



# CITY OF DAYTONA BEACH

## COVID-19 PANDEMIC RELIEF PROGRAM

### **RENTAL ASSISTANCE APPLICATION**

[PUBLICATION – 10/12/2020]

#### **Program Purpose:**

- Aimed to provide financial relief to Daytona Beach residents impacted by the COVID-19 pandemic.
- To help ensure housing stability for low to moderate income workers who have been furloughed, lost jobs or had work hours reduced due to the COVID-19 pandemic.

#### **Type of Program Assistance:**

- Rental payment(s) – 2 Month Maximum assistance per household.
- Maximum assistance capped at \$1,500 per month and \$3,000 total per household.
- Assistance payments will only be payable to Landlords or Rental Property Management companies.

#### **Program Funding:**

- **Limited funds available and applications will be accepted until depleted.**
- Assistance will be provided on a first complete application and first qualified/eligible basis.
- Assistance will only be provided for rental housing costs that incurred during service periods on or after March 11, 2020 when the World Health Organization declared the coronavirus outbreak a pandemic and President Trump declared the outbreak a national emergency.

#### **Program Eligibility Criteria:**

- Applicant must provide proof of an active lease and occupy the rental property in Daytona Beach, FL.
- The applicant must be able to document a loss of income as a direct result of COVID-19 impact.
  - a. Documentation must reflect an active employment status (may show paystubs, bank statements of direct deposits or letter from employer that includes salary or typical wages earned in a 2-week period).
  - b. On or after March 11, 2020, you must have experienced **an involuntary** reduction in hours of work or pay reduction as a direct result of the COVID-19 crisis.
- The applicant ANNUAL household income must be at or below the Area Median Income Level (AMI) shown on the following chart. Household is defined as the family occupying a specific residence.

#### **Program Eligibility Criteria continued:**

(To estimate your annual household income, multiply your gross monthly income by 12)

APPLICANT HOUSEHOLD SIZE	MAXIMUM ANNUAL INCOME TO BE ELIGIBLE
1 person household	\$36,350
2 person household	\$41,550
3 person household	\$46,750
4 person household	\$51,900
5 person household	\$56,100
6 person household	\$60,250





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### **Applying for Assistance:**

- Applicants **MUST** complete an application package through one of our community partners (Sub-Recipients) or screening and intake **BY APPOINTMENT ONLY**:
  - Central Florida Community Development Corporation (CFCDC) Phone: **(386) 226-1216**
  - Mid-Florida Housing Partnership Corporation (Mid-FL) Phone: **(386) 274-4441 ext. 301 & 304**
  - Housing Authority of the City of Daytona Beach Phone: **(386) 777-2588**
- Sub-Recipients will then submit all completed application packages and payment information to the city for review of eligibility and adequate supportive documents. The City will then process and mail all disbursements, weekly, to the landlords on behalf of the applicant and maintain all client files.

### **Essential Program Requirements for Applicants:**

- Applicants must call the Sub-Recipient of their choice and obtain information on their intake process.
- At a minimum, applicants must provide the following items for verification and eligibility determination purposes during screening and intake. The required documentation includes:
  - Documentation that support applicant being employed on or after March 11, 2020 – this may be a paystub showing employment, bank statements reflecting pay deposits – either direct or indirect, or a letter from your employer.
  - Documentation of loss of income due to COVID-19.
  - Documentation of earned income for the last 3 months for all household members (examples: pay stubs, profit and loss statement if self-employed).
  - Benefit award letters for unearned income for any household member (examples: current year social security letter, pension letter, unemployment, cash assistance, etc...).
  - Last 3 months bank statements or financial histories.
  - Documentation of all funds/assistance received related to COVID-19.
  - Government issued picture id for all household members age 18 or older.
  - Social Security Card for all household members, regardless of age.
  - Relevant documents such as Dissolution of Marriage and/or Child Support Orders for all household members.
  - A type of bill (utility preferred) in applicant name to confirm residency.
  - Active Lease Agreement and Landlord's legal name, address and tax ID for payment processing.
- Applicants must sign and certify information is correct, duplication of Benefits/Subrogation certification and an authorization form for release of information.



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### Client Intake Form

Date:

#### Applicant Information:

Last Name:				First Name:					
Physical Address:									
Contact Phone:				Email:					
Social Security Number:				Proof of Identification:		Drivers License		Yes, Check here <input type="radio"/>	
						Other			
Head of Household: (Circle one)	Y <input type="radio"/> N <input type="radio"/>	Disabled: (Circle one)	Y <input type="radio"/> N <input type="radio"/>	Hispanic Ethnicity: (Circle one)	Y <input type="radio"/> N <input type="radio"/>	Age 62 or Older: (Circle one)	Y <input type="radio"/> N <input type="radio"/>	Age: <u>        </u>	Race: (Select from below)

11 White 12 Black/African American 13 Asian 14 American Indian/Alaska Native 5 Native Hawaiian / Other Pacific Islander  
16 American Indian/Alaska Native & White 17 Asian & White 18 Black/African American & White 20 OTHER MULTI-RACIAL

#### Applicant Household & Income Information:

	Name:	Age:	Birthdate:	Gender:	Income Types:	Annual Income:
1	<u>APPLICANT</u>					
2						
3						
4						
5						
Attach additional pages as necessary					<b>TOTAL HOUSEHOLD INCOME:</b>	\$
<b>VALUE OF OTHER HOUSEHOLD ASSETS:</b> Account Balances/Value in Checking, Savings, Investments, Retirements, Stocks, Bonds, Real Estates, etc. (Attach listing & documents as necessary)					<b>TOTAL OTHER ASSETS:</b>	\$





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### Rental Housing Information:

Landlord/Property Management Name:									
Landlord Mailing Address: (Where assistance payment(s) will be mailed)									
Contact Phone:				Email:					
Landlord Tax Identification Number:				Proof of Lease:	Provided	(Circle one)	Y <input type="radio"/>	N <input type="radio"/>	
					(Copy of essential pages - signature, rent rate and Landlord info required)				
Impacted by Job Loss/Income: (Circle one)	Y <input type="radio"/>	COVID- 19 Related: (Circle one)	Y <input type="radio"/>	Currently Occupying the Unit: (Circle one)	Y <input type="radio"/>	<b>ASSISTANCE BEING REQUESTED FOR:</b>			
	N <input type="radio"/>		N <input type="radio"/>		N <input type="radio"/>				
						Month/Yr	Amount	Month/Yr	Amount

### Applicant Certifications:

#### PENALTIES FOR FALSE OR FRAUDULENT STATEMENT:

Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

#### WRITTEN STATEMENT REGARDING TO COLLECTION AND USE OF SOCIAL SECURITY NUMBERS:

This statement is being provided to you pursuant to Section 119.071(5), Florida Statutes. The City of Daytona Beach and its authorized agencies are required by 24 CFR 5.210, to collect the social security number(s) of applicant(s). Social security numbers are unique numeric identities that will be used by this to identify, verify, track and search information in conjunction with person's applying for assistance. The City of Daytona may disclose social security numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities.

#### FLORIDA'S PUBLIC RECORDS LAW:

Information provided by applicant(s) may be subject to Chapter 119 Florida Statutes, regarding Open Records.

#### DUPLICATION OF BENEFITS:

In the event the applicant received, receives or is scheduled to receive additional funds related to rental assistance as a result of COVID-19 not previously disclosed in this application, the applicant shall immediately notify the City of Daytona Beach at (386) 671-8050 who will determine if the funds or a portion of the funds are a duplication of benefits and require repayment.

#### RELEASE OF INFORMATION:

Signing this form authorizes the City of Daytona Beach or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and participation in the COVID-19 rental Assistance Program. Each adult member of the household must sign this form if age 18 or older.





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### **RELEASE OF INFORMATION:** continued...

Privacy Act Notice Statement: The City of Daytona Beach requires the collection of the information contained on this application to determine an applicant's eligibility for the Program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. The City of Daytona Beach is authorized to ask for this information under the National Affordable Housing Act of 1990 whereby the assistance derive from this funding source. For example, inquiries may be needed to process this application from, but not limited to, Past and Present Employers, Unemployment Agencies, Support and Alimony Providers, Dependent Income: Full-time Student, Banks and Financial Institutions, Social Security Administration, Retirement Systems, Veterans Administration, Agencies providing Welfare and Other Assistance, and any source of Assets contained with this application for assistance.

### **Duplication of Benefits Agreement (DOB) with Recipient**

Whereas applicant ("Recipient") is receiving Florida Housing Finance Corporation (FHFC) Coronavirus Relief Funds (CRF) to provide funding to pay rent for the property located at the address provided in this application. 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 rent in connection with the COVID-19 response, the recipient will report receiving benefits by emailing ToliverMichele@codb.us or calling (386) 671-8051 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 CRF 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 Daytona, any Subsequent DOB Proceeds shall be repaid by Recipient to the City of Daytona up to the amount of the Award.
2. If no portion of the Award has been expended by the City of Daytona, any Subsequent DOB Proceeds shall be paid by Recipient to the City of Daytona 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 of Daytona shall be returned to the Recipient, and this Agreement shall terminate.
3. If some portion of the Award has been expended by the City of Daytona, any Subsequent





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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 of Daytona 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 of Daytona; (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 of Daytona 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 of Daytona 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 of Daytona has recovered an amount equal to the Award, the City of Daytona will reassign to Recipient any rights assigned to the City of Daytona pursuant to this Agreement.

### **Income Eligibility**

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

### **ACKNOWLEDGEMENT AND CERTIFICATION OF THE APPLICATION CONTENTS, AGREEMENTS AND INFORMATION PROVIDED:**

*Applicant and All household members age 18 or older must sign this application.*

- I/We understand the information provided above is being collected to determine if I/we are eligible to receive assistance under the City of Daytona Beach COVID-19 Rental Assistance Program.
- I/We hereby certify that all the information provided herein is true and correct.
- I/We understand that providing false statements or information is grounds for termination of housing Assistance, repayment of assistance provided, and is punishable under state and federal laws.
- I/We authorize the City of Daytona Beach and any of its duly authorized representatives to verify all information provided in this application.
- I/We understand that additional information may be required to finalize eligibility determination.
- I/We understand and have read each this "Applicants Certification" section in its entirety and agree to comply.

### **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 31st day of December 2021.

IN WITNESS WHEREOF, the undersigned recipient(s) has/have affixed his/her signature(s) ...



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Signed, sealed and delivered in the presence of:

**Applicant (Recipient)** \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Witnessed:

1) \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

2) \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

**Acknowledgment of all Household Members age 18 or older:**

2) \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

2) \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

3) \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

4) \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

**This Section for INTAKE AGENCY ONLY – ASSISTANCE CERTIFICATION DETERMINATION: (Check One)**

Agency Representative Signature / Date:	Meets all Income Eligibility and all Qualifying Program Criteria:	RENT ASSISTANCE REQUESTED TO BE PROCESSED:			
		Mth/Yr	Amount	Mth/Yr	Amount
	Y <input type="radio"/> N <input type="radio"/>		\$		\$

**GUIDELINE DETERMINATION:**

Total Household Size:	Very Low:	Low:	Moderate:	Meets Income Eligibility:	Meets All Qualifying Program Criteria:
	VL <input type="radio"/>	L <input type="radio"/>	M <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>

## Self-Certification of Income and COVID Hardship

**CRF ASSISTANCE SELF-CERTIFICATION OF INCOME FORM**  
(To be completed by each adult household member)

Name \_\_\_\_\_ Local Government City of Daytona Beach

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip

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

**Explain your COVID-19 related hardship:**

[illegible]



2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):

- Y N Gross wages from employment (including commissions, tips, bonuses, fees, etc.)\$ \_\_\_\_\_
- Y N Net income from operation of a business \$ \_\_\_\_\_
- Y N Rental income from real or personal property \$ \_\_\_\_\_ Property Value \$ \_\_\_\_\_
- 
- Y N Cash value of all assets (checking, savings, CD, stocks, bonds)\$ \_\_\_\_\_
- Y N Value of whole life insurance policies \$ \_\_\_\_\_
- Y N Interest or dividends from all assets \$ \_\_\_\_\_
- Y N Social Security payments, annuities, retirement funds, pensions, or death benefits  
\$ \_\_\_\_\_
- Y N Unemployment Benefits \$ \_\_\_\_\_
- Y N Disability payments \$ \_\_\_\_\_
- Y N Public assistance payments \$ \_\_\_\_\_
- Y N Temporary Assistance for needy Families (TANF)\$ \_\_\_\_\_
- Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my  
household \$ \_\_\_\_\_
- Y N Sales from self-employed resources \$ \_\_\_\_\_
- Y N Any other source not named above \$ \_\_\_\_\_
- Y N 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.

3. I will be using the following sources of funds to pay for rent and other necessities:

I certify my anticipated gross annual income for the next 12 months to be (Total of section 2):

\$ \_\_\_\_\_.

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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant (Printed)

\_\_\_\_\_  
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)



	Name of Applicant	Date:	
	Required for Daytona Bch Assistance	Samples	Rec
1	Documentation of employment through 11-MAR-2020	Paystubs, letter from employer <b>OR</b> self certification	
2	Documentation income loss due to COVID-19	Letter from employer <b>OR</b> Self Certification	
3	Government issued picture ID for all household members 18 or older	Drivers license, State ID	
4	Social security cards for <b>ALL</b> household members		
5	Relevant documents	Self-Certification	
6	A bill in applicant name to confirm residency	Utility preferred	
7	Active Lease Agreement	Current Lease to include months applied for	
8	Landlord's Legal Name, Mailing address, and tax ID number	Landlord may contact MFHP directly 386-274-4441	
9	Signed application		
10	Notarized Self Certification	<b>MUST BE NOTARIZED</b>	

**Effective 11/16/2020 through 12/15/2020 OR until CRF funds are exhausted**

Self-Certification **must** be notarized and the following information **must** be included:

- Dates of employment – *loss of hours or employment must be on or after March 11, 2020*
- Date hardship began – Must be on or after March 11, 2020
- Hardship explanation
- Expected total annual salary