



## 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	\$86,800	\$99,100	\$111,500	\$123,900	\$133,900	\$143,800

Source: 2025 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 Loudior at 954-766-2709 or [kloudior@cgasolutions.com](mailto:kloudior@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>	<b>YES</b>	<b>N/A or Comments</b>
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		



## 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 Statutes.

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 information.

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Applicant's Signature

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Print Name

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Date

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Co-Applicant's Signature

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Print Name

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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: (Check One)</b>	<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		
If you checked Legal Permanent Resident, a copy of the Resident/Green Card must be provided				

### 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: (Check One)</b>	<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		
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 &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>	<u><b>SOURCE OF INCOME</b></u> (Employment, Business Owner, Independent Worker, Social Security, Veteran Benefits, Disability, Other)	<b>CONTACT INFORMATION FOR Verification of Income</b>	<b>ANNUAL Income</b>
<b>NAME of HOUSEHOLD MEMBER (First &amp; Last)</b>	<u><b>SALARY DATA</b></u> (Rate, Frequency of Pay, Earnings)	<b>Employer/Company/Business Phone, Fax, Email Address</b>	
	Source of Income: _____	Company: _____	\$ _____
	Rate of Pay Amount: _____	Phone: _____	
	Per: Hourly Day Week Other	Fax: _____ Email: _____	
	Source of Income: _____	Company: _____	\$ _____
	Rate of Pay Amount: _____	Phone: _____	
	Per: Hourly Day Week Other	Fax: _____ Email: _____	
	Source of Income: _____	Company: _____	\$ _____
	Rate of Pay Amount: _____	Phone: _____	
	Per: Hourly Day Week Other	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

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

**APPLICANT LIABILITIES / DEBTS**

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE

**CO-APPLICANT LIABILITIES / DEBTS**

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE

Do you have any outstanding unpaid collections or judgments? ☐ Yes ☐ No Amount \$

**APPLICANT CERTIFICATION (IMPORTANT - READ BEFORE SIGNING)**

The information provided is true and complete to the best of my/our knowledge and belief.

I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance.

I/We understand that any willful misstatement of material fact will be grounds for disqualification. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S775.082 or 775.83 or 775.084.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## 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 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 **UTILITY 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  
Banks, Financial or Retirement Institutions  
State Unemployment Agency  
Welfare Agency

Alimony/Child/Other Support Providers  
Social Security Administration  
Veteran's Administration  
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