



Cares ACT Business Rental, Mortgage, Utility and PPE Assistance Program Application

<input type="checkbox"/> Rental	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Utilities	<input type="checkbox"/> PPE
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Business Information

Business Legal Name			
Trade Name			
Organization Type			
Primary Business Address			
Business Phone			
Business Email			
EIN/SSN for Sole Proprietorship			
Gross Revenues for (6) Months Prior to the Date of March, 2020			
Compensation From Other Sources Received as a Result of COVID-19			
Number of Employees as of March, 2020			
Registered in the City of North Lauderdale	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Business Owner's Information

	Owner 1
First Name	
Last Name	
Mobile Phone	
Title/Office	
Ownership Percent	
Email	
Birth Date	
U.S. Citizen	
Residential Street Address	
City	
State	
Zip Code	

Tenant Verification / Confirmation Form

_____ has been my tenant since _____

He / She pays \$ _____ for the monthly rent of the property.

CONSENT FOR PAYMENT OF RENT TO LANDLORD

TENANT SECTION

Request for payment #: (Housing Options Program Only)

I, _____, as the tenant, give my consent for payment and authorize

The City of NorthLauderdale to pay \$ _____ to _____

_____ as the "Landlord", for the period(s) indicated below.

The rental unit is _____ and is located at: _____

_____.

I understand that the rent assistance funds for which I am eligible, if any, can be paid only to the Landlord, or Management Company authorized to collect same on behalf of the Landlord, and cannot be transferred to any other Landlord. Further, I understand that I am authorizing the City of North Lauderdale to pay the landlord a max of 3 months rent, if I relocate or change my mind about staying at the rental unit after signing this Consent for Payment of Rent to Landlord, I will not have any claim to the rental assistance funds that are allocated to pay the Landlord.

NOTE: PAYMENTS ARE MADE BASED ON SUPERVISORY APPROVAL, AVAILABILITY OF FUNDS, VERIFICATION OF PROPERTY OWNERSHIP AND OF LEASE RENTAL IF LANDLORD IS INCORPORATED, AND TIMELY SUBMISSION OF THE REQUIRED DOCUMENTS.

In consideration of the amount authorized above for payment by North Lauderdale to the Landlord, I agree to make a payment of \$ _____ to the Landlord to bring my account balance current.

Tenant's Signature

Date

LANDLORD SECTION

I, _____, as the landlord, agree to accept the above referenced payment of \$ _____ from North Lauderdale.

I agree NOT to proceed with any eviction proceeding for non-payment of rent if payment by North Lauderdale is authorized and rendered to me within 21 business days from the date of my signature below.

Period Owed				Tenant Owes	NL Payment
From		To			
From		To			
From		To			
From		To			
From		To			

Ethnicity/Special Needs

For reporting purposes only, please check all that apply for Head of Household Only

<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native American	<input type="checkbox"/> Farmworker	<input type="checkbox"/> Disabled or Disabled Minor	<input type="checkbox"/> Elderly
<input type="checkbox"/> Special needs	<input type="checkbox"/> Other _____		

I/we understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Signature of Applicant	Print Name	Date
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Signature of Applicant	Print Name	Date
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Signature of Applicant	Print Name	Date
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REQUEST FOR DISBURSEMENT

Project Name	DIASTER RELIEF ASSISTANCE COVID-19		
Organization	FSAD	Telephone Number	954-357-5683
Billing Number			
Customer Name		CSMS #	
Center/Section		Staff Name	
Billing Period Covered (month/year)			
Percent of Total Funding Expended with this Billing			0%
Cost Categories	Total Expenditures up to Last Billing	Expenditures This Billing	Total Expenditures to Date
HOA	\$	\$	\$
Rent	\$	\$	\$
Utilities	\$	\$	\$
Other	\$	\$	\$
Total Request:	\$	\$	\$

Certification: I certify that the items above are correct and just, and are based upon obligation(s) of record for the Project; that the work and services are in accordance with the Agreement, including any amendments thereto; and that the progress of the work and services under the Agreement are satisfactory and consist with the amount billed.

Signature

Date

Print or Type Name

Title of Signer