATION. OPPORTUNITY.

Appendix II: City Area Map

This window rebate program is for residents residing East of NE 14th Avenue (area outlined, on the map, in red)

