



# Residential Rental, Mortgage, Utility and Food Voucher Assistance Program Application

<input type="checkbox"/> Rental	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Utilities	<input type="checkbox"/> Food Voucher
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## General Information

Applicant	
Full Name	
Social Security #	
Birth Date / Age	
E-mail	
Phone Number	
Street Address	
Mailing Address	
Co-Applicant	
Full Name	
Social Security #	
Birth Date / Age	
E-mail	
Phone Number	
Street Address	
Mailing Address	

## Other Household Members:

Name(s)	Date of Birth/Age	Relationship to Applicant

## Full-Time Student(s):

If any household member other than the applicant, co-app, or spouse of applicant is a FULL-TIME STUDENT - AGE 18 OR OLDER please list:
<b>Names(s):</b> <input style="width: 80%;" type="text"/>

## Employment Information

APPLICANT	
Employee Name:	Employer Name:
Position:	Supervisor:
Address:	
Phone Number:	Fax:
CO-APPLICANT	
Employee Name:	Employer Name:
Position:	Supervisor:
Address:	
Phone Number:	Fax:

**NOTE: Attach additional sheets as necessary for all household members 18 years and over.**

**INCOME VERIFICATION  
TO BE COMPLETED BY EMPLOYER ONLY**

**Employer Information:**

1. Company Name: \_\_\_\_\_  
2. Address: \_\_\_\_\_  
3. Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

**Employee Information:**

4. Employee Name: \_\_\_\_\_  
5. Employee Social Security Number: \_\_\_\_\_  
6. This employee is paid:  Daily  Weekly  Bi-Weekly  Twice Monthly  Monthly  
7. Hourly pay rate: \$ \_\_\_\_\_ /hour Weekly scheduled working hours: \_\_\_\_\_

8. List **GROSS** amounts and dates of checks or cash earned by this employee during the past \_\_\_\_\_ days:

Date: _____	Amount: \$ _____	Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____	Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____	Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____	Date: _____	Amount: \$ _____

9. Does this employee receive tips in addition to the above earnings? (complete only if applicable)  
 Yes  No

Approximate amount of tips received and frequency: \$ \_\_\_\_\_ / \_\_\_\_\_

10. Reason for income decrease (complete only if applicable): \_\_\_\_\_  
\_\_\_\_\_

11. Date income will income back to normal (complete only if applicable): \_\_\_\_\_

Projected Hourly pay rate: \$ \_\_\_\_\_ / hour; Projected Weekly scheduled working hours: \_\_\_\_\_

12. Date employment started: \_\_\_\_\_ Date employment stopped: \_\_\_\_\_

13. Reason for termination (complete only if applicable): \_\_\_\_\_  
\_\_\_\_\_

14. Will employee be eligible for re-hire if position becomes available? (complete only if applicable)  
(check one only) YES  NO  (For "NO" please give reason): \_\_\_\_\_  
\_\_\_\_\_

**Employer Certification**

**WHAT I HAVE WRITTEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Name of Official completing information

\_\_\_\_\_  
Official's Position Title

\_\_\_\_\_  
Signature of Official completing information

\_\_\_\_\_  
Date

# Tenant Verification / Confirmation Form

\_\_\_\_\_ has been my tenant since \_\_\_\_\_

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

The rental unit (please circle): is an efficiency / has \_\_\_\_\_ bedroom (s) and it is located at:

\_\_\_\_\_

**I know the following people reside at this address with above named tenant:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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### **Complete this section if applicable only**

The following people moved out from this address:

_____	_____
_____	_____

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I may be contacted at the following numbers regarding this matter:

Landlord's name: \_\_\_\_\_ Business name (if different): \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# CONSENT FOR PAYMENT OF RENT TO LANDLORD

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## TENANT SECTION

Request for payment #:  (Housing Options Program Only)

I, \_\_\_\_\_, as the tenant, give my consent for payment and authorize Family Success Administration Division 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 and, 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 BUSINESS REGISTRATION 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

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## 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**

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.

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<b>Signature of Applicant</b>	<b>Print Name</b>	<b>Date</b>
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<b>Signature of Applicant</b>	<b>Print Name</b>	<b>Date</b>
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<b>Signature of Applicant</b>	<b>Print Name</b>	<b>Date</b>
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## REQUEST FOR DISBURSEMENT

<b>Project Name</b>	DIASTER RELIEF ASSISTANCE COVID-19		
<b>Organization</b>	FSAD	<b>Telephone Number</b>	954-357-5683

<b>Billing Number</b>			
<b>Customer Name</b>		<b>CSMS #</b>	
<b>Center/Section</b>		<b>Staff Name</b>	
<b>Billing Period Covered (month/year)</b>			
<b>Percent of Total Funding Expended with this Billing</b>			0%
<b>Cost Categories</b>	<b>Total Expenditures up to Last Billing</b>	<b>Expenditures This Billing</b>	<b>Total Expenditures to Date</b>
HOA	\$	\$	\$
Rent	\$	\$	\$
Utilities	\$	\$	\$
Other	\$	\$	\$
<b>Total Request:</b>	\$	\$	\$

**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