



Hallandale Beach Community Redevelopment Agency

Rental-Utility Assistance 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.

RENTAL-UTILITY PROGRAM (RUP)

Program Overview

The goal of the *Rental-Utility Program* (RUP) is to provide rental or utility assistance to help income-eligible (80% Area Median Income) senior households (ages 60 and older) within the CRA boundaries who spend more than thirty percent (38%) of their household income on housing costs. The program would provide up to five hundred dollars (\$500) per month towards rental/utility expenses for eligible applicants for up to six (6) months. Applicants can only be assisted once per calendar year.

Eligibility Requirements:

- Eligibility for this program is based on income.
- Income **eighty percent (80%)** of the Broward County Area Median income.
- The property must be located within the HBCRA district.
- Applicant must be 60 years old or older.
- Notice of non-payment (i.e., eviction, late payment, utility shut off/late notice).

Required Documents

Application packets must include “copies” of all the following documentation:

1. Florida driver's license or valid State ID
2. Proof of Income for every adult in the household (adults who are not working are expected to write a letter and have it notarized, explaining why they don't have an income or a job). Include wages, social security benefits, pension benefits, etc.
3. List and proof of monthly expenses.
4. Written reason for requesting assistance – proof of inability to pay bills, etc.
5. Lease and/or eviction notice from the current residence. Late or shut-off notice for light or water (whichever is applicable)
6. Deed (if a homeowner)
7. Last three (3) months of bank statements
8. SNAP award letter (if applicable)

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

NOTE: Applications can be submitted in person at the HBCRA office. Once received, the application will be reviewed within thirty (30) days to determine eligibility. Written notification will be sent to the applicant within thirty (30) days. The HBCRA will not accept incomplete applications. The HBCRA reserves the right to change and modify this program anytime.

Applicant must seek other sources of assistance(i.e LIHEAP, Hepburn Center Utility Assistance Program, etc.) before coming to the HBCRA

How did you hear about our program?

☐ Internet ☐ Hallandale Happenings ☐ Comcast ☐ Other _____

Rental-Utility Program Application (RUP)
400 South Federal Highway, Hallandale Beach, Florida 33009
(954) 988-2631 | www.cohbcra.org

Applicant:

Name: _____

Property Address: _____ Hallandale Beach, FL 33009

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Email Address: _____

Monthly Mortgage \$ _____ How long at this address: _____ 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: _____

Monthly income: _____ Bonus: _____ Overtime: _____

Alimony/Child support: _____ SS/Disability/Pension _____ Other (explain): _____

Employer #2 (If applicable):

Employer: _____ Telephone: _____

Contact Person for Income Verification: _____ Telephone: _____

Address: _____

Position: _____ Employed since: _____

Monthly Income: _____ Bonus: _____ Overtime: _____

APPLICANT'S TOTAL MONTHLY INCOME: \$ _____

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)

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: _____

Alimony/Child support: _____ SS/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: _____

Alimony/Child support: _____ SS/Disability/Pension _____ Other (explain): _____

CO-APPLICANT'S TOTAL MONTHLY INCOME: \$ _____**TOTAL HOUSEHOLD GROSS 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)

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)

Installment (Bank) loans, Auto loans, Credit cards, Student loans, Hospital bills, and other debt. Include child support and alimony payments. (*Rent, Utilities & cable should not be included*) Place amount under proper person.

Bank or Creditor	Applicant	Co-Applicant	Monthly Payment	Balance Due

TOTAL DEBTS: \$ _____ **\$** _____

5 INITIAL []

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 Rental-Utility 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 to 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 the number of hours worked per week) _____

Additional Compensation Received

\$ _____ Overtime \$ _____ Commission \$ _____ Bonus

Anticipated earnings for next 12 months _____

If the 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

[illegible]

CERTIFICATION:

The information provided is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

Signature of Applicant

Print Name: Applicant

Date

Signature of Co-Applicant

Print Name: Co-Applicant

Date

Signature Household Member (18 & over)

Print Name: Household Member

Date

Signature Household Member (18 & over)

Print Name: Household Member

Date

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

