

Hallandale Beach Community Redevelopment Agency

Highland Park Village Condo. Affordability Certification

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

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

Affordability Certification

Requirements

Eligibility is based on income. Applicants must meet the income and asset requirements under the Broward County Median Income Guidelines for **one hundred twenty percent (120%) category or below**

□ 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	
 □ 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):	
 □ 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):	
 Marriage Certificate (if applicable) Divorce Certificate (if applicable) Verification of residence, i.e., Alien Registration, etc. INCOME: (all of the following that apply):	
 □ Divorce Certificate (if applicable) □ Verification of residence, i.e., Alien Registration, etc. INCOME: (all of the following that apply):	
Verification of residence, i.e., Alien Registration, etc.	
NCOME: (all of the following that apply):	
□ Signed last two (2) years Income Tax forms with W2s	
= e.g (2) / e.g 20	
□ Verification of employment: pay stubs for the last three (3) months	
☐ If Self-Employed Provide:(Profit & Loss Statement, Self-Employment Affic Transcript)	davit, 2 years of IRS
Current Social Security Award letter – if applicable Worker's Compensation 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	

 $\hfill \Box$ "Gift" Letter if a relative is GIVING you funds toward the purchase

2

INITIAL []

MISCELLANEOUS:	
☐ Full Credit Report (compiled within th	ne last three months).
□ Rental receipts for last six (6) months.	
☐ Bankruptcy Papers (if applicable)	
Processing time is twenty (20) business	days.
determine eligibility. Applicants for the HPV	nent Agency (HBCRA) will review all applications to development are required to complete an "Affordable cants must return applications with copies of all required will not accept incomplete applications.
Applicant Signature	Date
Co-Applicant Signature	Date
Program Coordinator's Name	Date

Highland Park Village Condo. Affordability Certification 400 South Federal Highway, Hallandale Beach, Florida 33009

954-988-2631 | www.cohb.org

Applicant		Date			
Name:					
Address:					
City:	State: Zip:Te	lephone:	Cell:		
Monthly rent \$	How long at this address:	E-Mail:			
Social Security Number:	Date of k	oirth:	_ \(\Box \) Male \(\Box \) Female		
Marital status: Married household	Separated Unmarried	(single, divorced, widow	v) # of People in		
Employed Unemployed_	Retired				
En	nployer #1 (All employment m	ust be listed below)			
Employer:		Telephone:			
Contact Person for Income V	erification:	Teleph	none:		
Address:					
Position:	Emį	ployed since:			
Monthly income:	Bonus:	Overtime:			
Alimony/Child support:	SS/Disability/Pension_	Other (explo	ain):		
	Employer #2 (If appl	licable)			
Employer:		Telephone:			
Contact Person for Income V	erification:	Teleph	none:		
Address:					
Davilla a	Employed since:				
Position:					

Co-Applicant

Name:							
Address:							
City:		State:	Zip:	Telephone:			
Monthly rent \$		How long at this o	address:	E-Mail:			
Social Security	Social Security Number:		Date of birth:		_ □ Male □ Female		
Marital status:	Married _	Separated	_ Unmarried (single, divorced, widow			
Employed	_ Unemployed	Retired					
	Er	nployer #1 (All em	ployment m	ust be listed below)			
Employer:				Telephone:			
Contact Perso	n for Income V	erification:		Telephone:			
Address:							
				oloyed since:			
Monthly incom	Monthly income:		Bonus:				
Alimony/Child	support:	SS/Disability/Pension		Other (explai	in):		
		Employ	er #2 (If appl	cable)			
Employer:				Telephone:	Telephone:		
Contact Person for Income Verification:			Telephone:				
Address:							
Position:			Emp	oloyed since:			
Monthly incom	Monthly income: Bo		nus: Overtime:				
TOTAL HOUSEH	IOLD GROSS MO	ONTHLY INCOME \$					
Program Coordinator's Name					Date		

Name		Date of Birth		Relatio	nship	Income
SSETS (For Applicant	t Co Applicant	and Otherl				
ank accounts: Che eeded.	ecking, Savings	, Retiremen	t, Certificate	es of Deposit, e	tc. Use additior	nal pages if
eeaea.						
			BALANCE	S		
ype of account	Bank/Ins	litution	Applicant	Co-Applicant	Other	TOTAL
	Dank/ins		Applicalli	CO-Appliculii	Onlei	IOIAL
Checking						
avings 						
etirement						
tocks						
onds						
Nutual Funds						
Other						
'ehicles, Boats]					
_						
L ASSETS \$						
LITIES (For applic	ant, co-applic	ant, other)				
ment (Bank) loans, A Jents. (Rent, Utilities &	uto loans, Credi	t cards, Stude	ent loans, Hos	pital bills, and of	her debt. Includ	e child support and c
Bank or C				Co-Applicant Monthly		Balance Due
					Payment	
			l			

HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY 400 S. Federal Highway, Hallandale Beach, FL 33009 Phone 954-988-2631 REQUEST FOR VERIFICATION OF INCOME

A. APPLICANT'S NAME, ADDRESS & PHONE		
Name:Address:		
Address.		
B. EMPLOYER'S NAME, ADDRESS & PHONE		
Name:		
Address:		
	NOTICE TO EMPLOYED	
The applicant identified in Section A has app	NOTICE TO EMPLOYER Jied for Hallandale Beach CR	A's Homebuver Certification Program
The applicant has authorized the HBCRA in w		
confidential. Please furnish the information re	equested below and return th	is form via regular mail to the above
address or via email to Info_cra@cohb.org		
1 Position Holds	PLOYER'S VERIFICATION	
Position Held: Dates of employment: From		
3. Probability of Continued Employme		
o. Hobability of Committee Employme		
Weekly Monthly Bi-We (List number of hours worked Additional Compensation Received \$ Overtime \$	per week)	
JOverline J	_ COIIIIII331011	bonos
Anticipated earnings for next 12 months		
If applicant is Military, given income on a		
\$Base Pay \$	Flight or Hazard	_
\$ Duty Allowance \$ Has employment been terminated?Yes_		
benefits?(yes/no)]	NO [ii yes, is the individ	iodi eligible foi offemploymeni
EMPLOYER'S CERTIFICATION		
The above information is furnished in stric	t confidence in response to	o the HBCRA's request.
Employer's Signature	Date	
Employer's Title		
	APPLICANT'S AUT	HORIZATION
	I hereby authorize the releas	e of the above-requested information

7

Signature of Applicant

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