



Hallandale Beach
COMMUNITY REDEVELOPMENT AGENCY

Hallandale Beach Community Redevelopment Agency

Hurricane Shutter/Impact Glass Program Policy

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.

STORM SHUTTER PROGRAM

Program Overview

The HBCRA's Storm Shutter/ Impact Glass Program is an **income based program** for applicants with income not exceeding 80% of the Broward County area median. The program provides up to **\$10,000** in assistance for owner-occupied properties (excluding trailer parks) to install storm shutters or impact-resistant glass. The funds are paid directly to the contractor for installation, with the homeowner responsible for any costs exceeding the \$10,000 limit. Seniors aged 60 and older may be eligible for a **second round** of assistance, provided the property is **homesteaded**, and their income is at or below 50% of the Broward County area median. The maximum assistance for the second round is **\$7,000**.

Eligibility Requirements

- Eligibility for this program is based on income.
- Applicants' household income must fall within the Broward County **low-income [80%]** category or below.
- The property must be located within the CRA District.
- The property must be owner-occupied.
- Condominium units cannot be a rental.
- Property can be assisted **twice** through this program if the applicants applying for the second time meet the following criteria:
 - **Seniors:** Applicants must be 60 years of age or older.
 - **Previous Participation:** Individuals who participated in the program over seven years ago are eligible to receive a second round of assistance. Is this better?
 - **Income Criteria:** The applicant's income should be 50% or below the Area Median Income (AMI).
 - **Primary Residence:** The home in question must be the applicant's primary and homesteaded residence.
 - **Maximum Assistance:** Qualified applicants can receive a maximum assistance grant of up to \$7,000 the second time.
- Application must be submitted by the homeowner.
- Application for the program must be received in the CRA office before any work can commence. Applicants cannot be reimbursed for work already started or completed.

Note: To determine eligibility, applicants must disclose all assets. Applicants with assets valued at more than \$60,000 may be deemed ineligible for assistance.

Eligible Uses

Assistance may only be used to install storm shutters and/or impact glass (windows and doors) to protect an owner-occupied residential property from storm damage.

Mobile homes and commercial buildings do not qualify for this program.

Application Process

Applications are received by appointment only. Submit only the completed application with the required documents and appropriate signature (please print legibly in either black or blue ink).

Document numbers 1 through 9, listed under required documents, must be submitted at the time the application is submitted. If the required document number 10 (permit) is not available at the time of appointment, the applicant has up to 45 days to submit this document if approved..

At the time of application submittal, the applicant must select the contractor he/she will use. This will allow the program coordinator to open a purchase order for the chosen contractor. The applicant has a total of 120 days from the date of approval to have the work completed.

The program manager or coordinator will determine eligibility within sixty (60) days of the application submission. If approved, the applicant will receive a conditional approval letter reserving funds for 120 days. Any work done before receiving approval will not be reimbursed.

All installations must be completed by a licensed and insured company and/or contractor. All installations require a building permit, and all products must meet applicable building codes. Installation of shutters and/or hurricane-impact windows/doors must be completed and inspected by the City's Building Division within 120 days of application approval.

Payments are made and mailed directly to the contractor within 10 to 15 business days after request on behalf of the applicant. A deposit can be provided once an approved permit is submitted. Final payment is provided after the final inspection is approved. The check cannot be picked up by the contractor or applicant.

After completing the work, the applicant must submit the final documents (numbers 1-4) on the checklist mentioned below. Once the final documents (final invoice, completed check request form, and payment authorization form) are received and confirmation that the inspection is approved, the Program Coordinator will submit the request for the payment.

Required Documents - (Please provide copies)

- 1. Proof of Ownership Occupancy (i.e., Deed)
- 2. Proof of Occupancy (Current FPL Bill or City Utility bill)
- 3. Most recent Property Tax Bill from Broward County
- 4. Picture Identification (Driver's License)
- 5. Before pictures (printed interior color)
- 6. \$75.00 Application fee, check or money order (Non-refundable). Payable to Hallandale Beach CRA
- 7. Provide a price proposal from one of the "Approved Contractors List" The list is attached.
- 8. Proof of income
 - a. U.S Tax return for the last two years with W2s
 - b. Pay stubs for the last 3 months
 - c. Bank Statements for the last 3 months
 - d. Current Social Security Award letter – if applicable
 - e. Pension Statement – if applicable
 - f. Alimony (Court Order) – if applicable
 - g. VA Benefits (Award Letter) – if applicable
 - h. SNAP Assistance (Award letter) – if applicable
 - i. If Self-Employed Provide:(Profit & Loss Statement, Self-Employment Affidavit, last two years of IRS Transcript).
- 9. Sign Release and Indemnification form

10. Proof of Permit Approval (Can be provided up to 45 days after application approval. Permit must be approved before any work begins.)

Final documents after the work is completed, (applicant must submit the following):

1. Check request and authorization forms from the homeowner, to pay the contractor
2. Proof that the City's building department has approved the final building inspection for the work completed
3. An invoice from the contractor (showing the balance due)
4. "After pictures" (printed/color) of completed installed windows/doors or shutters

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 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 the issuance of a 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.

The HBCRA reserves the right to limit the number of applications with estimates from any one contractor over a given period of time. Applicants must consult their contractor before submitting their application.

How did you hear about our program?

Internet Hallandale Happening Comcas Other Forum _____

HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY (HBCRA)
400 South Federal Highway, Room 239 Hallandale Beach, Florida 33009
Phone Number: 954-988-2631 | www.cohbcra.org
Hurricane Shutters/Impact Glass Program Application

Applicant:

Date: _____

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)

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): _____

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

6 INITIAL []

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: \$ _____ \$ _____

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



Hallandale Beach Community Redevelopment Agency
400 South Federal Highway Rm 239
Hallandale Beach, FL 33009
(954) 988-2631 | www.cohbcra.org

CHECK REQUEST FORM AND INSTRUCTIONS

**ALL BLANKS MUST BE FILLED IN; IF NOT APPLICABLE, ENTER N/A.

DATE: _____

Shutter Appl.#: _____

(Provided by HBCRA)

PROPERTY ADDRESS: _____ Hallandale Beach, FL 33009

PROPERTY OWNERS NAME: _____

OWNER CONTACT PHONE NUMBER: _____

COMPANY NAME: _____

PERMIT NUMBER: _____

TYPE OF WORK PERFORMED (simplified): _____

CHECK AMOUNT: \$_____ *If final payment, permit must be finalized by Building Division. Consult Building Division for permit status.

SPECIAL INSTRUCTIONS (i.e., Mail check to contractor's address on file).

OWNER'S SIGNATURE: _____



Hallandale Beach
COMMUNITY REDEVELOPMENT AGENCY

HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY
400 S. Federal Highway
Hallandale Beach, FL 33009

Payment Release Authorization Form

The Community Redevelopment Act of 1969, codified as Part III of Ch. 163, F.S., was enacted to enable counties and municipalities to eliminate and prevent the development or spread of slums and urban blight, to encourage needed community rehabilitation and to provide for the redevelopment of slums and blighted areas.

- This form is applicable to the **Hurricane Shutter/Impact Glass Program**. A separate authorization must be submitted with each request for payment to a contractor.
- This authorization may be cancelled or changed by the homeowner at any time prior to the release of payment by providing a written notice to the HBCRA. Homeowner is responsible for notifying the third party of changes and cancellations of payment.

Check payable to:			
Company Name		W-9 form is required. Check if Documentation is on file <input type="checkbox"/>	
Tax ID (SSN/FEIN)			
Mailing Address	City	State	Zip
Contact Name		Title	
E-mail Address	Phone	Ext.	Fax

Hurricane Shutter/Impact Glass Program Customer Signature Area

I am authorizing the payment of the funds associated with the **Hurricane Shutter/Impact Glass Program** in the amount of \$_____ to the third party named above. I understand and agree that I will not be receiving the payment directly from HBCRA. I also understand and agree that my release of payment to a third party does not exempt me from the program requirements and terms and conditions specified in the loan documents.

Print Name: _____ **ate: (mm/dd/yyyy)** _____

Signature: _____

Electronic signatures are not accepted for this form. The Homeowner must sign this section, by hand, and submit to HBCRA.

**HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY
HURRICANE SHUTTER / IMPACT GLASS PROGRAM
RELEASE AND INDEMNIFICATION (PROPERTY OWNER)**

The undersigned, consisting of all of the record owners of the property set forth below, in consideration of participation in the Hurricane Shutter / Impact Glass Program (as amended from time to time, the "Program") do hereby (i) release the Hallandale Beach Community Redevelopment Agency ("HBCRA"), its board members, employees, agents and attorneys from any and all claims, liabilities, damages, losses, and costs (including attorney's fees and costs at both the trial and appellate levels) which the undersigned has or may have against the HBCRA, its board members, employees, agents and attorneys arising from, related to or in connection with the undersigned's participation in the Program including any claims, losses, causes of action, liabilities, and damages resulting from the acts or omissions of third parties such as contractors, subcontractors, materialmen and volunteers, and (ii) indemnify, protect, defend, and hold harmless the HBCRA its board members, employees, agents and attorneys from claims, liabilities, damages, losses, and costs (including attorney's fees and costs at both the trial and appellate levels) to the extent caused by the acts or omissions of the undersigned and/or any contractors, subcontractors or other parties providing labor or materials in connection with the undersigned's participation in the Program as well as any volunteers. The undersigned hereby authorizes the HBCRA and its staff to enter upon the property and inspect the work and assist with implementation of the Program at the undersigned's property.

The undersigned also authorize the HBCRA the right to capture, modify and reproduce the image of the property through still photographs, video, digital photography, digital recording or any other means (collectively, the "Media") and to use the same for promotional, advertising, publicity, business and/or any other lawful purpose(s) in any medium whatsoever including print and electronic form, for use in all markets and on the HBCRA's website. The undersigned also hereby expressly releases the HBCRA its board members, employees, agents and attorneys from any privacy, defamation, or other claims that the undersigned may have arising out of the use of the Media. There will be no financial or other remuneration for any use of the Media, either for initial or subsequent use.

The undersigned acknowledges and agrees that there the participation in the Program is sufficient consideration for the releases, indemnifications and other agreements set forth herein. This Release and Indemnification will be governed by the laws of the State of Florida. Any claim, objection, or dispute arising out of the terms of this Agreement shall be brought in Broward County. If any party commences an action against the other party to interpret or enforce any of the terms herein, the non-prevailing party shall pay to the prevailing party all reasonable attorneys' fees, costs and expenses incurred in connection with the prosecution or defense of such action, including those incurred in any appellate proceedings, and whether or not the action is prosecuted to a final judgment.

WAIVER OF JURY TRIAL. THE UNDERSIGNED WAIVES ALL RIGHTS TO ANY TRIAL BY JURY IN ALL LITIGATION RELATING TO OR ARISING OUT OF THIS RELEASE AND INDEMNIFICATION.

The undersigned have read and understand the foregoing and are competent to execute this Release and Indemnification.

Signature
Print Name: _____
Dated: _____, 20____

Signature
Print Name: _____
Dated: _____, 20____

Property Address: _____, Hallandale Beach, FL 33009

BROWARD COUNTY

2025 INCOME CATEGORY CHART

Broward County Median Income: \$96,200

HUD Effective: 4/1/2025

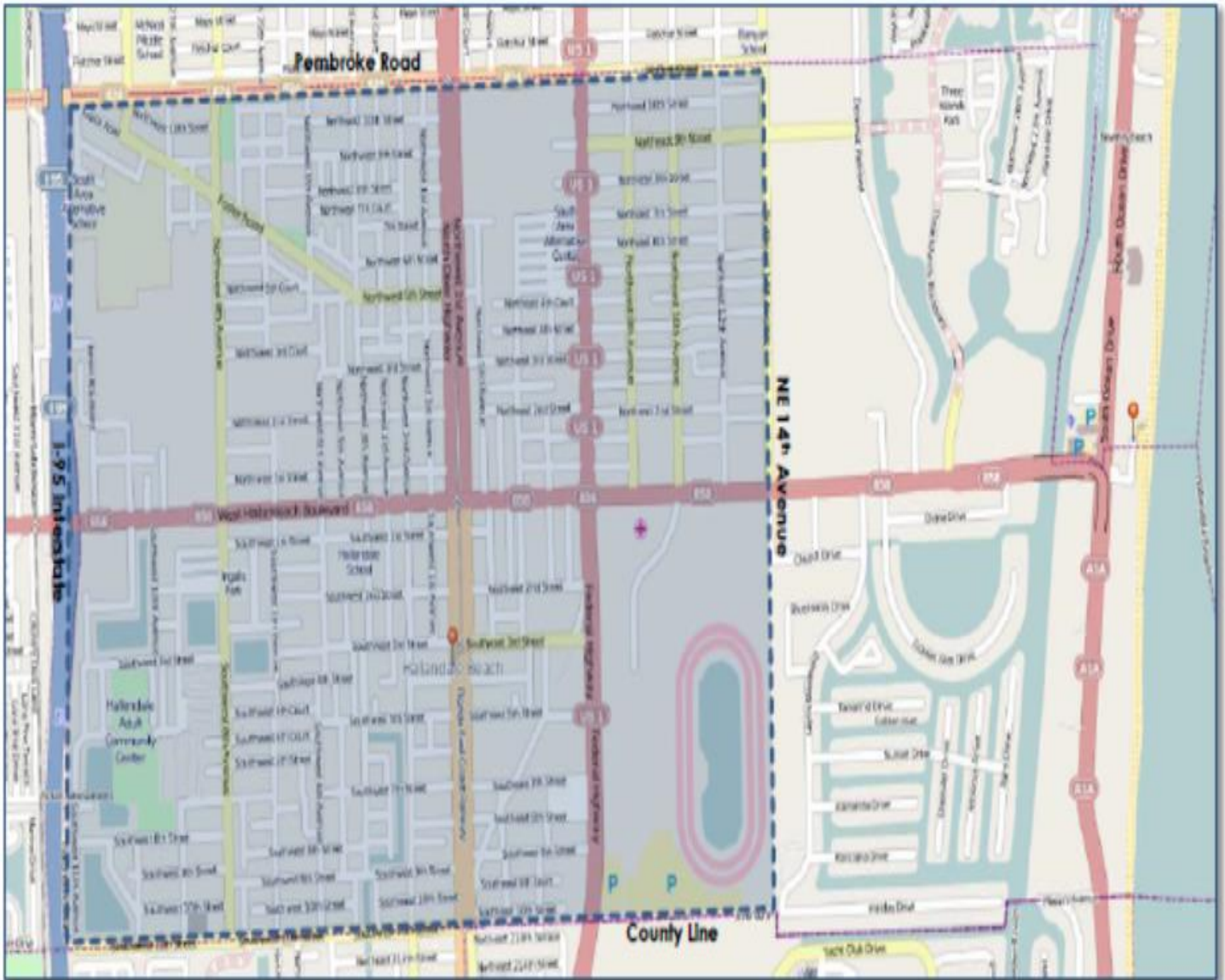
FHFC Effective:4/1/2025

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



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 14 Avenue and the 14th Avenue canal.



Approved Contractors List

#	Company name	Contact name	Address	Phone number	Email address
1	America's Windows and Door Store	Michelle Davis	5908 Johnson Street, Hollywood FL, 33021	954-989-7722	Michelle@americaswindowanddoor.com
2	Centerline Service Group	Dolly J. Giraldo	1604 Pennsylvania Ave., Miami Beach, FL 33319	786-340-3476	contact@centerlineservices.us
3	Construct Build	Durant Palomino	1573 NW 121 Drive, Coral Springs FL, 33071	954-632-2323	constructbuildinc@gmail.com
4	Gentile Corp	Oscar Frozini	3160 Turtle Cove, West Palm Beach FL, 33411	954-553-0375 954-520-0548	gentilellc@comcast.net
5	Hoggins Construction	Ronnie Hoggins	1843 S. Dixie Highway, Pompano Beach FL, 33060	754-222-6465 Fax 754-222-9368	hcuoffice2000@gmail.com
6	HRT Construction Grp	William Hall	8325 NE 2nd Avenue, Miami FL, 33138	786-325-1884	whall@hrtcg.com
7	JCL Construction Group	Jeronal Cason	5980 NW 16 Court, Sunrise, FL 33313	954-709-9972	Jlc3599@gmail.com
8	M and A Builders	James Marcus	5144 NW 42nd Ter, Coconut Creek FL, 33073	954-275-5215	simply.complex84@gmail.com
9	Presco South Construction	Jorge Diaz	13867 NW 19th Ave, Miami FL, 33054	954-997-3216	psc@prescosouth.com
10	RCL Construction	Maria C. Penas	19790 W. Dixie Hwy, Miami FL, 33180	305-303-9121	claudiapenas@me.com