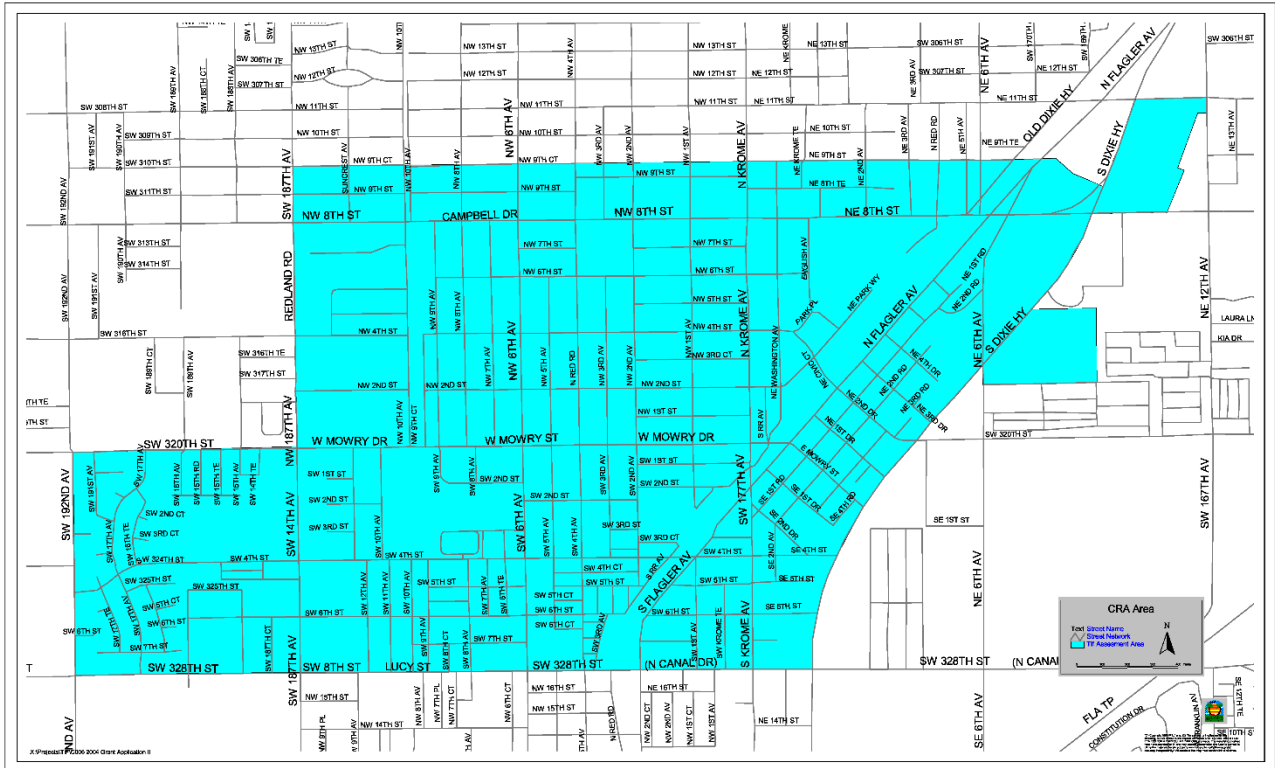




CRA COVID-19 RENT & UTILITIES ASSISTANCE GRANT

GRANT GUIDELINES

The Homestead CRA COVID-19 Rent & Utilities Assistance Grant Program (the “Program”) is designed to provide **residents who reside within the CRA boundaries** (see map below) with a one-time assistance of up to \$1,500 for one month’s rent and/or utilities costs.



To qualify for the program, residents must live within the Homestead CRA, have a household income at or below 80% of the Area Median Income (AMI), be a renter, and have lost income as a result of the COVID-19 pandemic. This Program will be subject to funding availability.

The CRA will not issue payments directly to applicants, but rather payments will be sent directly to landlord and/or the utility provider.

Qualified Costs

- ✓ Rent
- ✓ Electricity (HPS Energy only)
- ✓ Water/Sewer, Garbage and Stormwater (HPS Energy only)
- ✓ Gas

Costs NOT covered: telephone, internet, cable bill, or insurance.

Eligibility Requirements

- Must be a US citizen, permanent resident or granted legal status.
- Must reside in the Homestead CRA geographic boundary for at least one (1) year.
- Must have household income of 80% AMI or less. Applicants must be within the following income range, adjusted for family size (see below table):

Miami Dade County Income Limits as of June 2020 (Source: U.S. HUD)

Family Size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Income Limit (80% of Area Median Income)	\$51,200	\$58,500	\$65,800	\$73,100	\$78,950	\$84,800	\$90,650	\$96,500

- Rent and utilities must have been current as of March 2020.
- Applicant/landlord must not be receiving household subsidies from other federal, state and/or local program for the unit in which the applicant resides. Such programs include: Section 8 Housing Choice Voucher/Mod-Rehab, HOPWA Tenant Based Rental Assistance, Public Housing, Section 202, or VASH.
- No member of the applicant's household is self-employed.
- Must not have liquid assets or other sources of capital from where rent and utilities can be paid.
- Applicant/landlord must not have received rental or utilities assistance from another source for the same month.

Application Procedures

- ✓ Application must be completed in its entirety.
- ✓ Payments will be made directly to the landlord and/or the utility provider.
- ✓ Landlord must fill-out an Internal Revenue Service (IRS) W-9 Form and Estoppel Letter.
- ✓ All required documentation must be provided. **Application will not be processed without required documentation.** Applications will be processed on a first come, first served basis. Incomplete applications may lose their place in line or be disqualified.

Required Documentation

1. Proof of legal residency for all adults living at the residence: Ex. Copy of passport, alien resident card or government issued picture ID along with documentation that proves legal status in the US.
2. Social security cards for everyone residing at the residence, including children. If no social security cards are provided, applicants must provide Income Tax Returns for all adults residing at the residence.

3. Copy of executed rental or lease agreement under applicant's name or showing applicant as a tenant.
4. Copy of most recent utility bill from HPS Energy
5. Proof applicant was current on payments of rent and utilities on March 1, 2020
6. Proof of income during COVID-19 Shelter in Place Order (March 2020 – April 2020) **AND** for the last 60-days from all sources for all household members. Ex. Copy of paystubs, unemployment letter, Social Security Award letter, etc.
7. Documentation of all other benefits such as food stamps, child support, annuity statements, etc.
8. Proof of crisis due to COVID-19. Ex. Job termination letter, unemployment verification letter or other proof of job loss or reduced hours on or after March 1, 2020.
9. Bank transaction history for previous 30-days.
10. Complete monthly expenses report form (see attached).
11. Signed authorization to Release Information Form.
12. **FROM LANDLORD:** Landlord must provide the City with a W-9 form and complete the Estoppel Letter included in the application packet. These items should be included with the application when it is submitted. If the Landlord wishes to submit these items directly to the CRA, he/she may do so via fax (305) 224-4489 or email, emangual@cityofhomestead.com.

Program Monitoring

For the next three (3) month period after the award of the grant, applicant is required to report any changes to living conditions, employment, and assistance for the file.

The purpose of these grant funds is to ensure housing continuity for those affected by the COVID-19 pandemic. To that end, staff may verify with Miami Dade County Clerk of the Courts if an eviction has been filed against applicant and the landlord may be asked to not file monetary evictions against applicant for 60-days after receipt of CRA assistance.

The Homestead CRA reserves the right to deny any submitted application if it is determined such application does not meet the spirit, intent and/or legal requirements for the program offered. Failure to comply with the preceding requirements or to otherwise breach any grant requirements will result in the grantee being responsible to repay the grant amount awarded back to the Homestead CRA.

Where to Submit Completed Application

Applications should be submitted using online process when available however, hardcopy applications may be dropped off at:

Homestead Community Redevelopment Agency
212 NW 1st Ave., Homestead 33030
Monday – Friday, 8:00am- 3:00pm

Please note, due to the potential transmission of COVID-19, hardcopies will not be reviewed for up to five days after they are received.

The City of Homestead Community Redevelopment Agency (CRA) reserves the right to deny any submitted application if it is determined such application does not meet the spirit, intent and/or legal requirements for the program offered. Failure to comply with the preceding requirements or otherwise breaches of any grant requirements will result in the grantee being responsible to repay the grant amount awarded back to the CRA.



APPLICATION

Name of Applicant: _____

Current Address: _____

Phone Number: _____ Cell Phone Number: _____

E-mail: _____

Monthly Total Household Income (must be verified) \$ _____

How many members in your household? _____

Please list their names, ages and relationship to applicant:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>Employed before March 1, 2020</u>
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

I agree to comply with all the requirements of this Program.

Applicant:

Signature

Print Name

The Homestead CRA reserves the right to deny any submitted application if it is determined such application does not meet the spirit, intent and/or legal requirements for the grant offered. Payment will be made to the landlord and/or the utility provider on behalf of the tenant. Failure to comply with the preceding requirements or to otherwise breach any grant requirements will result in the grantee being responsible to repay the awarded grant amount back to the Homestead CRA.

MONITORING PROCESS

Staff may monitor that the applicant continues to reside at the funded residence for a continuous three (3) month period after the award of the grant. Applicant is required to report any changes to living conditions, employment, and assistance for the file.

**Applicant Name and
Address:**

Household Expenses

Description	Monthly Before COVID-19	Monthly After COVID-19
Rent		
Electric		
Water		
Gas		
Phone		
Cable		
Food		
Childcare		
Transportation		
Vehicle		
Insurance		
Gas		
Other Medical		
Health Insurance		
Other Expenses		
Other Expenses		
Other Expenses		
Total		

Household Income

Description	Monthly Before COVID-19	Monthly After COVID-19
Income 1 (Person's Name) -	\$	\$
Income 2 (Person's Name) -	\$	\$
Income 3 (Person's Name) -	\$	\$
Food Stamps	\$	\$
Child Support	\$	\$
Other (describe)	\$	\$
Other (describe)	\$	\$
Total	\$	\$

Please describe: Any other expenses or income not listed above: _____

CERTIFICATION AND WAIVER OF PRIVACY:

I hereby waive my rights under the privacy and confidentiality provision act, and give my consent to the City of Homestead Community Redevelopment Agency, its agents and contractors to examine any confidential information given herein. I further grant permission, and authorize any bank, employer or other public or private agency to disclose information deemed necessary to complete this application.

The applicant(s) certify that all information presented in this application, and all of the information furnished in support of the application, is given for the purpose of obtaining Rent and Utilities Assistance Grant Program and it is true and complete to the best of the applicant(s) knowledge and belief. The applicant(s) further certifies that he/she is aware of the fact that he/she can be penalized by fine and/or imprisonment for making false statements or presenting false information.

Under penalties of perjury, I, _____, declare that I have read the foregoing Rent and Utilities Assistance Grant Program Application, and that the facts stated in it are true.

Applicant:

Signature

Print Name

Date: _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to the City of Homestead for the purposes of verifying information provided as part of determining eligibility for assistance under the CRA Rent and Utilities Assistance Grant Program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers	Alimony/Child Support Providers
Banks, Financial or Retirement Institutions	Social Security Administration
State Unemployment Agency	Veteran's Administration
Welfare Agency	Other

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Applicant Signature

Print Name

Date

WARNING: Florida Statute 817 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 S 775.082 or 775.83.

**The next two (2) pages are to be
completed by **Landlord ONLY****

ESTOPPEL LETTER

To: **City of Homestead**
100 Civic Court
Homestead, Florida 33030

Regarding: _____
Tenant's Name

Property located at _____
Property Address

The undersigned, _____ ("Landlord"), hereby certifies to the Homestead Community Redevelopment Agency (CRA), the following:

1. The Term of the Lease commenced on _____.
2. The Term of the Lease shall expire on _____.
3. The amount of Monthly Base Rent is \$_____.

THE STATUS OF THIS ACCOUNT AS OF THIS DATE IS AS FOLLOWS:

\$ _____ months of unpaid rent
\$ _____ Late Fees for _____ months of unpaid rent
\$ _____ Less deposits made to default amount
\$ _____ **TOTAL AMOUNT OWED**

_____ I certify that I do not receive household subsidies from other federal, state and/or local program for the unit in which the applicant resides. Such programs include: Section 8 Housing Choice Voucher/Mod-Rehab, HOPWA Tenant Based Rental Assistance, Public Housing, Section 202, or VASH.

I am acknowledging that I have started the eviction process. YES _____ NO _____

I agree to stop the eviction process upon receipt of payment. YES _____ NO _____

I certify that the above information is correct.

Landlord Signature

Landlord Address

Landlord Print Name

Landlord Phone Number

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3)

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-				-				
--	--	--	--	---	--	--	--	---	--	--	--	--

OR

Employer identification number

				-											
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

RENT & UTILITIES ASSISTANCE GRANT

APPLICATION CHECKLIST

All items on the checklist are required to submit with your application. Incomplete applications cannot be accepted.

YES	NO	DESCRIPTION
		Proof of legal residency for all adults living at the residence: (Ex. Copy of passport, alien resident card or government issued picture ID along with documentation that proves legal status in the US)
		Social security cards for everyone residing at the residence, including children. If no social security cards are provided, applicants must provide Income Tax Returns for all adults residing at the residence
		Copy of executed rental or lease agreement under applicant's name or showing applicant as a tenant
		Copy of most recent utility bill from HPS Energy
		Proof applicant is current on payments of rent and utilities as of March 1, 2020
		Proof of income for the last 60-days from all sources for all household members. (Ex. Copy of paystubs, unemployment letter, Social Security Award letter, etc.)
		Documentation of all other benefits such as food stamps, child support, annuity statements, etc.
		Proof of crisis due to COVID-19. Ex. Job termination letter, unemployment verification letter or other proof of job loss on or after March 1, 2020
		Bank transaction history for previous 30-days
		Complete monthly expenses report form
		Signed authorization to Release Information Form
		FROM LANDLORD: Landlord must provide the City with a W-9 form, ACH (Direct Deposit) form and a copy of a voided check
		FROM LANDLORD: Estoppel Letter

