

Coronavirus Relief Fund – Rental Assistance Application Instructions

General Instructions

Read the instructions for this application.

Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly.

All blanks must be completed or have N/A written in.

All household members 18 years of age or older must sign and date the application.

Itemized Instructions

- 1. MONTH, PROPERTY and UNIT INFORMATION:** Provide the month for which assistance is sought, the Community (Development) Name and Unit #. This information should be provided on each page.
- 2. NAME/APPLICANT INFORMATION:** Provide the legal name of the current Head of Household (HOH) and all other members of the household, including children. Indicate the relationship of each member of the household to the HOH (spouse, sibling, etc.), whether male/female, marital status and age. Attach additional sheets if necessary.
- 3. CONTACT INFORMATION:** Provide an Email address (if applicable), daytime and evening phone numbers.
- 4. COVID-19 IMPACT ELIGIBILITY INFORMATION:** Provide requested information on whether you or a household member's incomes have been impacted by COVID-19. The information collected here is important to determine eligibility.
- 5. INCOME INFORMATION:** Provide information on all household income sources. Income includes the following: wages, salaries, bonus, tips, commissions, incentive pay, shift differential, self-employment, child support, alimony or spousal support, money given to you by family and friends, bills paid by someone outside your household, Florida unemployment benefits, social security benefits, worker's compensation, royalties and rental income for all household members. The base unemployment payment of up to \$275 per week is included; however, the additional federal pandemic unemployment payments and stimulus payments are excluded from income for purposes of calculating the required 30% of household net income payment of rent. Food benefits are NOT considered income. Provide all information regarding any other type of assistance related to the disaster.
- 6. OTHER RENTAL ASSISTANCE INFORMATION:** Provide information on rental assistance the household has applied for from other sources or already received for the month covered by this application.
- 7. FALSE STATEMENTS:** Chapter 817 of the Florida Statutes 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 §775.082 or §775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to this funding could result in ineligibility for benefits, action to recover any proceeds paid to or on behalf of applicant, and/or a referral to criminal law enforcement. Applicant represents that all statements and representations made by applicant regarding proceeds received by applicant have been and shall be true and correct.

- 8. ELIGIBILITY RELEASE:** It is **required** that you sign this form, authorizing the management company, Florida Housing or Florida Housing's agent to request information from third parties if it chooses to do so to verify and document your eligibility and participation for Coronavirus Relief Fund – Rental Assistance.
- 9. PUBLIC RECORDS DISCLOSURE:** Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding open Records. Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard to whether the household qualifies for funding.