



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 hfamontanti@gmail.com
(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		



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 information.

Applicant Signature

Print Name

Date

Co-Applicant Signature

Print Name

Date



Applicant Information

Last:		First:		Middle Initial
Date of Birth:		Age:	Last 4 #s of Social Security	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Employment Status: (Check One)	<input type="checkbox"/> Employed-F/T <input type="checkbox"/> Employed-P/T <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Business Owner <input type="checkbox"/> Independent -1099-Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Other			
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)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Other		
If you checked Legal Permanent Resident, a copy of the Resident/Green Card must be provided				

Co-Applicant Information

Last:		First:		Middle Initial
Date of Birth		Age:	Last 4 #s of Social Security	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Employment Status: (Check One)	<input type="checkbox"/> Employed-F/T <input type="checkbox"/> Employed-P/T <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Business Owner <input type="checkbox"/> Independent -1099-Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Other			
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)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Other		
If you checked Legal Permanent Resident, a copy of the Resident/Green Card must be provided				

ALL HOUSEHOLD MEMBERS RESIDING IN THE HOUSEHOLD

<u>All Household Members Names (First & Last Name)</u>	<u>Relationship to Applicant</u>	<u>Date of Birth</u>	<u>Age</u>	DEMOGRAPHICS	
				<u>RACE</u> Alaskan Native, American Indian, Asian, Black, Multi- Racial, Native Hawaiian/Pacific Islander, White, Other	<u>ETHNICITY</u> 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	SOURCE OF INCOME (Employment, Business Owner, Independent Worker, Social Security, Veteran Benefits, Disability, Other)	CONTACT INFORMATION FOR Verification of Income	ANNUAL Income
NAME of HOUSEHOLD MEMBER (First & Last)	SALARY DATA (Rate, Frequency of Pay, Earnings)	Employer/Company/Business Phone, Fax, Email Address	
	Source of Income: _____	Company: _____ Phone: _____ Fax: _____ Email: _____	\$ _____
	Rate of Pay Amount: Per: Hourly Day Week Other		
	Source of Income: _____	Company: _____ Phone: _____ Fax: _____ Email: _____	\$ _____
	Rate of Pay Amount: Per: Hourly Day Week Other		
	Source of Income: _____	Company: _____ Phone: _____ Fax: _____ Email: _____	\$ _____
	Rate of Pay Amount: Per: Hourly Day Week Other		



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

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



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We _____, the undersigned, hereby authorize the, release without liability, information regarding my/our employment income, and/or assets, and identity to **Calvin Giordano and Associates and its sub-consultant Housing Foundation of America**, for the purposes of verifying information provided, as part of determining eligibility for assistance under the **RENTAL ASSISTANCE PROGRAM**. I/We understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: personal identity/social security; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions disability or death benefits; unemployment, disability and/or workers compensation; welfare assistance; net income from the operation of a business; and, alimony or child support payments, etc.

Organizations/Individuals that may be asked to provide written/oral verification are, but not limited to:

- | | |
|---|---------------------------------------|
| Past/Present Employers | Alimony/Child/Other Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration |
| State Unemployment Agency | Veteran’s Administration |
| Welfare Agency | Other: _____ |

Agreement to Conditions:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/We have the right to review this file and correct any information found to be incorrect.

_____	_____	_____
Applicant Signature	Print Name	Date

_____	_____	_____
Co-Applicant Signature	Print Name	Date