City of Hallandale Beach

Hurricane Shutter/Impact Glass Program Policy

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/IMPACT GLASS PROGRAM

Program Overview

Under the Storm Shutter/Impact Glass Program, the CITY offers a grant of up to $2,500 for the installation of storm shutters or impact glass for owner-occupied property, excluding trailer parks to mitigate storm damage. The homeowner is responsible for any costs exceeding the maximum $2,500 benefit. 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 **$2,500.**

Eligibility Requirements

- The property must be located outside the CRA District (East of NE 14th Ave).
- The property must be owner-occupied.
- Condo unit/home cannot be a rental property.
- 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 more than three years ago are eligible to receive a second round of assistance.
    - **Income Criteria:** The applicant's income should be 80% 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 $2,500 the second time.
- Application must be submitted by the homeowner.
- Application for the grant program must be received in the CRA office before any work can commence. Applicants cannot be reimbursed for work that has already started or is completed.

Eligible Uses

Assistance may be used to install storm shutters and/or impact glass (windows and doors) to protect an owner-occupied residential property from storm damage. The program also provides funds for solar panel installation.

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).

Applicants must provide two (2) estimates and color pictures of the windows/doors they are changing or installing shutters on, along with other documents, at the time of the appointment. Pictures must be taken from both inside and outside.

Document numbers 1 through 7, *listed under required documents,* must be submitted when the application is submitted. If "required document" number 8 is unavailable at the appointment, the applicant has up to 45 days to submit this document.

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 the coordinator will determine eligibility within sixty (60) days of the application submittal. The applicant will receive a conditional approval letter reserving funds for 120 days if approved. 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 on behalf of the applicant within ten (10) to fifteen (15) days after request. A deposit can be provided once an approved permit is submitted. Final payment is provided after the final inspection is approved. Checks 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)
- ☐ 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).
- ☐ 7. Contractor price proposals for shutters or hurricane-impact windows/doors or solar panels.
- ☐ 8. Proof of income (**if you are going through the program for the second time**).
    a. Pay stubs for the last 3 months
    b. Bank Statements for the last 3 months
    c. Current Social Security Award letter – if applicable
    d. Pension Statement – if applicable
    e. SNAP Assistance (Award letter) – if applicable
    f. If Self-Employed complete a Self-Employment Affidavit
- ☐ 9. Proof of Permit Approval (Permit must be approved before any work begins). The applicant has up to 45 days after the application is approved to provide this document

After the work is completed applicant must submit the following:

- ☐ 1. A check request form for reimbursement
- ☐ 2. Proof that the City's building department has approved the final building inspection for the work completed.
- ☐ 3. A "paid in full" receipt from the contractor (on the company's letterhead) as proof of total payment by the homeowner.
- ☐ 4. "After pictures" (printed/color) of completed installed windows/doors or shutters

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

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. Funds are available on a first-come, first-served basis.

NOTICE TO THIRD PARTIES: The CITY 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 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/loan funding.

The CITY reserves the right to limit the number of applications with estimates from any contractor over a given period. Each contractor is limited to six (6) applications per month. Applicants must consult their contractor before submitting their application.

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
Phone Number: 954-988-2631 | www.cohbcra.org
Hurricane Shutters/Impact Glass Program Application

Date: _____

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): _____

Monthly Mortgage $ _____ #of Household members: _____

Type of Ownership: Condo _____ Single Family _____ Townhouse _____ Other _____

_____ _____
Applicant's Signature Date

_____ _____
Program Coordinator's Name Date

City of Hallandale Beach
400 South Federal Highway
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.#:_____
(for office use only)

PROPERTY ADDRESS: _____ Hallandale Beach, FL 33009

PROPERTYOWNER'S NAME: _____

OWNER CONTACT PHONE NUMBER: _____

COMPANY NAME: _____

_____

PERMIT NUMBER:___

TYPE OF WORK PERFORMED (simplified):_____

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

SPECIAL INSTRUCTIONS (i.e. Mail check to home owner, Mail to alternative owner's address):_____

_____

OWNER'S SIGNATURE: _____

The City Manager reserves the right to adjust or change any of the guidelines on this form at any time without prior notice.

6 INITIAL [ ]

City of Hallandale Beach
400 South Federal Highway
Hallandale Beach, FL 33009
(954) 988-2631 | www.cohbcra.org

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 provide for the redevelopment of slums and blighted areas.

- This form is applicable to the Hurricane Shutters/Impact Glass program. A separate authorization must be submitted with each request for payment to a contractor.
- This authorization may be canceled or changed by the homeowner at any time prior to the release of payment by providing written notice to the HBCRA. The 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 fi ☐
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 Shutters/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:_____Date: (mm/dd/yy_____

Signature:_____

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

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)

BROWARD COUNTY
2026 INCOME CATEGORY CHART

Broward County Median Income: $102,500
HUD Effective: 5/1/2026
FHFC Effective Date: 5/1/2026

House hold Size	Extremely Low (30%)	Very Low (50%)	Low (80%)	Moderate (120%)	Work Force Housing (140%)
1	$26,650	$44,350	$71,000	$106,440	$124,180
2	$30,450	$50,700	$81,150	$121,680	$141,960
3	$34,250	$57,000	$91,300	$136,800	$159,600
4	$38,050	$63,400	$101,400	$152,160	$177,520
5	$41,100	$68,450	$109,550	$164,280	$191,660
6	$44,360	$73,550	$117,650	$176,520	$205,940
7	$50,040	$78,650	$125,750	$188,760	$220,220
8	$55,720	$83,700	$133,850	$200,880	$234,360
9	Refer to HUD	$88,760	$142,016	$213,024	$248,528
10	Refer to HUD	$93,832	$150,131	$225,197	$262,730

If you are applying to the program for a second time, please complete the following page.

ONLY COMPLETE THIS PAGE IF YOU ARE APPLYING FOR A SECOND TIME

ALL OTHER HOUSEHOLD MEMBERS (Do not include 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: $_____ $_____