

Application Month: \_\_\_\_\_ Community Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 (Development Name)

## Coronavirus Relief Fund – Rental Assistance Application

The Florida Housing Finance Corporation is offering rental assistance to households that have had their employment/job income reduced due to COVID-19. All rental assistance will be paid directly to the landlord. Eligibility for each month requires that you provide information on how your household income was affected by COVID-19 for that month, whether due to job loss, reduction in working hours or your inability to work due to COVID-19-related health concerns (illness, caring for other household members who are ill, being quarantined, etc.). You are also required to have paid 30% of your household net income in rent. You are not eligible for the assistance if you receive a duplicate payment of rental assistance from any governmental source or will otherwise receive reimbursement for these rental payments that would result in a duplication of benefits. Assistance will be provided for optional fees included on your lease, including but not limited to washer/dryer rental and cable TV in compliance with the rent limits applicable to the property for 2020.

You must provide income information and requested documentation for each month the household applies for assistance on a separate application. When your circumstances have changed you must report the new information on the application beginning with the month the change occurred.

**Please provide information about all persons living in the apartment, including children (attach additional sheets if needed) during the month for which you are requesting rental assistance:**

Name <i>First, Middle Initial, Last</i>	Relation to HOH	Male/Female	Marital Status	Age
	Head of Household			

Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**List all persons living in the apartment who have had their income reduced due to COVID-19 (attach additional sheets if needed). If no household members' income has been negatively impacted due to COVID-19, the household is not eligible for assistance:**

Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer address: \_\_\_\_\_ Employer phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ Date of COVID-19 change in employment: \_\_\_\_\_

Type of change:  Temporary Layoff  Permanent Layoff  Reduced hours  Not able to work  Other

If "Not able to work" or "Other", state the reason you were not working or describe the change:

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Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer address: \_\_\_\_\_ Employer phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ Date of COVID-19 change in employment: \_\_\_\_\_

Type of change:  Temporary Layoff  Permanent Layoff  Reduced hours  Not able to work  Other

If "Not able to work" or "Other", state the reason you were not working or describe the change:

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**What is/was your income during the application month?** *(List all sources of income for each person living in the apartment, including (but not limited to): 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).*

Name	Source of Income	Type of income (job, benefits, unemployment, gifts or support)	Monthly Amount [Net Income equals gross income minus the sum of Federal income tax withholding and FICA taxes (Social Security & Medicare)]

**Have you received or applied for rental assistance from any other source for the month(s) covered by this application?**

Yes     No

*If yes, please provide the following information.*

Agency	Date of application	Amount of funds awarded	Date funds awarded

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I/We certify under penalty of perjury that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We consent and authorize the release of the necessary information to determine my/our eligibility. I/We understand that should Florida Housing Finance Corporation (Florida Housing), Florida Housing's agent, the Federal awarding agency or an auditing agency determine that I/we have received a duplication of benefits, I/we may have to repay a portion or all the assistance provided by Florida Housing or the development owner. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I/We also understand that such action may result in criminal penalties. It is a first-degree misdemeanor to falsify information for the purpose of obtaining assistance. All information is subject to Florida's public records laws.

All ADULT household members must sign below:

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

**FOR DEVELOPMENT USE ONLY**

Billed Rent for Unit: \_\_\_\_\_ Paid Rent for Unit: \_\_\_\_\_

Total Calculated Income: \_\_\_\_\_ Percentage (Paid Rent/Total Income): \_\_\_\_\_

Recommended for Assistance?  Yes  No (if no, why?)

\_\_\_\_\_  
Amount of Assistance: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

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(Development Name)

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Application Month: \_\_\_\_\_ Community Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

(Development Name)

**Members of Household (continued)**

Name <i>First, Middle Initial, Last</i>	Relation to HOH	Male/Female	Marital Status	Age

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Income for Application Month (continued)

Name	Source of Income	Type of income (job, benefits, unemployment, gifts or support)	Monthly Amount (Net Income equals gross income minus the sum of Federal income tax withholding and FICA taxes (social security & Medicare))