



NOMI Rental Assistance Program Application

NOMI RENTAL ASSISTANCE PROGRAM (NRAP)

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 at the Housing and Social Services Department between the hours of 9:00 a.m. and 2:00 p.m.

- 1) Completed application form
- 2) Affidavit or Proof of hardship due to COVID-19, or Notice of Rent Increase (5% or more) or Eviction Notice
- 3) Proof of employment: four (4) most recent paystubs if bi-weekly or eight (8) if weekly or Profit or Loss Statement if self-employed
- 4) One (1) year executed lease or a landlord/property owner certified month-to-month lease including landlord ledger showing amount of rent currently owed or rent due notice showing balance of rent owed
- 5) 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
- 6) 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
- 7) Property Owner Certification, Owner/Landlord Terms and Agreement & W-9 completed by Landlord

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 documents/information is not submitted with completed application at the time of scheduled appointment, your application will not be accepted.

REVISED 6/2022



NOMI Rental Assistance Program Application

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: \$

NOMI Rental Assistance Program Application

II. Conflict of Interest

The City through its earmarked ARPA dollars in the general fund is providing funding to continue to respond to the effects of the covid-19 pandemic and the recent housing crisis as a grant with no repayment requirement, 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 HUD, or that the applicant is conflicted and may not be assisted.)*

Describe potential conflict of interest (if applicable):

III. Eligibility/Financial Hardship

This funding (City general fund through its earmarked ARPA dollars) is limited to applicants experiencing financial hardship defined as either:

Loss of employment due to the COVID-19 pandemic or experiencing reduction of income

Check all that apply: – Loss of employment – Reduction of income

If the applicant has experienced financial hardship, the applicant must describe how the household's financial situation has changed. Please describe whether household has lost employment or experienced reduced income, identify dates in which these incidents occurred, and indicate if these losses are expected to be temporary or permanent.

Describe the financial hardship:

Is the applicant household currently receiving any form of rental assistance (e.g. housing choice voucher/Section 8, state/local rent assistance, private assistance such as from a nonprofit, faith-based organization, etc.)?

– Yes – No

If receiving rental assistance, please describe:

NOMI Rental Assistance Program Application

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

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					

**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.)

V. Household Income

Income Sources	HH Mbr #1 (Head of HH)	HH Mbr #2	HH Mbr #3	HH Mbr #4	HH Mbr #5	HH Mbr #6
Unemployment Compensation – (include regular unemployment, Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation) *Exclude Federal Pandemic Unemployment Compensation (i.e. supplemental \$600/week through July)	\$	\$	\$	\$	\$	\$
Wages, Salary, Overtime, Hazard Pay, Commissions, Fees, and Bonuses (before payroll deductions)	\$	\$	\$	\$	\$	\$
Other (please describe):	\$	\$	\$	\$	\$	\$
Total Income for each HH Member	\$	\$	\$	\$	\$	\$
Total Household Income	\$					

NOMI Rental Assistance Program Application

VI. Household Assets			
<p><i>Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. This type of information can be obtained by contacting the financial institution that holds the asset. Using the categories below, report the type of asset(s) held by each member of the household and the income derived from the assets (report annual figures only). If the asset does not generate income, report ZERO. If the household member does not have assets, leave BLANK. Calculate the total income from assets for the household on the last row of this chart.</i></p>			
Household Member #	<u>Assets to be reported include all of the following:</u> Checking, Savings, Mutual Funds, Money Market Account(s), Equity in Rental Property, Retirement and Pensions, 401(K)(s), Stocks, Bonds, Treasury Bills, Certificate(s) of Deposit, Annuities, Revocable Trust(s), Mortgage(s) and/or Deed(s) of Trust, Whole Life Insurance policy, Lump-sum inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, jewelry, art, etc.)	Cash Value of Asset	Interest/Dividends earned on the Assets
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
Household Member #	<u>Assets Disposed of in Last 24 Months:</u> Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g., sale/gift of home)	Cash Value of Disposed Asset(s)	Income from Disposed Asset(s)
		\$	\$
		\$	\$
		\$	\$
		Total Value of Assets	Total Income from Assets
		\$	\$

Part – B

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

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

NOMI Rental Assistance Program Application

Part – C

(To be completed by all applicants)

VIII. <u>Beneficiary Intent to Participate and Certification</u>		
<p><i>I/we intend to participate in the City through its earmarked ARPA dollars in the general fund -funded NRAP 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 or landlord/property owner certified month-to-month lease**
- **Property Owner Certification & Owner/Landlord Terms and Agreement/W-9**



NOMI Rental Assistance Program Application

Participation Data – FY 2022 – 2023

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

2. Household Income eligibility determined based on 2022 Income Limit Chart below:

1	<input type="checkbox"/> \$34,150 or less (50%)	<input type="checkbox"/> \$54,600 or less (80%)	<input type="checkbox"/> \$81,960 or less (120%)
2	<input type="checkbox"/> \$39,000 or less	<input type="checkbox"/> \$62,400 or less	<input type="checkbox"/> \$93,600 or less
3	<input type="checkbox"/> \$43,900 or less	<input type="checkbox"/> \$70,200 or less	<input type="checkbox"/> \$105,360 or less
4	<input type="checkbox"/> \$48,750 or less	<input type="checkbox"/> \$78,000 or less	<input type="checkbox"/> \$117,000 or less
5	<input type="checkbox"/> \$52,650 or less	<input type="checkbox"/> \$84,250 or less	<input type="checkbox"/> \$126,360 or less
6	<input type="checkbox"/> \$56,550 or less	<input type="checkbox"/> \$90,500 or less	<input type="checkbox"/> \$135,720 or less
7	<input type="checkbox"/> \$60,450 or less	<input type="checkbox"/> \$96,750 or less	<input type="checkbox"/> \$145,080 or less
8 or more	<input type="checkbox"/> \$64,350 or less	<input type="checkbox"/> \$64,350 or less	<input type="checkbox"/> \$154,440 or less

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

3. Do you receive income from any of the following sources?

- Unemployment General Assistance/Welfare Social Security
 Food Stamps Medicaid Other: _____

4. 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)
 Male Female 62 years or older (Check if you are 62 years or older)

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

NOMI Rental Assistance Program Application

Notice of Collecting Social Security Numbers for Government Purposes

City of North Miami collects your social security numbers under the **CDBG**, **SHIP**, and **HOME** program for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City of North Miami to give you this written statement explaining the purpose and authority for collecting your social security number.

Form	Purpose	Authorization
Housing Assistance Application	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015)
Verification of Unemployment Benefits	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015)
Verification of Social Security Benefits	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015)
Verification of Employment	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015)
Verification of Child Support	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015)
Verification of Assets	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015)

Print Name

Date

Signature

NOMI Rental Assistance Program Application

Unemployed Applicant's Affidavit

I, _____, a co-applicant or a household member of a North Miami Housing Program, being of sound mind and legal age, state the following:

1. I have made an application for assistance from the City of North Miami's Housing Program.
2. **Check (a) or (b) as applicable:**
 - a. _____ **I AM NOT presently employed, BUT** anticipate becoming employed within the next three months
 - b. _____ **I AM NOT presently employed and DO NOT** anticipate becoming employed within the next three months.
 - c. _____ **I AGREE THAT I WILL REPORT ANY CHANGES REGARDING MY INCOME TO THE CITY OF NORTH MAIMI.**
 - d. _____ **I AGREE TO PROVIDE DOCUMENTATION REGARDING MY EMPLOYMENT AND/OR SOURCE OF INCOME AT THE TIME OF RECERTIFICATION EVERY THREE MONTHS.**
3. Based on my past work experience, skills, and income history as reflected in my income tax return for the most recent tax year (see attached copy) and with adjustments to reflect circumstances anticipated within the next twelve months, I expect to earn \$ _____ per year when I become employed.
4. Under penalties of perjury, I declare that I have read the foregoing affidavit and the facts stated in it are true.

Affiant Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20 ____, by _____ who is personally known to me, or who has produced the following: _____ as identification and who did not take an oath.

Notary Public Signature

(NOTARY SEAL/STAMP)



NOMI Rental Assistance Program

NRAP SELF-CERTIFICATION OF INCOME

To Be Completed By Applicant only

Name of Applicant _____ Local Government _____

Address _____ Phone# _____ Email _____

- I hereby certify that I have been negatively impacted directly or indirectly by the COVID-19 pandemic and am underemployed or unemployed.
- I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):
 - Y N 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; \$ _____
 - Y N Interest or dividends from assets; \$ _____
 - Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits; \$ _____
 - Y N Unemployment; \$ _____
 - Y N Disability payments; \$ _____
 - Y N Public assistance payments; \$ _____
 - 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.
- 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

Printed Name of Applicant

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)

NOMI Rental Assistance Program Application

Part IV: Applicant Certification

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I 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 willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
OTHER ADULT HOUSEHOLD MEMBERS		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

NOMI Rental Assistance Program Application

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

Whereas, (“Recipient”) is receiving assistance through the City earmarked ARPA dollars in the general fund, 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/state benefits or charitable donations to (pay rent 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 the City through its general funds funding 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.



NOMI Rental Assistance Program Application

Income Eligibility

Recipient certifies that he/she has provided complete, accurate, and current information regarding household income to demonstrate Recipient's eligibility to receive the City through its general funds funding.

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 _____