



## North Bay Village Utility Assistance Application Packet

North Bay Village (NBV) provides utility assistance to long-term owner-occupied village residents (5 years or more) on a fixed income.

Eligible participants can receive up to \$1,000.

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

- Resident of the Village for 5 or more years
- On a fixed income
- Three months of delinquent utility bills
- Legal owner of the property
- Property must be located in the Village.

### 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

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

**Contact: Jeremy Montanti at 954-923-5001 or [hfajmontanti@gmail.com](mailto:hfajmontanti@gmail.com)  
(please do not email applications)**

**Alt. Contact: Kenya Louidor at 954-766-2709 or [klouidor@cgasolutions.com](mailto:klouidor@cgasolutions.com)**

## DOCUMENTS REQUIRED TO BE SUBMITTED WITH THE APPLICATION

#	<b>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</b>	YES	N/A or Comments
1	Complete the Application (No Blank Spaces)		
2	Proof of Employment (Pay Stubs for last 2 MONTHS for all household members 18 & Older)		
3	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)		
4	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		
5	Proof of Number of Dependents (Birth Certificates, Adoption Documents, etc.)		
6	Photo Identification (All Household Members 18 & Older)		
7	Social Security Cards (All Household Members, including minors, All SS cards must be signed)		
8	Proof of Number of Dependents (Birth Certificates, Adoption Documents, etc.)		
9	Proof of Citizenship or Legal Alien Status (Passport, or Birth Certificate, or Alien Registration Card, or Voter's Registration Card)		
10	If Divorced or Legally Separated (Divorce decree, court documents)		
11	Child Support Payments (Proof of Amount: court docs, payment records, official print-out, notarized statement)		
12	Alimony Support Payments (court docs, payment records, print-out, etc.)		
13	Social Security, SSI, SSDI Payments (award letter for the most recent year showing the amount)		
14	Unearned Income Statements (disability, worker's Comp, Unemployment, Welfare)		
15	Veteran Administration VA Benefits (Awards Letter and Income Statements)		
16	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)		
17	Assets ( <b>Bank Statements</b> , 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)		
18	Life Insurance Policy (Declaration Page showing value, Term & Coverage)		
19	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 utility 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’s Signature	Print Name	Date
_____	_____	_____
Co-Applicant’s Signature	Print Name	Date



### Applicant Information

<b>Last:</b>		<b>First:</b>		<b>Middle Initial</b>
<b>Date of Birth:</b>		<b>Age:</b>	<b>Last 4 #s of Social Security</b>	
<b>Marital Status:</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
<b>Employment Status:</b> (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			
<b>Home Address</b>				
<b>City, ST, Zip</b>				
<b>Mailing Address (If different from above)</b>				
<b>Cell Phone:</b>		<b>Alt. Phone:</b>		<b>Alt. Phone:</b>
<b>EMAIL:</b>				
<b>Are you a USA Citizen: (Select One)</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Other		
<b>If you checked Legal Permanent Resident, a copy of the Resident/Green Card must be provided</b>				

### Co-Applicant Information

<b>Last:</b>		<b>First:</b>		<b>Middle Initial</b>
<b>Date of Birth</b>		<b>Age:</b>	<b>Last 4 #s of Social Security</b>	
<b>Marital Status:</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
<b>Employment Status:</b> (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			
<b>Home Address</b>				
<b>City, ST, Zip</b>				
<b>Mailing Address (If different from above)</b>				
<b>Cell Phone:</b>		<b>Alt. Phone:</b>		<b>Alt. Phone:</b>
<b>EMAIL:</b>				
<b>Are you a USA Citizen: (Select One)</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Other		
<b>If you checked Legal Permanent Resident, a copy of the Resident/Green Card must be provided</b>				



## ALL HOUSEHOLD MEMBERS RESIDING IN THE HOUSEHOLD

<u>All Household Members Names (First &amp; Last Name)</u>	<u>Relationship to Applicant</u>	<u>Date of Birth</u>	<u>Age</u>	<b>DEMOGRAPHICS</b>	
				<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)	<b>SELF</b>				
(2)					
(3)					
(4)					
(5)					
(6)					

## SOURCE OF INCOME FOR ALL HOUSEHOLD MEMBERS

<b>APPLICANT &amp; ALL HOUSEHOLD MEMBERS Including Applicant</b>  <b>NAME of HOUSEHOLD MEMBER (First &amp; Last)</b>	<b><u>SOURCE OF INCOME</u></b> (Employment, Business Owner, Independent Worker, Social Security, Veteran Benefits, Disability, Other)  <b><u>SALARY DATA</u></b> (Rate, Frequency of Pay, Earnings)	<b>CONTACT INFORMATION FOR Verification of Income</b>  <b>Employer/Company/Business Phone, Fax, Email Address</b>	<b>ANNUAL Income</b>
	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				







