



## HOUSING & COMMUNITY DEVELOPMENT DIVISION

120 Malabar Road, S.E. • 2<sup>ND</sup> Floor • Palm Bay, FL 32907 • Phone: (321) 726-5633

# CORONAVIRUS RELIEF FUND APPLICATION FOR RENT, MORTGAGE AND UTILITY PAYMENT ASSISTANCE

### GENERAL INSTRUCTIONS FOR APPLICATION

Read the instructions for this application.

Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.

All household members 18 years of age or older must sign and date the application.

Assistance must include rent or mortgage assistance.

Assistance for utilities only is not permitted under CRF.

Mortgage assistance may be eligible on a case-by-case basis. Homeowner must provide a letter from the mortgage lender on official letterhead, which states that the lender does not offer deferment by adding past-due amounts to balance of the mortgage debt.

Submit application with all the required documentation to: [crf@pbfl.org](mailto:crf@pbfl.org) or City of Palm Bay, Housing Division, 120 Malabar Rd. SE, Palm Bay, FL 32907.

Please confirm that you have read the itemized instructions for this section by checking the blank box below. Please print and sign your name.

I Agree

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Print Your Name

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Your Signature

# APPLICATION FOR CFR RENT & UTILITY OR MORTGAGE & UTILITY PAYMENT ASSISTANCE

***This section to be completed by Housing Division Staff.***

Application Number: \_\_\_\_\_

Application Received By: \_\_\_\_\_ Date/Time Application Received: \_\_\_\_\_

What type of housing assistance are you requesting? (Check all that apply)

Rent

Electric

Water

Gas

Mortgage

Utility Deposit

Security Deposit

Other

Other (Description) \_\_\_\_\_

## 1. APPLICANT INFORMATION: (Head of Household)

*Provide your legal name, an address where you receive your mail, an e-mail address (if applicable), your date of birth, and your marital status and other fields.*

I Agree

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

\_\_\_\_\_  
Your Signature

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_

Employed?

Yes

No

Self Employed?

Yes

No

## 2. CO-APPLICANT/OTHER HOUSEHOLD MEMBER INFORMATION:

*List all other members of the household residing in the unit. Attach additional sheets if necessary.*

I Agree

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

\_\_\_\_\_  
Your Signature

Full Name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_

Employed?                      Yes                      No                      Self Employed?                      Yes                      No

3. **HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:** - As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, gender, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.

I Agree

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

\_\_\_\_\_  
Your Signature

Household Member Name	Relationship to Head of HH	Age	Date of Birth	Marital Status	Is household member listed disabled? Y/N	Employed Y / N

4. **RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** - This information is being collected for reporting purposes only.

I Agree

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

\_\_\_\_\_  
Your Signature

**RACE** (*Check all that apply*):      American Indian or Alaska Native      Asian      White  
Native Hawaiian or Other Pacific Islander      Black or African American  
Other Multi-Racial

**ETHNICITY (Check one):**

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

5. **ELIGIBILITY/COVID-19 INFORMATION:** - The information collected here is important to determine eligibility as it relates to emergency assistance. If the answer to any of the following questions is NO, you are not eligible for assistance.

I Agree

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

\_\_\_\_\_  
Your Signature

Were you or a household member affected by the COVID-19? Yes No

How many household members are affected by COVID-19? \_\_\_\_\_

For each Household member affected by COVID-19, provide the following information:

**1st household member affected by COVID-19**

Name: \_\_\_\_\_

Are they unemployed or underemployed due to COVID-19? Yes No

Date person became unemployed or under employed \_\_\_\_\_

Name and address of employer prior to being impacted by COVID-19:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later? \_\_\_\_\_

What was the projected annual gross income of this person after being affected by COVID-19?

\_\_\_\_\_

Is the person receiving unemployment benefits? Yes No

If yes, how much are they receiving monthly \$ \_\_\_\_\_

## 2nd household member affected by COVID-19

Name: \_\_\_\_\_

Are they unemployed or underemployed due to COVID-19?                      Yes                      No

Date person became unemployed or under employed \_\_\_\_\_

Name and address of employer prior to being impacted by COVID-19:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later? \_\_\_\_\_

What was the projected annual gross income of this person after being affected by COVID-19?

\_\_\_\_\_

Is the person receiving unemployment benefits?                      Yes                      No

If yes, how much are they receiving monthly \$ \_\_\_\_\_

## PROPERTY INFORMATION

Do you rent or own a pre-1994 mobile or manufactured home?                      Yes                      No

**Please note that if you currently rent or own a manufactured or mobile home constructed before June 1994, you are not eligible for assistance.**

Are you past due or delinquent on your rent, mortgage or utilities?                      Yes                      No

What is your monthly rent/mortgage payment? \_\_\_\_\_

What is your average monthly electric payment? \_\_\_\_\_

What is your average monthly water payment? \_\_\_\_\_

What are the penalties due, if any? \_\_\_\_\_

How many months of rent/mortgage are due? \_\_\_\_\_ Amount Due \_\_\_\_\_

How many months of utilities are past due? \_\_\_\_\_ Amount Due \_\_\_\_\_

6. **OTHER ASSISTANCE RECEIVED:** - Provide all information any other type of related assistance to the disaster. The following question will require a special review to determine eligibility:

I Agree

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

\_\_\_\_\_  
Your Signature

*The following questions will require a special review to determine eligibility*

Did you apply for COVID-19 assistance to any other program or organization? Yes No

Explain: \_\_\_\_\_

Have you received any COVID related assistance? Yes No

Amount Approved? \_\_\_\_\_ Amount Received to date: \_\_\_\_\_

List agency providing services

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

7. **INCOME INFORMATION:** Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, unemployment benefits, other benefits for all household members. List ALL household members and their incomes. Attach a separate sheet if you need more space.

***FOOD STAMPS ARE NOT CONSIDERED INCOME - do not list food stamps.***

I Agree

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

\_\_\_\_\_  
Your Signature

Household Member Name	Full Time Student? Y/N	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

8. **ASSET INFORMATION:** Provide the requested information on assets for all household members. Examples of what constitutes assets are listed below:

Typical assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;
- Mortgage or deeds of trust held by the applicant
- Some items of personal property are NOT counted as assets for the purposes of determining annual income:
  - Automobiles;
  - Jewelry; and/or
  - Term life insurance policies

I Agree

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Print Your Name

---

Your Signature

Do you own any other real estate?                      Yes                      No                      N/A

If yes, provide address, city and state of property(s): \_\_\_\_\_

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What is the tax roll value of the property?                      Yes                      No

If yes, what is the current balance owed on the mortgage? \_\_\_\_\_

Do you have income from the property? (rental income)                      Yes                      No

Is your primary residence currently in foreclosure?                      Yes                      No

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. Provide this information for all household members.

Household Member Name	Type & Source of Asset	Cash Value of Asset	Annual Income from Asset

9. **APPLICANT CERTIFICATION:** Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the City or any of its duly authorized representatives to verify the information listed herein.

- I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the CRF program.
- I/We hereby certify that all the information provided herein is true and correct.
- I/We understand that providing false statements or information for the purpose of obtaining assistance is grounds for termination of housing assistance and is punishable under Chapter 817 of the Florida Statutes as a first-degree misdemeanor.
- I/We authorize the above-referenced City/subrecipient/sponsor and any of its duly authorized representatives to verify all information provided in this application.
- I/We understand that additional information will likely be required to move forward with this program.

Agreement to turn over Proceeds; Future Reassignment:

- If the applicant has received or receives any Proceeds from any source that covers the expenses covered by the CRF assistance provided, the applicant agrees to promptly pay such amounts to the City.
- In the event that the applicant received, receives or is scheduled to receive any Proceeds not previously disclosed to the City the applicant shall notify the City of such Subsequent Proceeds, and the City will determine the amount, if any, of such Subsequent Proceeds that are a duplication of benefits (DOB). Subsequent Duplication of Benefits proceeds shall be disbursed as follows:



- 1) If the Award has been fully expended by the City, any Subsequent DOB Proceeds shall be paid by applicant to the City up to the amount of the Award.
- 2) If no portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be paid by applicant to the City and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the applicant to the City shall be returned to the applicant, and this Agreement shall terminate.
- 3) If some portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by applicant to the City to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award and retained by the City; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the applicant, and this Agreement shall terminate.
- 4) If the City makes the determination that the applicant does not qualify to participate in the Program or the applicant decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the applicant to the City that have not been used or obligated by the Program shall be returned to the applicant, and this Agreement shall terminate.
- 5) Once the City has recovered an amount equal to the Award, the City will reassign to applicant any rights assigned to the City pursuant to this Agreement

**Applicant's Authorization:**

I authorize the above-named Subrecipient, Sponsor, State or Vendor to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the Subrecipient and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the Subrecipient in the eligibility verification process.
- (5) Applicants who provide a self-certification will be required to provide proof of income when the President's or Governor's executive order expires. If the applicant falsified information to obtain assistance, all funds paid on behalf of the applicant must be repaid to the program.

**False Statements** - Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

Warning: Chapter 817 of the Florida Statutes 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 §775.082 or 775.083.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Household member \_\_\_\_\_ Date \_\_\_\_\_

Household member \_\_\_\_\_ Date \_\_\_\_\_

Household member \_\_\_\_\_ Date \_\_\_\_\_

Household member \_\_\_\_\_ Date \_\_\_\_\_

# **SOCIAL SECURITY NUMBER COLLECTION POLICY DISCLOSURE & AUTHORIZATION TO RELEASE INFORMATION CONSENT FORM**

## **Applicant & Co-Applicant**

Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the City or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the CRF Program for disaster assistance. Each adult member of the household must sign this Eligibility Release.

We/I hereby consent that the City of Palm Bay ("City") or any credit reporting agency or bureau designated by the "City", may collect and retain any and all information concerning our/ my employment, bank accounts, credit card accounts, installment obligations and any other matter, which may be required in processing our/my application for a mortgage loan. We/I also authorize release of related information by our/my employer(s), designated credit reporting agency or bureau, financial institution(s), government agency and any other creditors as listed in my/our application for assistance from the "City."

The "City" collects Social Security numbers from prospective grant recipients during the application process for data collection and benefit processing.

This publication can be made available upon request in alternative formats for persons with disabilities by calling (321) 952-3400 or 7-1-1 for the Florida Relay Service or e-mail the ADA Coordinator at [Charleena.cox@palmbayflorida.org](mailto:Charleena.cox@palmbayflorida.org). Please allow 72 hours for your request to be processed.

The Florida Public Records Law, Florida Statutes (2007) Section 119.071(5) requires the "City" provide written statement explaining that it collects Social Security numbers from prospective mortgage loan and grant recipients during the application process to determine credit worthiness of the applicant, data collection, benefit processing and tax reporting.

Information provided by you/your household 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. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify the City, 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 the City does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that the City does not 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 the City 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 assistance.

This Consent Form may be a **photocopy**. All **copies shall be** as effective as those containing my/our original signature(s) dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

	Applicant	Co-Applicant
Print Name		
Social Security		
Date of Birth & Age		
Property Street		
City & Zip Code		
Post Office Box, if		
City & Zip Code		

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Household member

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Household member

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Household member

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Household member

\_\_\_\_\_  
Printed Name

## SELF-CERTIFICATION OF INCOME

***To be completed by each adult household member***

Household Member \_\_\_\_\_ Local Government: The City of Palm Bay

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

I will receive income from the following sources over the next 12 months: (If **Yes** is selected, please insert the dollar amount. If **No** is selected, please insert Not Applicable in the field):

Yes No \$ \_\_\_\_\_

Wages from employment (including commissions, tips, bonuses, fees, etc.);

Yes No \$ \_\_\_\_\_

Net income from operation of a business; \$

Yes No \$ \_\_\_\_\_

Rental income from real or personal property; \$

Yes No \$ \_\_\_\_\_

Interest or dividends from assets;

Yes No \$ \_\_\_\_\_

Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;

Yes No \$ \_\_\_\_\_

Unemployment;

Yes No \$ \_\_\_\_\_

Disability payments;

Yes No \$ \_\_\_\_\_

Public assistance payments;

Yes No \$ \_\_\_\_\_

Periodic allowances such as alimony, child support, or gifts received from persons not living in my household; \$

Yes No \$ \_\_\_\_\_

If yes, sales from self-employed resources;

Yes                      No                      \$ \_\_\_\_\_  
If yes, any other source not named above;

Yes                      No  
I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

I certify my anticipated gross annual income for the next 12 months to be (Total of section 3):  
\$ \_\_\_\_\_.

I will inform local government staff if my income changes during the period when I am receiving assistance.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

***This form must be witnessed or notarized. Please visit the Housing & Community Division office so that this form may be notarized by a Notary Public (required).***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Witness #1 (MUST be different than Witness #2)

\_\_\_\_\_  
Witness #2 (MUST be different than Witness #1)

\_\_\_\_\_  
Date

**FOR AN OATH OR AFFIRMATION:**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and described before me this \_\_\_\_\_ day of \_\_\_\_\_ ,

20 \_\_\_\_\_ ,

by \_\_\_\_\_ .

(NOTARY SEAL)

\_\_\_\_\_  
Signature

Personally Known      OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Name of Notary (Typed, Printed, or Stamped)

## SELF-CERTIFICATION OF HARDSHIP

***To be completed by each adult household member***

Household Member \_\_\_\_\_ Local Government: The City of Palm Bay

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

1. I hereby certify that I have been negatively impacted by the COVID-19 pandemic.
2. I am underemployed or unemployed.

***A member of the household must sign below to certify the information. To be eligible for assistance, a household member must sign below.***

***This form must be witnessed or notarized. Please visit the Housing & Community Division office so that this form may be notarized by a Notary Public (required).***

\_\_\_\_\_  
Significant of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Witness #1 (MUST be different than Witness #2)

\_\_\_\_\_  
Witness #2 (MUST be different than Witness #1)

Date \_\_\_\_\_

Explain your COVID-19 related hardship:



**FOR AN OATH OR AFFIRMATION:**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and described before me this \_\_\_\_\_ day of \_\_\_\_\_ ,

20 \_\_\_\_\_ ,

by \_\_\_\_\_ .

(NOTARY SEAL)

\_\_\_\_\_  
Signature

Personally Known      OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Name of Notary (Typed, Printed, or Stamped)

## **Applicant Checklist**

Please provide the information listed below to ensure that your application will be processed in an expedited manner.

Application for Assistance;

Properly executed Authorization to Release Information Consent Form;

Self Certification of income for all household members over 18 years of age;

Self Certification of COVID-related hardship for all household members over 18 years of age;

Copy of driver's license, ID or birth certificate for all household members; and

Copy of executed lease or warranty deed in applicant's name;

Statement from a landlord/lender showing the arrears or amount due (must include time period and amounts)

Letter from lender on official letterhead, which states that the lender does not offer determent by adding past-due amounts to balance of the mortgage debt

Past due utility bills/statements (must include current utility bill and all bills for which assistance is requested)