



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
(please do not email applications)

Alt. Contact: Kenya Louidor at 954-766-2709 or klouidor@cgasolutions.com

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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	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 (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		
18	Life Insurance Policy (Declaration Page showing value, Term & Coverage)		
19	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 utility assistance grant or any matter arising out of any utility assistance funded by the 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 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 inf	Formation.	
Applicant's Signature	Print Name	Date
Co-Applicant's Signature	Print Name	





Applicant Information					
Last:		-	First:		Middle Initial
Date of Birth:	Age:	Las	t 4 #s of Social Security		
Marital Status:	Married	Singl	le DivorcedSep	arated	
Employment Status: (Check One)	Employed-F/T	E	Employed-P/TUnemployed	Retired	Disabled
	Business Owner		Independent -1099-Worker	_Seasonal Wo	kerOther
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		NOLegal Permanent F	Resident	Other
If you checked Legal	Permanent Resident, a c	opy o	of the Resident/Green Card must be	provided	
	Co-A	\pp	licant Information		
Last:			First:	Middle Initia	
Date of Birth	Age:	Las	t 4 #s of Social Security		
Marital Status:	Married	Singl	leSep	arated	
Employment Status: (Check One)	Employed-F/T	E	Employed-P/TUnemployed	Retired	Disabled
	Business Owner		Independent -1099-Worker	_Seasonal Wo	kerOther
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		NOLegal Permanent F	Resident	Other
If you checked Legal Permanent Resident, a copy of the Resident/Green Card must be 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

ТҮРЕ	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				





TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
CO-APPLICANT LI FYPE	ABILITIES / DEBTS CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
. TPE	CREDITOR'S NAME	MONITLY PAYMENT	DALANCE
			+
Do you have any out	standing unpaid collections or judgme	ents? Yes No Amount \$	
APPLICANT CERT The information prov	TIFICATION (IMPORTANT - REAlided is true and complete to the best of isclosure of such information for purp	D BEFORE SIGNING) of my/our knowledge and belief.	ed to my/our
APPLICANT CERT The information prov I/We consent to the dapplication for finance I/We understand that Applicant(s) understand and in no way assur	TIFICATION (IMPORTANT - REAlided is true and complete to the best of isclosure of such information for purp	D BEFORE SIGNING) of my/our knowledge and belief. coses of income verification relate al fact will be grounds for disq is needed to determine assistance	ualification.
APPLICANT CER' The information prov I/We consent to the dapplication for finance I/We understand that Applicant(s) understand in no way assurdocumentation needed WARNING: Floridation income and assets or	TIFICATION (IMPORTANT - REAlized is true and complete to the best of isclosure of such information for purpoial assistance. It any willful misstatement of materiand(s) that the information provided es qualification for assistance. The a	of my/our knowledge and belief. soses of income verification related all fact will be grounds for disquis needed to determine assistance applicant(s) also agrees to provide the statements or misrepresentation on is a misdemeanor of the first design.	ualification. te eligibility le any other

Print Name

Date

Co-Applicant's Signature





STATEMENT OF HOUSEHOLD SIZE

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





AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We	, the undersigned,	hereby authorize the, release
without liability, information regarding my/our and Associates and its sub-consultant Housing provided, as part of determining eligibility for understand that only information necessary for	ng Foundation of America, for the pur assistance under the UTILITY ASSI	poses of verifying information STANCE PROGRAM. I/We
Types of information to be verified:		
I/We understand that previous or current inforrequested are, but not limited to: personal ide payment frequency, commissions, raises, bonucertificate of deposits (CD), Individual Retirer Security, annuities, insurance policies, retirement and/or workers compensation; welfare assistant support payments, etc.	entity/social security; employment histories, and tips; cash held in checking/sament Accounts (IRA), interest, dividence the funds, pensions disability or death benefit	ory, hours worked, salary and vings accounts, stocks, bonds, ds, etc.; payments from Social efits; unemployment, disability
Organizations/Individuals that may be asked to	provide written/oral verification are, bu	t not limited to:
Past/Present Employers Banks, Financial or Retirement Institutions State Unemployment Agency Welfare Agency	Alimony/Child/Other Social Security Admir Veteran's Administra Other:	nistration tion
Agreement to Conditions:		
I/We agree that a photocopy of this authorizat I/We have the right to review this file and corre		
Applicant Signature	Print Name	Date
Co-Applicant Signature	Print Name	Date