



City of Lauderdale Lakes

Residential Assistance Program

Rental Deposits

Program Guidelines

The City of Lauderdale Lakes will provide assistance to our low-income residents during this time of great economic need to assist in alleviating the current financial struggle.

OVERVIEW

Upon approval of funding, the City of Lauderdale Lakes will be accepting applications from households that have been financially struggling. Eligible households may receive rental deposit assistance. Assistance will be provided to eligible households on a first come- first qualified- first served basis and as long as funding is available.

Information provided by the applicant(s) may be subject to Chapter 119 Florida Status, regarding Open Records.

Staff will contact applicants by email or mail should additional information or documentation is required. Incomplete applications will delay the review process and insufficient information and/or documents may result in denial.

PROGRAM DESCRIPTIONS

Rental Deposit Assistance Program

Summary: Funds will be awarded to landlords; as one-time payment for households that show financial hardship.

Maximum Award: Maximum award up to \$4,000 per qualified household.

Eligible Activity: One-time emergency payment on behalf of eligible families for rental deposit payments to prevent homelessness.



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Additional Information:

1. Award amount will vary based upon need. \$4,000 maximum.
2. Rental deposit assistance program for residents who earn less 80% AMI (\$73,400), have lost job earnings.
3. Payment sustainability after assistance is the applicants' responsibility.
4. The dwelling must be located within City of Lauderdale Lakes city limits.
5. Families to be assisted must have an approved tenant-owner valid lease in the applicant's name pending the deposit payment.
6. The applicant must document hardship of loss of income (under-employment or un-employment).
7. Applicant must provide letter from landlord institution with contact and payment information.
8. W-9 form from landlord must be submitted.
9. There will be no direct payment to applicant or household member, only to landlord, directly.
10. Forms that require notarization, must be notarized before submission.
11. Landlords must complete vendor registration information.
12. Submitted applications will be reviewed for completeness and eligibility. A maximum 10 day window will be allowed to remedy situation. If not, application will be voluntarily withdrawn or denied.
13. Duplication of Benefits: In the event that applicant received, receives or is scheduled to receive additional funds, not previously disclosed to the Program, must be immediately notified as a duplication of benefits.

Supporting Documents:

1. Completed application package.
2. Government issued picture ID for all household members age 18 or older.
3. Social security card for all household member, regardless of age.
4. Copy of consecutive paystubs for all household members 18 years or older; profit and loss statement if self-employed.
5. Duplication of Benefits Affidavit.
6. Utilities affidavit accepting the terms and conditions of the program.
7. Landlord affidavit accepting the terms and conditions of the program.
8. Valid rental agreement or lease agreement signed by all parties.
9. Documentation of loss of income from employer.
10. Any additional documents requested by staff.

Information provided by applicant(s) may be subject to Chapter 119 Florida Statutes, regarding Open Records.



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Processing of a complete application package could take as long as 30 business days. The Department of Parks and Human Services staff member will contact applicants by email or mail should additional information or documentation is required. Incomplete applications will delay the review process and insufficient information and/or documents may result in denial. Payments will be made in 30 days after application approved.

CHECKLIST

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



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- Incomplete Applications cannot be processed and will be returned.

RENTAL DEPOSIT 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
- Late notice for past due rent/eviction notice or proof of residential displacement
- Landlord agreement accepting terms and conditions of the program.
- W-9 form required for Landlord.

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 six consecutive paystubs for 2022, Tax Returns for 2020 and 2021, W2 for 2020 and 2021, 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

APPLICATION

Incomplete applications will **NOT** be accepted. Drop-off will be conducted at the City Hall Complex located at 4300 NW 36th St. Lauderdale Lakes, FL 33319.

General Information:



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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

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:



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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

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	



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<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.	

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



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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

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 Statues 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.



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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

TENANT VERIFICATION/CONFIRMATION FORM

_____ has been approved to be my tenant as of _____ . He / She will pay \$_____ for the rental deposit and \$_____ 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 will reside at this address with above named tenant:



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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: _____



LAUDERDALE LAKES PROGRAM

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 Rental Deposits 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 _____, 2022.

Applicant Signature

Applicant Name

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

online notarization, this ____ day of _____, 2022, by _____.

Notary Public



LAUDERDALE LAKES PROGRAM

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

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,

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



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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>	<ul style="list-style-type: none"> <input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's family <input type="checkbox"/> Associated with an organization that employs or is about to employ Applicant <input type="checkbox"/> Has a financial or other interest in or with Applicant <input type="checkbox"/> Other:



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

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

DESCRIBE RELATIONSHIPS CHECK ABOVE:



LAUDERDALE LAKES EMERGENCY DEPOSIT ASSISTANCE PROGRAM

Consent for Payment of Rental Deposit 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 rental deposit 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 Rental Deposit to the Landlord, I will not have any claim to the rental deposit 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.



LAUDERDALE LAKES CARES ACT PROGRAM

Income Verification (TO BE COMPLETED BY EMPLOYER ONLY)

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

