



# North Bay Village Rental Assistance Application Packet

North Bay Village (NBV) utilizes its Workforce Housing Trust funds to provide the rental assistance program. The program provides financial assistance for an individual or family seeking safe, decent, and workforce rental housing within the NBV. The program assists eligible households with the required upfront rental deposit (security deposit, first and/or last month's rent only) on new leases. The assistance is provided as a loan to an individual or family and secured by a zero interest with monthly payments for 5 years.

Eligible participants can receive up to \$4,500.

Priority is given to essential workers identified as follows:

- NBV Police, Fire Department employee or general employees of NBV.
- Miami-Dade County Public School employees working at a school in NBV.
- Licensed health professionals working in NBV; and
- NBV residents

To qualify for the program, applicants must meet the following criteria:

- Applicants must qualify for a rental housing unit or submit a lease application prior to submitting an application for assistance.
- Applicants must meet the appropriate income guidelines as established. (see income limits chart below).
- Property must be located in NBV.
- Applicants must enter into a 12-month lease to qualify for assistance.
- A lease application, lease approval or signed lease must be provided. A signed lease must be provided for NBV to issue payment to the owner/management company.

#### **Income Limits**

Family Size	1	2	3	4	5	6
100% AMI	\$79,500	\$90,800	\$102,100	\$113,500	\$122,600	\$131,700

Source: 2024 Florida Housing Finance Corporation. Multifamily rental programs 100% Extrapolation of FHFC Data

#### **Application Opens on August 1, 2024**

Please contact Housing Foundation of America to make an appointment to submit your application for review.

Contact: Jeremy Montanti at 954-923-5001 or <a href="mailto:hfajmontanti@gmail.com">hfajmontanti@gmail.com</a>
(please do not email applications)

Alt. Contact: Vickki Placide-Pickard at 954-266-6495 or email VPickard@cgasolutions.com





## DOCUMENTS REQUIRED TO BE SUBMITTED WITH THE APPLICATION

#	These Documents MUST be submitted with the Application. Please submit COPIES of all the required documents listed below or Check N/A if it is Not Applicable	YES	N/A or Comments
1	Complete the Application (No Blank Spaces)		
2	Letter from landlord, rental company or property management company approving your application to rent in an eligible residential property.		
3	Lease agreement		
4	Proof of Employment (Pay Stubs for last 2 MONTHS for all household members 18 & Older)		
5	Business Owners ONLY: Proof of Self-Employment, Profit & Loss Statement, Tax Return Schedule C, E or F, and Notarized Letter of Expected Income for the next 12 months)		
6	Federal income tax returns filed with the IRS for the last two (2) years AND W-2's for the last two (2) years. 2023 and 2022		
7	Proof of Number of Dependents (Birth Certificates, Adoption Documents, etc.)		
8	Photo Identification (All Household Members 18 & Older)		
9	Social Security Cards (All Household Members, including minors, All SS cards must be signed)		
10	Proof of Citizenship or Legal Alien Status (Passport, or Birth Certificate, or Alien Registration Card, or Voter's Registration Card)		
11	If Divorced or Legally Separated (Divorce decree, court documents)		
12	Child Support Payments (Proof of Amount: court docs, payment records, official print- out, notarized statement)		
13	Alimony Support Payments (court docs, payment records, print-out, etc.)		
14	Social Security, SSI, SSDI Payments (award letter for the most recent year showing the amount)		
15	Unearned Income Statements (disability, worker's Comp, Unemployment, Welfare)		
16	Veteran Administration VA Benefits (Awards Letter and Income Statements)		
17	Unemployed Household Member(s) 18 years or older and is NOT a full-time Student		
	(Must provide documents and/or a notarized letter stating the Status of their Income)		
18	Assets (Bank Statements, IRA's 401K, Pensions, CD's, Mutual, Stocks, Etc. Bank		
	Statements (Last 6 months Statements) Submit All Pages of Statement, even Blank		
	pages for ALL Household members		
19	Life Insurance Policy (Declaration Page showing value, Term & Coverage)		
20	This checklist should be completed and included with the Application submittal		





#### PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

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. The determination regarding the release of information pursuant to an Open Records request shall be made by the Village pursuant to statute.

Having been advised of this prior to submitting an application for assistance or supplying any information, I/We agree to hold harmless and indemnify Calvin Giordano & Associates, Housing Foundation of America and North Bay Village, any governmental 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 Statues.

I/We agree that neither Calvin Giordano & Associates, Housing Foundation of America nor North Bay Village have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to Calvin Giordano & Associates, Housing Foundation of America or North Bay Village 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 neither Calvin Giordano & Associates, Housing Foundation of America nor North Bay Village 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 Calvin Giordano & Associates, Housing Foundation of America and North Bay Village or any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to my/our applying for any rental assistance grant or any matter arising out of any rental assistance funded by North Bay Village.

Applicant Signature	Print Name	Date
Co-Applicant Signature	Print Name	Date





# NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The Village collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the Village to give you this written statement explaining the purpose and authority for collecting your social security number.

Your Social Security Number is being collected for the purpose of income certifying you for the Village's rental assistance program which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program.

Your social security number will not be used for any other purpose other than verifying your eligibility for the Village's program.

I/WE have read and understand this infor	mation.	
Applicant Signature	Print Name	Date
Co-Applicant Signature	Print Name	Date





		Ap	pnc	ant iniorn	nation			
Last:				First:				Middle Initial
Date of Birth:	4	Age:	Last	t 4 #s of Social	Security			
Marital Status:	Marı	ied	Single	e D	oivorced	Sepa	rated	
<b>Employment Status:</b>								
(Check One)	Emplo	yed-F/T	E	mployed-P/T	Unempl	oyed	Retired	Disabled
	Busine	ess Owner		_Independent	-1099-Worker		Seasonal Wo	kerOther
Home Address								
City, ST, Zip								
Mailing Address (If different from								
(If different from above)								
Cell Phone:				Alt. Phone:			Alt. Phone:	
EMAIL:								
Are you a USA Citizen:	(Select One)	YES		NO	Legal Perma	anent R	esident	Other
If you checked Legal	Permanent I	Resident, a c	copy of	f the Resident/	Green Card m	ust be p	orovided	
		-				-		
		Co-A	Appl	icant Info	rmation			
Last:			-FF	First:			Middle Initia	
D ( CD: /I		<u> </u>	Τ_					
Date of Birth	4	Age:	Last	t 4 #s of Social	Security			
Marital Status:	Marı	ied	Single	e D	ivorced	Sepa	rated	
<b>Employment Status:</b>								
(Check One)	Emplo	yed-F/T	E	mployed-P/T	Unempl	oyed	Retired	Disabled
	Rusin	ass Owner		Independent	-1099-Worker		Seesanal Was	kerOther
	Busine	ess Owner	-	_independent	-10//- W 01 KC1		Scasoliai Wol	KeiOther
Home Address								
City, ST, Zip								
Mailing Address (If different from above)								
Cell Phone:				Alt. Phone:			Alt. Phone:	
EMAIL:								
Are you a USA Citizen:	(Select One)	YES		NO	Legal Perma	anent R	esident	Other
If you checked Legal	Permanent I	Resident, a c	copy of	f the Resident/	Green Card m	nust be 1	provided	





## ALL HOUSEHOLD MEMBERS RESIDING IN THE HOUSEHOLD

				DEMOGRAPHICS	
All Household Members Names (First & Last Name)	Relationship to Applicant	<u>Date of</u> <u>Birth</u>	Age	RACE Alaskan Native, American Indian, Asian, Black, Multi- Racial, Native Hawaiian/Pacific Islander, White, Other	ETHNICITY  Hispanic (H) -OR- Non-Hispanic (NH)
(1)	SELF				
(2)					
(3)					
(4)					
(5)					
(6)					

## SOURCE OF INCOME FOR ALL HOUSEHOLD MEMBERS

APPLICANT & ALL HOUSEHOLD MEMBERS Including Applicant NAME of HOUSEHOLD MEMBER (First & Last)	SOURCE OF INCOME  (Employment, Business Owner, Independent Worker, Social Security, Veteran Benefits, Disability, Other)  SALARY DATA  (Rate, Frequency of Pay, Earnings)	CONTACT INFORMATION FOR Verification of Income Employer/Company/Business Phone, Fax, Email Address	ANNUAL Income
	Rate of Pay Amount:  Per: Hourly Day Week Other	Company: Phone: Fax: Email:	\$
	Rate of Pay Amount:  Per: Hourly Day Week Other	Company:Phone:Fax:Email:	\$
	Rate of Pay Amount:  Per: Hourly Day Week Other	Company:Phone:Fax:Email:	\$





## ASSET INFORMATION

Applicants must complete the following asset information for all persons, including minors, who will occupy the assisted property. This information will be used for qualification purposes only.

Assets include, but are not limited to: Cash held in savings and/or checking accounts, safe deposit boxes; trust funds (revocable trusts); capital investments; stocks, bonds, Treasury Bills, certificates of deposit, money market and other investment accounts; IRA, and similar accounts; retirement and pension funds; cash value of life insurance policies available to the individual before death; mortgage or deed of trust; lump sum receipts (i.e. lottery winnings, inheritances, victim's restitution, insurance claims, or settlements, etc.) and, personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.) NOTE: Do NOT include property such as clothing, furniture, cars, wedding bands, etc.

#### APPLICANT ASSETS

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCT. NO.
Checking Accts				
Savings Accts.				
Credit Union Accts.				
Stock Life Insurance				
Other				
Other				
Other				

#### **CO- APPLICANT ASSETS**

ТҮРЕ	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCT. NO.
Checking Accts				
Savings Accts.				
Credit Union Accts.				
Stock Life Insurance				
Other				
Other				





	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
O ADDITION TO L	A DIL ITIES / DEDTS		
<u>O-APPLICANT LIA</u> YPE	ABILITIES / DEBTS  CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
YFE	CREDITOR'S NAME	MONTHLY PAYMENT	DALANCE
	standing unpaid collections or judgme	<del>-</del>	
	CIFICATION (IMPORTANT - REAlided is true and complete to the best		
The information provi	ided is true and complete to the best isclosure of such information for purp	of my/our knowledge and belief.	ed to my/our
The information provided I/We consent to the diapplication for finance I/We understand that Applicant(s) understand	ided is true and complete to the best is sclosure of such information for purpial assistance.  any willful misstatement of materiand(s) that the information provided as qualification for assistance. The a	of my/our knowledge and belief.  coses of income verification related and fact will be grounds for disquise needed to determine assistance.	qualification.
The information provided in come and assets or large and in section of the distribution of the distribution of the distribution for finance and in the distribution of	ided is true and complete to the best is sclosure of such information for purpial assistance.  any willful misstatement of materiand(s) that the information provided as qualification for assistance. The a	of my/our knowledge and belief.  coses of income verification related and fact will be grounds for disquist needed to determine assistance applicant(s) also agrees to provide the statements or misrepresentation on is a misdemeanor of the first description.	qualification. the eligibility de any other

Print Name

Date

Co-Applicant Signature





## STATEMENT OF HOUSEHOLD SIZE

This is to certify that	_ person(s) will reside in the property that I/V	We intend to rent.
Applicant Signature	Print Name	Date
Co-Applicant Signature	Print Name	Date





## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We		, hereby authorize the, release
without liability, information regarding my/our e		
and Associates and its sub-consultant Housing		
provided, as part of determining eligibility for a		
understand that only information necessary for de	etermining eligibility can be requested	a.
Types of information to be verified:		
I/We understand that previous or current information requested are, but not limited to: personal iden payment frequency, commissions, raises, bonuse certificate of deposits (CD), Individual Retirement Security, annuities, insurance policies, retirement and/or workers compensation; welfare assistance support payments, etc.	tity/social security; employment histes, and tips; cash held in checking/seent Accounts (IRA), interest, divident funds, pensions disability or death ber	tory, hours worked, salary and avings accounts, stocks, bonds, ads, etc.; payments from Social nefits; unemployment, disability
Organizations/Individuals that may be asked to p	rovide written/oral verification are, b	ut not limited to:
Past/Present Employers	Alimony/Child/Othe	r Support Providers
Banks, Financial or Retirement Institutions	Social Security Adm	
State Unemployment Agency	Veteran's Administra	ation
Welfare Agency	Other:	
Agreement to Conditions:		
I/We agree that a photocopy of this authorizatio I/We have the right to review this file and correct		
Applicant Signature	Print Name Date	
Co-Applicant Signature	Print Name	Date