



LAUDERDALE LAKES CARES ACT PROGRAM RESIDENTIAL ASSISTANCE PROGRAM

CHECKLIST

- Complete and signed application - must return with original signatures.
- Attach **COPIES of ALL** required documents listed below. Staff cannot make copies.
- Incomplete Applications cannot be processed and will be returned.

RENTAL ASSISTANCE PROGRAM – MANDATORY DOCUMENTS

Items listed below must be present at the time of submittal.

- A signed rental agreement or lease in the applicant's name signed before March 1st, 2020
- Late notice for past due rent/eviction notice or a copy of general ledger from landlord showing past due rent.
- Landlord agreement accepting terms and conditions of the program.
- W-9 form required for Landlord.

MORTGAGE ASSISTANCE PROGRAM - MANDATORY DOCUMENTS:

Items listed below must be present at the time of submittal.

- Mortgage Statement showing past due after March 1st, 2020.
- Proof of homestead, current on property taxes and ownership under applicant's name.
- Lender agreement accepting terms and conditions of the program.
- W-9 form required for Mortgage Lender.

UTILITY BILL ASSISTANCE PROGRAM - MANDATORY DOCUMENTS:

Items listed below must be present at the time of submittal.

- Copy of utility bill(s) showing past due amounts as of March 1st, 2020 (**Eligible utility expenses: electric, internet/cable**)
- Provide proof having been current on mortgage, rent or utility payments prior to March 1st 2020

SUPPORTING DOCUMENTATION

- Government issued picture ID for all household members age 18 or older.
- Proof of loss of income (Unemployment Benefits as of March 1st, 2020-present, last four weeks paystubs, notice of layoff from employer and/or Employer Verification Form completed by employer)
- If applicable Conflict of Interest Disclosure – (required for all applicants over 18)
- Signed Public Disclosure Form signed by all applicants over 18
- Duplication of Benefits form completed and notarized for all applicants over 18
- Additional documents may be requested to determine program eligibility



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APPLICATION

APPLICATION INTAKE:

- I. The submission window for applications begins on Monday, October 19th through Friday October 23rd between the hours of 9:00am-12:00pm and 2:00pm-4:00pm.
- II. Incomplete applications will not be accepted. Drive-thru drop-off will be conducted at the City Hall Complex located at 4300 NW 36th St. Lauderdale Lakes, FL 33319.

<input type="checkbox"/> RENTAL	<input type="checkbox"/> MORTGAGE	<input type="checkbox"/> UTILITIES
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General Information:

Applicant				Co-Applicant			
Full Name							
Social Security #							
Date of Birth / Age							
E-mail							
Phone #							
Street Address		City		State		Zip	
Mailing Address		City		State		Zip	

Other Household Members: (Social Security #'s not required for household members 18 years of age)

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant



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Full-Time Student:

If any household member other than the applicant, co-app, or spouse of applicant is a FULL-TIME STUDENT – AGE 18 OR OLDER please list:	
NAME(s):	

Employment Information:

Applicant	Check box, if retired: <input type="checkbox"/> unemployed: <input type="checkbox"/>	
Employee Name:	Employer Name:	
Position:	Supervisor:	
Address:		Time Employed:
Pay Rate:		Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$		
Phone:	Fax:	

Co-Applicant		
Employee Name:	Employer Name:	
Position:	Supervisor:	
Address:		Time Employed:
Pay Rate:		Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$		
Phone	Fax:	

NOTE: Attach additional sheets as necessary for all household members 18 years and over.



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Applicant:

Does Applicant/Co-Applicant Own a Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly rent/mortgage: \$	

Ethnicity/Special Needs:

Optional for reporting purposes only, please check all that apply for Head of Household Only

<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Disabled or Disabled Minor <input type="checkbox"/> Elderly <input type="checkbox"/> Special needs <input type="checkbox"/> Farmworker <input type="checkbox"/> Other _____	
Are you a City of Lauderdale Lakes employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a family member of a City of Lauderdale Lakes employee	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to any of the above questions, please complete the "Conflict of Interest Disclosure Form" attachment.	



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I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Signature of Applicant	Print Name	Date
Signature of Co-Applicant or Household Member 18+	Print Name	Date
Signature of Household Member 18+	Print Name	Date
Signature of Household Member 18+	Print Name	Date
Signature of Household Member 18+	Print Name	Date



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PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Having been advised of this fact prior to making application for assistance for supplying any information, I/we agree to hold harmless and indemnify City of Lauderdale Lakes, any agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City of Lauderdale Lakes does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City of Lauderdale Lakes in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/we agree that City of Lauderdale Lakes does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City of Lauderdale Lakes, any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my /our funding received from the City of Lauderdale Lakes.

Applicant Signature

Date

Co-Applicant Signature

Date



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TENANT VERIFICATION/CONFIRMATION FORM

_____ has been my tenant since _____

He / She pays \$ _____ for the monthly rent of the property.

The rental unit (please circle): is an efficiency / has __ bedroom (s) and it is located at:

I certify that the following people reside at this address with above named tenant:



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Complete this section if applicable only

The following people moved out from this address:

_____	_____
_____	_____

I may be contacted at the following numbers regarding this matter:

Landlord's Name: _____ Business Name: *(If Different)* _____

Mailing Address: _____

Remit Address *(where checks will be mailed)*: _____

Phone Number: _____ Alternate Contact: _____

Email Address: _____

Landlord's Signature: _____ Date: _____



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DUPLICATION OF BENEFITS AFFIDAVIT

I, _____, do firmly affirm and certify, under penalty, that the information and statements made below are true, correct and complete.

I hereby verify that I have **not** received any duplication of Benefits that is associated with COVID 19 for Rental, Mortgage and Utility Assistance. I understand that should the City of Lauderdale Lakes determine that I have received a duplication of benefits, I will be responsible for repayment of all funds received.

Dated this _____ day of _____ 2020.

Applicant Signature

Applicant Name

The foregoing instrument was acknowledged before me **by means of** **physical presence or**

online notarization, this ____ day of _____, 2020, by _____.

Notary Public



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CONFLICT OF INTEREST DISCLOSURE

Conflict of Interest Regulations: In accordance with 24 CFR 570.611(b)(c); 24 CFR 214.303(f); 2 CFR 200; FAC 67-37; FS 112 and 420; City HR-42; A person in a position of trust, direct interest, director, employee, officer, contractor, volunteer, agent of participating agency or the family member of any individual holding these positions shall not engage in activities that create a real or apparent conflict of interest.

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, finding or providing assistance. The term "Conflict of Interest" refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program.

Please mark the appropriate box for each question and complete the attachment if indicated.

Applicant Name

Property Address

City, State, Zip Code

Co-Applicant Name

1. Are you a Covered Employee?

Yes (If Yes, please complete "Attachment")

No

2. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have an immediate family member (such as: spouse, domestic partner, child, stepchild, parent, stepparent, sibling, etc.) or any person who has business dealings or business ties to a **Covered Employee**?

Yes (If Yes, please complete "Attachment")

No

A "Covered Employee" is a current employee, agent, consultant or elected official or officer of any City agency.



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3. Do you, a family member, or any person who holds an ownership or financial interest in the property described above, have business dealings or business ties as an investor, owner, employee, realtor, lender, consultant, contractor, etc. that has a contractual relationship with the City of Lauderdale Lakes?

Yes (If Yes, please complete "Attachment")

No

Warning: knowingly and willingly making false or fraudulent statements to the City of Lauderdale Lakes may result in denial of assistance, civil penalties, and/or referral to law enforcement.

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the City of Lauderdale Lakes to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

Signature of Applicant

Signature of Co-Applicant

If you are a City Employee or Affiliate, please complete the relevant section(s) below:

<p>Applicant (Employee's or Affiliate 's Name):</p>	
<p>Applicant's Relationship with the Employee or Affiliate</p>	<p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Member of Applicant's family</p> <p><input type="checkbox"/> Associated with an organization that employs or is about to employ Applicant</p> <p><input type="checkbox"/> Has a financial or other interest in or with Applicant</p> <p><input type="checkbox"/> Other:</p>



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**Employee's Relationship to the City of
Lauderdale Lakes**

- Employee
- Agent
- Consultant
- Contractor
- Elected official
- Other:

DESCRIBE RELATIONSHIPS CHECK ABOVE:



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Consent for Payment of Rent to Landlord

Request for payment #: _____ (Housing Options Program Only)

I, _____ as the tenant, give my consent for payment and authorize

City of Lauderdale Lakes to pay \$ _____ to

_____, as the "Landlord", for the period(s) indicated below.

The rental unit is _____ and is located at: _____

I understand that the rent assistance funds for which I am eligible, if any, can be paid only to the Landlord, or Management Company authorized to collect same on behalf of the Landlord, and cannot be transferred to any other Landlord. Further, I understand that I am authorizing the City of Lauderdale Lakes to pay the landlord and, if I relocate or change my mind about staying at the rental unit after signing this Consent for Payment of Rent to Landlord, I will not have any claim to the rental assistance funds that are allocated to pay the Landlord.

NOTE: PAYMENTS ARE MADE BASED ON SUPERVISORY APPROVAL, AVAILABILITY OF FUNDS, VERIFICATION OF PROPERTY OWNERSHIP AND BUSINESS REGISTRATION IF LANDLORD IS INCORPORATED, AND TIMELY SUBMISSION OF THE REQUIRED DOCUMENTS.

In consideration of the amount authorized above for payment by Lauderdale Lakes to the Landlord, I

agree to make a payment of \$ _____ to the Landlord to bring my account balance current.

Tenant's Signature Date

LANDLORD SECTION

I, _____, as the landlord, agree to accept the above referenced payment of \$ _____ from Lauderdale Lakes.

I agree NOT to proceed with any eviction proceeding for non-payment of rent if payment by Lauderdale Lakes is authorized and rendered to me within 21 business days from the date of my signature

PERIOD OWE			TENANT OWES		
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FROM		TO			
FROM		TO			
FROM		TO			
FROM		TO			
FROM		TO			



LAUDERDALE LAKES CARES ACT PROGRAM RESIDENTIAL ASSISTANCE PROGRAM

Consent for Payment of Mortgage to Mortgage Lender

Request for payment #: _____ (Housing Options Program Only)

I, _____ as the property owner, give my consent for payment and authorize

Lauderdale Lakes to pay \$ _____ to _____

_____, as the "Mortgage Lender", for the period(s) indicated below.

The property is _____ and is located at: _____

I understand that the mortgage assistance funds for which I am eligible, if any, can be paid only to the Mortgage Lender for the primary residence and cannot be transferred to any other Mortgage Lender. Further, I understand that I am authorizing the City of Lauderdale Lakes to pay the Mortgage Lender and if I relocate or change my mind about staying at the property after signing this Consent for Payment of Mortgage assistance to Lender, I will not have any claim to the mortgage assistance funds that are allocated to pay the Mortgage Lender.

NOTE: PAYMENTS ARE MADE BASED ON SUPERVISORY APPROVAL, AVAILABILITY OF FUNDS, VERIFICATION OF PROPERTY OWNERSHIP AND TIMELY SUBMISSION OF THE REQUIRED DOCUMENTS.

In consideration of the amount authorized above for payment by Lauderdale Lakes to the Mortgage Lender Landlord, I agree to make a payment of \$ _____ to the Mortgage Lender to bring my account balance current.

Property Owner Signature Date

MORTGAGE LENDER SECTION

I, _____, as the mortgage lender, agree to accept the above referenced payment of \$ _____ from Lauderdale Lakes.

I agree NOT to proceed with any foreclosure proceeding for non-payment of mortgage if payment by Lauderdale Lakes is authorized and rendered to me within 21 business days from the date of my signature

PERIOD OWE		MORTGAGE OWES	
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FROM		TO		
FROM		TO		
FROM		TO		
FROM		TO		
FROM		TO		



LAUDERDALE LAKES CARES ACT PROGRAM RESIDENTIAL ASSISTANCE PROGRAM

Employment Verification Form (To be completed by Employer)

Employer Information:

1. Company Name: _____
2. Address: _____
3. Telephone Number: _____ FAX Number: _____

Employee Information:

4. Employee Name: _____
5. Employee Social Security Number: _____
6. This employee is paid: _____ Daily _____ Weekly _____ Bi-Weekly _____
7. Twice Monthly _____ Monthly _____
8. Hourly pay rate: \$ _____ /hour Weekly scheduled working hours: _____
9. List GROSS amounts and dates of checks or cash earned by this employee during the past days:

Date	Amount

10. Does this employee receive tips in addition to the above earnings? (complete only if applicable) Yes
No

Approximate amount of tips received and frequency: \$ _____ / _____

11. Reason for income decrease (complete only if applicable):
12. Date income will income back to normal (complete only if applicable):

Projected Hourly pay rate: \$/ hour; Projected Weekly scheduled working hours:

13. Date employment started: Date employment stopped:
14. Reason for termination (complete only if applicable):
15. Will employee be eligible for re-hire if position becomes available? (complete only if applicable) (check one only) YESNO (For "NO" please give reason):

Employer Certification:

WHAT I HAVE WRITTEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Name of Official completing information

Signature of Official completing information