



CITY OF DAYTONA BEACH

COVID-19 PANDEMIC RELIEF PROGRAM RENTAL ASSISTANCE APPLICATION

[PUBLICATION – 5/08/2020]

Program Purpose:

- Aimed to provide financial relief to Daytona Beach residents impacted by the COVID-19 pandemic.
- To help ensure housing stability for low to moderate income workers who have been furloughed, lost jobs or had work hours reduced due to the COVID-19 pandemic.

Type of Program Assistance:

- Rental payment(s) – 2 Month Maximum assistance per household.
- Maximum assistance capped at \$1,500 per month and \$3,000 total per household.
- Assistance payments will only be payable to Landlords or Rental Property Management companies.

Program Funding:

- Limited funds available and applications will be accepted beginning May 8, 2020 until depleted.
- Assistance will be provided on a first complete application and first qualified/eligible basis.
- Assistance will only be provided for rental housing costs that incurred during service periods on or after March 1, 2020. Applicant must not have been in delinquency status prior to March 11, 2020, when the World Health Organization declared the coronavirus outbreak a pandemic and President Trump declared the outbreak a national emergency.

Program Eligibility Criteria:

- Applicant must provide proof of an active lease and occupy the rental property in Daytona Beach, FL.
- The applicant must be able to document a loss of income as a direct result of COVID-19 impact.
 - a. Documentation must reflect an active employment status as of February 29, 2020 (may show paystubs, bank statements of direct deposits or letter from employer that includes salary or typical wages earned in a 2-week period).
 - b. Since February 29, 2020, you must have experienced a reduction in hours of work or pay reduction as a direct result of the COVID-19 crisis.
- The applicant ANNUAL household income must be at or below the Area Median Income Level (AMI) shown on the following chart. Household is defined as the family occupying a specific residence.

Program Eligibility Criteria continued:

(To estimate your annual household income, multiply your gross monthly income by 12)

APPLICANT HOUSEHOLD SIZE	MAXIMUM ANNUAL INCOME TO BE ELIGIBLE
1 person household	\$36,350
2 person household	\$41,550
3 person household	\$46,750
4 person household	\$51,900
5 person household	\$56,100
6 person household	\$60,250



CITY OF DAYTONA BEACH

COVID-19 PANDEMIC RELIEF PROGRAM RENTAL ASSISTANCE APPLICATION

[PUBLICATION – 5/08/2020]

Applying for Assistance:

- Applicants complete an application package through one of our community partners (Sub-Recipients) for screening and intake **BY APPOINTMENT ONLY:**
 - Central Florida Community Development Corporation (CFCDC) Phone: **(386) 226-1216**
211 N. Ridgewood Avenue, Suite 114 - Daytona Beach, Florida, 32114
 - Mid-Florida Housing Partnership Corporation (Mid-FL) Phone: **(386) 274-4441 ext. 301 & 304**
1834 Mason Avenue - Daytona Beach, Florida, 32117
- Sub-Recipients will then submit all completed application packages and payment information to the city for review of eligibility and adequate supportive documents. The City will then process and mail all disbursements, weekly, to the landlords on behalf of the applicant and maintain all client files.

Essential Program Requirements for Applicants:

- Starting **Friday, May 8, 2020 at 10:00 AM**, applicants begin making appointments by calling one of the Sub-Recipient agencies listed above.
- Applicants are encouraged to wear a mask and come alone to their appointment with the Sub-Recipient to reduce the spread of COVID-19 and bring their own BLUE pen for document signing.
- At a minimum, applicants must provide the following items for verification and eligibility determination purposes during screening and intake. The required documentation includes:
 - Documentation that support applicant being employed through February 29, 2020 – this may be a paystub showing employment through February 29, bank statements reflecting pay deposits – either direct or indirect, or a letter from your employer.
 - Documentation of loss of income due to COVID-19.
 - Documentation of earned income for the last 3 months for all household member (examples: pay stubs, profit and loss statement if self-employed).
 - Benefit award letters for unearned income for any household member (examples: current year social security letter, pension letter, unemployment, cash assistance, etc...).
 - Last 6 months bank statements or financial histories.
 - Documentation of all funds/assistance received related to COVID-19.
 - Government issued picture id for all household members age 18 or older.
 - Social Security Card for all household members, regardless of age.
 - Relevant documents such as Dissolution of Marriage and/or Child Support Orders for all household members.
 - A type of bill (utility preferred) in applicant name to confirm residency.
 - Active Lease Agreement and Landlord's legal name, address and tax ID for payment processing.
- Applicants must sign and certify information is correct, duplication of Benefits/Subrogation certification and an authorization form for release of information.
-



CITY OF DAYTONA BEACH

COVID-19 PANDEMIC RELIEF PROGRAM RENTAL ASSISTANCE APPLICATION

[PUBLICATION – 5/08/2020]



Client Intake Form

Date:

Applicant Information:

Last Name:				First Name:					
Physical Address:									
Contact Phone:				Email:					
Social Security Number:				Proof of Identification:		Drivers License	Yes, Check here <input type="radio"/>		
						Other			
Head of Household: (Circle one)	Yes	Disabled: (Circle one)	Yes	Hispanic Ethnicity: (Circle one)	Yes	Age 62 or Older: (Circle one)		Age:	Race: (Select from below)
	No		No		No	Yes	No		

11White **12**Black/African American **13**Asian **14**American Indian/Alaska Native **5**Native Hawaiian / Other Pacific Islander
16American Indian/Alaska Native & White **17**Asian & White **18**Black/African American & White **20**OTHER MULTI-RACIAL

Applicant Household & Income Information:

	<u>Name:</u>	<u>Age:</u>	<u>Birthdate:</u>	<u>Gender:</u>	<u>Income Types:</u>	<u>Annual Income:</u>
1	APPLICANT					
2						
3						
4						
5						
Attach additional pages as necessary					TOTAL HOUSEHOLD INCOME:	\$
VALUE OF OTHER HOUSEHOLD ASSETS: Account Balances/Value in Checking, Savings, Investments, Retirements, Stocks, Bonds, Real Estates, etc. (Attach listing & documents as necessary)					TOTAL OTHER ASSETS:	\$

This block to be completed by INTAKE AGENCY ONLY - INCOME GUIDELINE DETERMINED:

<u>Total Household Size:</u>	<u>Very Low:</u>	<u>Low:</u>	<u>Moderate:</u>	<u>Meets Income Eligibility:</u>		<u>Meets All Qualifying Program Criteria:</u>	
				Yes	No	Yes	No
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				



CITY OF DAYTONA BEACH

COVID-19 PANDEMIC RELIEF PROGRAM RENTAL ASSISTANCE APPLICATION

[PUBLICATION – 5/08/2020]

Rental Housing Information:

Landlord/Property Management Name:									
Landlord Mailing Address: (Where assistance payment(s) will be mailed)									
Contact Phone:					Email:				
Landlord Tax Identification Number:					Proof of Lease:	Provided	(Circle one)	Yes	No
						(Copy of essential pages - signature, rent rate and Landlord info required)			
Impacted by Job Loss/Income: (Circle one)	Yes	COVID-19 Related: (Circle one)	Yes	Currently Occupying the Unit: (Circle one)	Yes	ASSISTANCE BEING REQUESTED FOR:			
	No		No		No	Month/Yr	Amount	Month/Yr	Amount
						\$		\$	

Applicant Certifications:

PENALTIES FOR FALSE OR FRAUDULENT STATEMENT:

Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

WRITTEN STATEMENT REGARDING TO COLLECTION AND USE OF SOCIAL SECURITY NUMBERS:

This statement is being provided to you pursuant to Section 119.071(5), Florida Statutes. The City of Daytona Beach and its authorized agencies are required by 24 CFR 5.210, to collect the social security number(s) of applicant(s). Social security numbers are unique numeric identities that will be used by this to identify, verify, track and search information in conjunction with person's applying for assistance. The City of Daytona may disclose social security numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities.

FLORIDA'S PUBLIC RECORDS LAW:

Information provided by applicant(s) may be subject to Chapter 119 Florida Statutes, regarding Open Records.

DUPLICATION OF BENEFITS:

In the event the applicant received, receives or is scheduled to receive additional funds related to rental assistance as a result of COVID-19 not previously disclosed in this application, the applicant shall immediately notify the City of Daytona Beach at (386) 671-8050 who will determine if the funds or a portion of the funds are a duplication of benefits and require repayment.

RELEASE OF INFORMATION:

Signing this form authorizes the City of Daytona Beach or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and participation in the COVID-19 rental Assistance Program. Each adult member of the household must sign this form if age 18 or older.



CITY OF DAYTONA BEACH

COVID-19 PANDEMIC RELIEF PROGRAM RENTAL ASSISTANCE APPLICATION

[PUBLICATION – 5/08/2020]

RELEASE OF INFORMATION: continued...

Privacy Act Notice Statement: The City of Daytona Beach requires the collection of the information contained on this application to determine an applicant's eligibility for the Program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. The City of Daytona Beach is authorized to ask for this information under the National Affordable Housing Act of 1990 whereby the assistance derive from this funding source. For example, inquiries may be needed to process this application from, but not limited to, Past and Present Employers, Unemployment Agencies, Support and Alimony Providers, Dependent Income: Full-time Student, Banks and Financial Institutions, Social Security Administration, Retirement Systems, Veterans Administration, Agencies providing Welfare and Other Assistance, and any source of Assets contained with this application for assistance.

ACKNOWLEDGEMENT AND CERTIFICATION OF THE APPLICATION CONTENTS AND INFORMATION PROVIDED:

Applicant and All household members age 18 or older must sign this application.

- I/We understand the information provided above is being collected to determine if I/we are eligible to receive assistance under the City of Daytona Beach COVID-19 Rental Assistance Program.
- I/We hereby certify that all the information provided herein is true and correct.
- I/We understand that providing false statements or information is grounds for termination of housing Assistance, repayment of assistance provided, and is punishable under state and federal laws.
- I/We authorize the City of Daytona Beach and any of its duly authorized representatives to verify all information provided in this application.
- I/We understand that additional information may be required to finalize eligibility determination.
- I/We understand and have read each this "Applicants Certification" section in its entirety and agree to comply.

Signatures:

<u>Applicant and all household members 18 or over:</u>		<u>Date:</u>
1		
2		
3		
4		

This Section for INTAKE AGENCY ONLY – ASSISTANCE CERTIFICATION DETERMINATION: (Check One)

<u>Agency Representative Signature / Date:</u>	<u>Meets all Income Eligibility and all Qualifying Program Criteria:</u>		RENT ASSISTANCE REQUESTED TO BE PROCESSED:			
	<u>Yes</u>	<u>No</u>	Mth/Yr	Amount	Mth/Yr	Amount
				\$		\$