

Emergency Tenant-Based Rental Program Application

EMERGENCY TENANT-BASED RENTAL ASSISTANCE PROGRAM (ETBRA)

Housing & Social Services Department
13753 NW 7th Avenue, North Miami, Florida 33168-2903
(305) 893-6511 ext. 20000

APPLICATION CHECKLIST

Online applications are available for printing at www.NorthMiamiFL.gov/COVID19Relief
Physical applications can be picked up and returned upon completion by APPOINTMENT ONLY at the
Housing and Social Services Department Monday, Wednesday & Thursday from 9:00 a.m. to 2:00 p.m.

- 1) Completed application form (be sure to sign, notarize and date)
- 2) City of North Miami, Housing & Social Services Internal Forms:
 - ETBRA Self-Certification of Income;
 - Notice of Collecting Social Security Numbers;
 - Conflict of Interest Disclosure;
 - Unemployed Applicant's Affidavit;
 - Non-Occupant Affidavit, if applicable;
 - Verification of: Employment, if applicable;
 - Verification of: Assets on Deposit, if applicable;
 - Authorization to Verify Information;
 - Authorization for the Release of Information;
 - Any other required form not listed, if applicable;
- 3) Affidavit or Proof of hardship due to COVID-19
- 4) Duplication of Benefits Agreement
- 5) Owner/Landlord Package (Property Owner Certification, Owner/Landlord Terms & Agreement, Vendor Registration form & W-9 completed by Landlord)
- 6) Lease agreement providing resident(s) has been living for at least a year before the submittal of the application (Tenant must have a one-year Lease agreement)
- 7) Four (4) most recent paystubs if bi-weekly or eight (8) if weekly and three (3) most recent bank statements
- 8) Driver's License, and/or Passport, Resident/Green Card, Naturalization Certificate and Social Security Cards for all persons over 18 years of age currently residing in the household
- 9) Birth Certificates (with the parent(s) or applicant's name listed), Passport, Resident/Green Card, Naturalization Certificate and Social Security Cards for each current resident under 18 years' old

Other acceptable identification: School records (with the parent(s) name and address), Court-ordered Letter of Guardianship, or Letter of Adoption. Note: These must be accompanied with the Social Security Card.

NOTE: Approval is not determined until all items listed above have been submitted. If required documentation/information are not submitted with completed application at the time of scheduled appointment, your application will not be accepted.

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Instructions: All applicants must complete Part A, Part B, and Part C of this application.

Part – A (To be completed by all applicants)

I. Applicant Information				
First Name:	Last Name:	Middle Initial:		
Address (Street, Apt./Unit#):	City:			
	State:	Zip Code:		
Email:	Home Number:	Work Number:	Cell Number:	
Applicant Employment Information				
Employer Name:		Supervisor:		
Position:		Years Employed:		
Address (Street, Unit#):	Phone:			
	Annual Income (gross salary, overtime, tips, bonuses, etc.): \$			Pay Rate: \$
Spouse/Co-Applicant Information				
First Name:	Last Name:	Middle Initial:		
Address (Street, Apt./Unit#):	City:			
	State:	Zip Code:		
Email:	Home Number:	Work Number:	Cell Number:	
Spouse/Co-Applicant Employment Information				
Employer Name:		Supervisor:		
Position:		Years Employed:		
Address (Street, Unit#):	Phone:			
	Annual Income (gross salary, overtime, tips, bonuses, etc.): \$			Pay Rate: \$

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The service being provided to you is funded by the Coronavirus State and Local Fiscal Recovery Funds, established by the American Rescue Plan Act of 2021 (ARPA) and is administered by the City of North Miami, Housing and Social Services Department. The information being requested is only for monitoring and auditing purposes, as required by HUD and Florida Housing, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

Participation Data – FY 2020 – 2021

1. Head of Household: Are you the head of the household? Yes No

2. Household Size and Total Annual Household Income:

A. Household Size: Circle the total number of people in your household (in the first column, circle one)

B. Total Household Income: On the line corresponding to your household size, check the box that corresponds to your household’s total annual income (check only one box)

1	<input type="checkbox"/> \$19,000 or less (ELI)	<input type="checkbox"/> \$31,650 or less (VLI)	<input type="checkbox"/> \$50,650 or less (LI)
2	<input type="checkbox"/> \$21,700 or less	<input type="checkbox"/> \$36,200 or less	<input type="checkbox"/> \$57,850 or less
3	<input type="checkbox"/> \$24,900 or less	<input type="checkbox"/> \$40,700 or less	<input type="checkbox"/> \$65,100 or less
4	<input type="checkbox"/> \$27,100 or less	<input type="checkbox"/> \$45,200 or less	<input type="checkbox"/> \$72,300 or less
5	<input type="checkbox"/> \$31,040 or less	<input type="checkbox"/> \$48,850 or less	<input type="checkbox"/> \$78,100 or less
6	<input type="checkbox"/> \$35,580 or less	<input type="checkbox"/> \$52,450 or less	<input type="checkbox"/> \$83,900 or less
7	<input type="checkbox"/> \$40,120 or less	<input type="checkbox"/> \$56,050 or less	<input type="checkbox"/> \$89,700 or less
8 or more	<input type="checkbox"/> \$44,660 or less	<input type="checkbox"/> \$59,700 or less	<input type="checkbox"/> \$95,450 or less

Check here if your income does not fall into any of the income ranges corresponding with your household size.

3. Race (Check only one):

American Indian/Alaskan Native Asian White Native Hawaiian/Pacific Island

Asian & White Black/African American American Indian/Alaskan Native & White

Black/African American & White American Indian/Alaskan Native & Black/African American

Other Multi-Racial (specify) _____

Hispanic Ethnicity (you must also check one of the racial categories if you select this category)

4. Gender

Male Female

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II. Household Information *If more than 6 household members, please add additional sheet for Sections III through IV.*

HH Mbr #	Name (Last, First, MI)	Relationship to Head of Household (spouse, child, etc.)	Birth Date (mm/dd/yyyy)	*Student	
				Y/N	Part/Fulltime
1		Head of Household			
2					
3					
4					
5					
6					

**Note: Students do not qualify for assistance unless the individual meets one of the exemptions below. Check all that apply:*

Student is a dependent member of the household (e.g. will occupy unit with parent(s)/guardian(s))

Student is Over age 24 Veteran of the US Military Married Has dependent child(ren)

Student is *not eligible* to be claimed as the dependent of any other individual (e.g. was emancipated as a minor, aged out of foster care, etc.)

III. Household Income

Type of Income or Assets	HH Mbr #1 (Head of HH)	HH Mbr #2	HH Mbr #3	HH Mbr #4	HH Mbr #5	HH Mbr #6
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Total Income for each HH Member	\$	\$	\$	\$	\$	\$
Total Household Income	\$					

Income Codes:

Wages

B = Own Business
F = Federal Wages
M = Military pay
W = Wages

SS/SSI/Pension

P = Pension
S = SSI
SS = Social Security

Other Income Sources

C = Child Support
Unemployment benefits
O = Other

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IV. Conflict of Interest

This ETBRA program is funded by the Coronavirus State and Local Fiscal Recovery Funds, established by the American Rescue Plan Act of 2021 (ARPA) and the Florida Housing State through the ARPA funding and administered by the City of North Miami, Housing and Social Services Department. The program is subject to conflict of interest rules intended to ensure all applicants are treated fairly and no one, by virtue of their position, unduly influences the selection or assistance approval process. Applicants must declare whether or not they, or any member of their household, has a potential conflict of interest **by checking one of the statements below**:

- I **am not** an employee, agent, consultant, officer, or elected official or appointed official of the City of North Miami, nor am I the immediate family member of nor do I have business ties with any such person.
- I cannot check the box above and **do have a potential conflict of interest** as described in the space below. *(Note, having a potential conflict does not automatically disqualify an applicant but triggers additional reviews which may determine that no conflict exists, that a conflict exists and that an exception will be sought from the City of North Miami Attorney’s office, or that the applicant is conflicted and may not be assisted.)*

Describe potential conflict of interest (if applicable):

Part – B

(To be completed only by applicants who already occupy the unit to be assisted)

V. Current Lease & Landlord Information

Property Owner/Landlord:	Lease Expiration (mm/dd/yyyy):
Property Management Company (if applicable):	Monthly Rent: \$
Telephone:	Back Rent Due: \$

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VI. Unit Condition Checklist			
<i>ARPA-funded ETBRA requires assisted units to meet certain basic housing quality standards. Due to social distancing, in lieu of inspections by the Program Administrator, applicants should complete the following checklist about their unit.</i>			
Is the housing unit free of the following health and life safety conditions?	Yes	No	Unknown
Exposed bare wires or openings in electrical panels, outlets, or junction boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaking water, puddling, or ponding on or near any electrical apparatus or outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of mold or mildew, especially in bathrooms and/or air outlets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong propane, natural gas, or methane gas odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong sewer odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/structural defect(s) that pose a tripping risk in the unit or in common stairways or hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of rodent and/or insect infestation, especially in areas of food storage/prep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any sharp edge or physical/structural defect(s) that could cause bodily harm (e.g., cuts, skin puncture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are common areas accessible to the tenant free of the following health and life safety conditions?			
Emergency exit(s) that cannot be used/accessed for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing exit signs or exits signs that are not clearly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An elevator(s) misaligned with the floor by more than ¾ inch? (e.g. the elevator(s) does not level as it should)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable materials that are improperly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Free of any other general defect(s) or hazards that pose a health and/or safety risk. If no, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the housing unit contain the following basic livability features?			
Working/operable lock(s) on all windows and doors that can be reached from the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least one working smoke detector on each level of the unit, including the basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights that work in all common hallways and interior stairwells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings, walls, and floors in good condition? (no large cracks, holes, bulging, chipped/peeling plaster/paint, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A living room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ■ At least two electrical outlets, or one outlet and a permanent overhead light fixture? ■ At least one window? (all windows must be in good condition) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ■ Storage, preparation, and serving space for food? ■ At least one electrical outlet and one permanent light fixture? ■ A working stove (or range) and oven? (tenant owned/supplied is acceptable) ■ A refrigerator that keeps temperatures low enough that food does not spoil? ■ A sink with hot and cold water? (a bathroom sink will not satisfy this requirement) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ■ A window that opens and/or a working exhaust fan? ■ A flush toilet that works? ■ A sink and tub/shower with hot and cold water? (a kitchen sink will not satisfy this requirement) ■ At least one permanent overhead or wall light fixture? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ■ At least one operable window in every room used for sleeping? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use space below to clarify, elaborate, or add information about the condition of the unit:			

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Part – C

(To be completed by all applicants)

VII. <u>Beneficiary Intent to Participate and Certification</u>		
<p><i>I/we intend to participate in the American Rescue Plan Act of 2021 (ARPA) ETBRA program. I/we understand that:</i></p> <p><input type="checkbox"/> – I/we may be required to provide access to the unit for purposes of a physical inspection, including a lead-based paint visual inspection, prior to approval;</p> <p>I/we certify under penalty of perjury that the above information is complete and accurate to the best of my/our knowledge. I/we understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willfully making a false or fraudulent statement to a department of the United States Government. I/we understand that additional state or local civil and/or criminal penalties may also apply to the submission of materially false or incomplete information. I/we agree to provide any additional documentation required by the program administrator to document my/our household income and/or any other eligibility criteria.</p>		
<p>_____</p> <p>Head of Household Signature</p>	<p>_____</p> <p>Print Name</p>	<p>_____</p> <p>Date (mm/dd/yyyy)</p>
<p>_____</p> <p>Other Adult Household Member Signature</p>	<p>_____</p> <p>Print Name</p>	<p>_____</p> <p>Date (mm/dd/yyyy)</p>
<p>_____</p> <p>Other Adult Household Member Signature</p>	<p>_____</p> <p>Print Name</p>	<p>_____</p> <p>Date (mm/dd/yyyy)</p>
<p>_____</p> <p>Other Adult Household Member Signature</p>	<p>_____</p> <p>Print Name</p>	<p>_____</p> <p>Date (mm/dd/yyyy)</p>
<p>_____</p> <p>Other Adult Household Member Signature</p>	<p>_____</p> <p>Print Name</p>	<p>_____</p> <p>Date (mm/dd/yyyy)</p>
<p>_____</p> <p>Other Adult Household Member Signature</p>	<p>_____</p> <p>Print Name</p>	<p>_____</p> <p>Date (mm/dd/yyyy)</p>

Remember to submit:

- **Copy of executed lease**
- **Owner/Landlord Application Package (Property Owner Certification, Owner/Landlord Terms & Agreement, Vendor Registration Form & W9 completed by owner/landlord)**

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I hereby certify that the above information is true and correct to the best of my knowledge.

I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

Applicant Signature

Date

Co-Applicant Signature

Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____.

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

Personally Known _____ OR
Produced Identification _____

(Name of Notary Typed, Printed, or Stamped)

Type of Identification Produced _____

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COVID-19 IMPACT APPLICANT AFFIDAVIT

This form is to be completed by the member reporting their COVID impact. One form may be used for any household member participating in the City of North Miami COVID-19 Emergency Rental Assistance program.

Applicant Information

Applicant Name (First name, M.I., Last name): _____

Applicant Date of Birth: _____

COVID-19 Impact Information

Has the tenant or other members of the tenant household qualified for unemployment benefits, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due to the COVID-19 pandemic? Please check each condition that applies to the household who has lost income or incurred significant costs due to the COVID-19 pandemic (check all that apply):

- Currently unemployed for 90 days
- Laid off - Receiving unemployment assistance
- Laid off - Not receiving unemployment assistance
- Place of employment has closed
- Reduction in hours of work
- Must stay home for child/children due to closure of daycare or school
- Self-employed, and business is no longer supplying income or such income has been reduced
- Unwilling or unable to participate in previous employment due to high risk of severe illness from COVID-19
- Reduction or elimination of child or spousal support
- Unexpected COVID-19 related medical or funeral expense
- Child or adult dependent care expenses increased due to COVID-19
- If none of the above apply, please provide a brief description of the household member's reduction in household income or financial hardship experienced due to the COVID-19 pandemic. Please explain:

Applicant Signature: _____ Date: _____

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Applicant Certification

By signing this form, I hereby certify that the above information is factual, accurate, complete, and true to the best of my knowledge. I agree to immediately notify the City of North Miami and its affiliated Administrators of any changes to this information. I understand that as a condition of participating in this program, the City of North Miami and its affiliated Administrators are permitted to request additional verification if the information reported appears to be inconsistent or incorrect. I understand that if I provide any false information or misrepresentation it will be grounds for denying my participation in the Emergency Rental Assistance Program. In addition, my signature acknowledges my understanding and consent to the release of the information within this document to the City of North Miami Emergency Rental Assistance Program and its affiliated Administrators. I also understand and consent to the release of this information pursuant to the Public Records Act, to the extent required under Florida law.

Applicant Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____.

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

Personally Known _____ OR
Produced Identification _____
Type of Identification Produced _____

(Name of Notary Typed, Printed, or Stamped)

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Duplication of Benefits Agreement with Recipient (For office use only)

Whereas, (“Recipient”) is receiving American Rescue Plan Act of 2021 (ARPA) in the amount of _____ to provide funding to pay rent for the property located at _____.

Now, therefore, the Jurisdiction has an option to recoup assistance used on the above described property upon the terms, conditions and contingencies herein set forth:

Federal Benefits and Charitable Donations

Recipient agrees that if he/she receives further federal benefits or charitable donations to (pay mortgage payments) in connection with the COVID-19 response, the recipient will report receiving benefits by emailing _____ or calling _____ within one (1) month of receipt of additional proceeds and/or benefits. If recipient fails to report additional federal benefits or charitable donations, then the Jurisdiction may require immediate repayment in full of the entire amount of assistance provided by the Jurisdiction.

Duplication of Benefits

Recipient agrees that if benefits received subsequent to the receipt of ARPA funds are a duplication of benefits (DOB) received from other sources such as federal benefits or charitable donations that the following shall apply:

1. If the Award has been fully expended by the City of North Miami (“City”), any Subsequent DOB Proceeds shall be repaid by Recipient to 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 Recipient 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 Recipient to the City shall be returned to the Recipient, 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 Recipient 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 Recipient, and this Agreement shall terminate.
4. If the City makes the determination that the Recipient does not qualify to participate in the Program or the Recipient decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City/County that have not been used or obligated by the Program shall be returned to the Recipient, and this Agreement shall terminate.
5. Once the City has recovered an amount equal to the Award, the City will reassign to Recipient any rights assigned to the City pursuant to this Agreement.

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Income Eligibility

Recipient certifies that he/she has provided complete, accurate, and current information regarding household income to demonstrate Recipient's eligibility to receive ARPA funds.

Enforcement

The Recipient and the Jurisdiction acknowledge that the Jurisdiction has the right and responsibility to enforce this agreement.

Whereas, if the Recipient does not violate any of the terms listed in this agreement, then this agreement will be considered released on the _____ day of _____, 20 _____.

IN WITNESS WHEREOF, the undersigned recipient(s) has/have affixed his/her signature(s) and seal(s) this _____ day of _____, 20 _____.

Signed, sealed and delivered in the presence of:

Witness

Applicant

Co-Applicant

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 _____, by

_____.

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____