

EMERGENCY TENANT-BASED RENTAL ASSISTANCE PROGRAM (ETBRA)

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 (be sure to sign, notarize and date)
- 2) City of North Miami, Housing & Social Services Internal Forms:
 - Notice of Collecting Social Security Numbers;
 - Conflict of Interest Disclosure;
 - Unemployed Applicant's Affidavit;
 - Non-Occupant Affidavit;
 - Authorization to Verify Information;
 - Authorization for the Release of Information;
 - All other required form not listed;
- 3) Self-Certification of Annual Income
- 4) Proof of loss or reduction of income due to COVID-19 or proof of hardship
- 5) Duplication of Benefits Agreement
- 6) Property Owner Certification
- 7) Vendor Registration form & W-9 completed by Landlord
- 8) Lease agreement dated prior to February 28, 2020 with no less than one-year term
- 9) 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
- 10) 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

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.

Emergency Tenant-Based Rental 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: \$

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II. Conflict of Interest

This CDBG/HOME ETBRA program is funded by the United States Department of Housing and Urban Development (HUD) and 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 CDGB/HOME-funded ETBRA is limited to applicants experiencing financial hardship defined by HUD 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 as a result of the COVID-19 pandemic, 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:

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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					
5					
6					

**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

Please provide all income/earnings information for each household member (HH Mbr#) below. Anticipate the annual income for the next 12 months by converting current income to an annual figure by multiplying income by the frequency with which it is received while factoring in amounts that will terminate before the end of the next 12 months. For example, multiply weekly income by 52; bi-weekly income (received every other week) by 26; semi-monthly income (received twice each month) by 24; and monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income. Leave blank those that do not apply. To determine the total income for the household, add all columns on the last row of this chart.

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)	\$	\$	\$	\$	\$	\$

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Net income from business and self-employment (include income earned as an independent contractor and “Gig Economy” jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grub Hub, Door Dash, etc.)	\$	\$	\$	\$	\$	\$
Interest, dividends, and other net income of any kind from real or personal property (include rental income)	\$	\$	\$	\$	\$	\$
Social Security (including disability and supplemental; include gross amount prior to any Medicare premiums)	\$	\$	\$	\$	\$	\$
Retirement/Pension/Insurance Policy/Annuities	\$	\$	\$	\$	\$	\$
Disability or Death Benefits (disability compensation)	\$	\$	\$	\$	\$	\$
Worker’s Compensation and Severance Pay	\$	\$	\$	\$	\$	\$
Welfare Assistance Payments (e.g., Temp. Assistance to Needy Families)	\$	\$	\$	\$	\$	\$
Regular pay, special pay, and housing allowance for the Armed Forces (<i>exclude military hazard pay</i>)	\$	\$	\$	\$	\$	\$
Veterans Administration (VA) Benefits (<i>exclude deferred disability benefits</i>)	\$	\$	\$	\$	\$	\$
Adoption Assistance Payments (<i>exclude amount in excess of \$480 annually</i>)	\$	\$	\$	\$	\$	\$
Alimony or Child Support (include only amounts expected)	\$	\$	\$	\$	\$	\$
Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the housing unit	\$	\$	\$	\$	\$	\$
Other (please describe):	\$	\$	\$	\$	\$	\$
Total Income for each HH Member	\$	\$	\$	\$	\$	\$
Total Household Income	\$					

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VI. Household Assets			
<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>			
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
		\$	\$
To be completed by Program Administrator only. Step 1: If Total Value of Assets exceeds \$5,000, multiply total by 0.06% (passbook savings rate): \$_____ = Imputed Income Step 2: Enter Greater of Total Income from Assets or Imputed Income: \$_____ Step 3: Add Total Household Income from Section VI with result from Step 2: \$_____ = Gross Household Income <i>Use space below to explain any adjustments/corrections to applicant-completed information:</i>			

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: \$

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VIII. Unit Condition Checklist			
<i>CDGB/HOME-funded ETBRA requires assisted units to meet certain basic housing quality standards. Due to social distancing, in lieu of inspections by the Program Administrator, applicants should complete the following checklist about their unit.</i>			
Is the housing unit free of the following health and life safety conditions?	Yes	No	Unknown
Exposed bare wires or openings in electrical panels, outlets, or junction boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaking water, puddling, or ponding on or near any electrical apparatus or outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of mold or mildew, especially in bathrooms and/or air outlets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong propane, natural gas, or methane gas odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong sewer odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/structural defect(s) that pose a tripping risk in the unit or in common stairways or hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of rodent and/or insect infestation, especially in areas of food storage/prep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any sharp edge or physical/structural defect(s) that could cause bodily harm (e.g., cuts, skin puncture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are common areas accessible to the tenant free of the following health and life safety conditions?			
Emergency exit(s) that cannot be used/accessed for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing exit signs or exits signs that are not clearly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An elevator(s) misaligned with the floor by more than ¾ inch? (e.g. the elevator(s) does not level as it should)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable materials that are improperly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Free of any other general defect(s) or hazards that pose a health and/or safety risk. If no, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the housing unit contain the following basic livability features?	Yes	No	Unknown
Working/operable lock(s) on all windows and doors that can be reached from the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least one working smoke detector on each level of the unit, including the basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights that work in all common hallways and interior stairwells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings, walls, and floors in good condition? (no large cracks, holes, bulging, chipped/peeling plaster/paint, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A living room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ At least two electrical outlets, or one outlet and a permanent overhead light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ At least one window? (all windows must be in good condition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Storage, preparation, and serving space for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ At least one electrical outlet and one permanent light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A working stove (or range) and oven? (tenant owned/supplied is acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A refrigerator that keeps temperatures low enough that food does not spoil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A sink with hot and cold water? (a bathroom sink will not satisfy this requirement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A window that opens and/or a working exhaust fan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A flush toilet that works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A sink and tub/shower with hot and cold water? (a kitchen sink will not satisfy this requirement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ At least one permanent overhead or wall light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ At least one operable window in every room used for sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use space below to clarify, elaborate, or add information about the condition of the unit:			

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Part – C

(To be completed by all applicants)

IX. <u>Beneficiary Intent to Participate and Certification</u>		
<p><i>I/we intend to participate in the CDGB/HOME-funded ETBRA 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><input type="checkbox"/> – I/we will be required to execute a three-party Rental Assistance Contract with the property owner and the City of North Miami, Housing and Social Services Department;</p> <p><input type="checkbox"/> – In no case will the term of assistance under the program extend beyond December 31, 2020.</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**
- **Property Owner Certification**

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The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD) and Florida Housing Finance Corporation (Florida Housing). HUD and Florida Housing monitor the City as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD and Florida Housing, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

Participation Data – FY 2020 – 2021

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

2. Household Size and Total Annual Household Income:

A. Household Size: Circle the total number of people in your household (in the first column, circle one)

B. Total Household Income: On the line corresponding to your household size, check the box that corresponds to your household's total annual income (check only one box)

1	<input type="checkbox"/> \$19,200 or less (ELI)	<input type="checkbox"/> \$32,000 or less (VLI)	<input type="checkbox"/> \$51,200 or less (LI)
2	<input type="checkbox"/> \$21,950 or less	<input type="checkbox"/> \$36,600 or less	<input type="checkbox"/> \$58,500 or less
3	<input type="checkbox"/> \$24,700 or less	<input type="checkbox"/> \$41,150 or less	<input type="checkbox"/> \$65,800 or less
4	<input type="checkbox"/> \$27,400 or less	<input type="checkbox"/> \$45,700 or less	<input type="checkbox"/> \$73,100 or less
5	<input type="checkbox"/> \$30,680 or less	<input type="checkbox"/> \$49,400 or less	<input type="checkbox"/> \$78,950 or less
6	<input type="checkbox"/> \$35,160 or less	<input type="checkbox"/> \$53,050 or less	<input type="checkbox"/> \$84,800 or less
7	<input type="checkbox"/> \$39,640 or less	<input type="checkbox"/> \$56,700 or less	<input type="checkbox"/> \$90,650 or less
8 or more	<input type="checkbox"/> \$44,120 or less	<input type="checkbox"/> \$60,350 or less	<input type="checkbox"/> \$96,500 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)

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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

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)

Personally Known _____ OR
Produced Identification _____
Type of Identification Produced _____

(Name of Notary Typed, Printed, or Stamped)

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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

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Conflict of Interest Disclosure

As a prospective applicant of the Housing Assistance Programs Purchase Assistance Program Other Assistance

Rehabilitation Program TBRA ETBRA PAINT NSP EMAP Other, in the City of North Miami, I understand that I must disclose my relationship with other persons who I may be associated with in the City of North Miami. I, therefore, attest to the following: Initial your answer

_____ I **am not** a current City of North Miami official, employee, board member, Commissioner, agent and/or other representative of the City.

_____ I **am** a current City of North Miami official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title _____

_____ I **am** a former City of North Miami official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title _____

Date Employment/Term Ended _____

_____ To the best of my knowledge, I **am not** aware of any current City of North Miami official, employee, board member, commissioner, agent and/or other representative of the City who is related to me or with whom I am a business associate.

_____ I **am** related to or have a business relationship with a current City of North Miami official, employee, board member, commissioner, agent and/or other representative.

His/her name is _____

This person is associated with the City in the capacity as: _____

The relationship of the person is as follows:

_____ Parent _____ Spouse _____ Immediate family _____ Business associate _____ Other

Applicant's Name (Print)	Applicant's Signature	Date
---------------------------------	------------------------------	-------------

Applicant's Mailing Address

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false fictitious or fraudulent statement of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 8 years or both."

"WARNING: Florida Statue 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 it is punishable by fines and imprisonment provided under Florida Statute 775.082 or 775.083.

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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 MIAMI.**
 - 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)

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Non-Occupant Affidavit

I, _____, hereby state under oath that

First Name Middle Initial Last Name

_____ (Applicant's Property Address)\

Street Address City State Zip Code

is not my principal residence, nor do I intend said premises to ever become my principal residence, and that I reside at,

_____ (Principal Residence.)

Street Address City State Zip Code

Affiant Signature

Date

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)

Personally Known _____ OR
Produced Identification _____
Type of Identification Produced _____

(Name of Notary Typed, Printed, or Stamped)

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Authorization to Verify Information

This is authorization for the City of North Miami to verify previous or current information regarding me/us. The undersigned specifically acknowledge(s) that (1) verification or re-verification of any information contained in this application may be made by the City of North Miami from any source named in this application, as well as banks, credit unions, a credit reporting agency and other sources not specifically identified here; (2) the City of North Miami may make copies of this application for distribution to any party with which (we) have a financial or credit relationship and that any party may treat such copy, including a faxed copy, as an original; (3) the property will be occupied as the applicant’s primary residence.

Agreement

The undersigned understands that the intent of this application is for the purpose of pre-qualifying only and does not guarantee acceptance or approval, and no commitment is hereby made on the part of either the applicant or the City of North Miami. We further understand that all information and documents provided with, and in association with this application, are public records, and as such are subject to the State of Florida’s public records laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application. Any property assisted under this program will not be used for any illegal or restricted purposes, and will be used solely as my/our principal residence.

Any intentionally false or fraudulent statement or supporting document will constitute cancellation of this application, and liability in any legal action brought against me/us by the City. The City of North Miami is hereby authorized to verify any of the above information and to inspect the property prior to approval or later. I/we agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the City of North Miami.

Penalty for False or Fraudulent Statement

Federal law, U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Privacy Act Notice

This information is to be used by the agency collecting it, or its assignees, in determining whether you qualify as a prospective grant or loan client under its Program. It will not be disclosed outside the agency except as required and permitted by law. Failure to provide this information may delay or result in rejection of your application. All information you provide is subject to Florida’s public records laws.

Applicant’s Name	Applicant’s Signature	Date
------------------	-----------------------	------

Co-Applicant’s Name	Co- Applicant’s Signature	Date
---------------------	---------------------------	------

Emergency Tenant-Based Rental Program Application

Authorization for the Release of Information

I, _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to _____, for the purposes of verifying information provided as part of determining eligibility for assistance under the _____ 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, certificated 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’s Name	Applicant’s Signature	Date
-------------------------	------------------------------	-------------

Co-Applicant’s Name	Co- Applicant’s Signature	Date
----------------------------	----------------------------------	-------------

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return” and prepare and sign separately.

Emergency Tenant-Based Rental Program Application

Self-Certification of Annual Income

Instructions

Please complete one form and include the requested information for all persons in the household. Complete an additional form if the applicant needs more space. The adult head of household must sign and date the form. This form is valid for use between **April 10, 2020 - December 31, 2020**.

Part I: Eligibility

CDGB/HOME-funded ETBRA funded emergency rental assistance is limited to income eligible families whose annual income does not exceed 80 percent of the area median income, as determined by HUD. Assistance is limited to (a) applicants who have lost employment or income either permanently or temporarily due to the COVID-19 pandemic and to (b) homeless individuals or families.

1	<input type="checkbox"/> \$19,200 or less (ELI)	<input type="checkbox"/> \$32,000 or less (VLI)	<input type="checkbox"/> \$51,200 or less (LI)
2	<input type="checkbox"/> \$21,950 or less	<input type="checkbox"/> \$36,600 or less	<input type="checkbox"/> \$58,500 or less
3	<input type="checkbox"/> \$24,700 or less	<input type="checkbox"/> \$41,150 or less	<input type="checkbox"/> \$65,800 or less
4	<input type="checkbox"/> \$27,400 or less	<input type="checkbox"/> \$45,700 or less	<input type="checkbox"/> \$73,100 or less
5	<input type="checkbox"/> \$30,680 or less	<input type="checkbox"/> \$49,400 or less	<input type="checkbox"/> \$78,950 or less
6	<input type="checkbox"/> \$35,160 or less	<input type="checkbox"/> \$53,050 or less	<input type="checkbox"/> \$84,800 or less
7	<input type="checkbox"/> \$39,640 or less	<input type="checkbox"/> \$56,700 or less	<input type="checkbox"/> \$90,650 or less
8 or more	<input type="checkbox"/> \$44,120 or less	<input type="checkbox"/> \$60,350 or less	<input type="checkbox"/> \$96,500 or less

To comply with CDGB/HOME ETBRA program guidelines, the applicant must indicate which eligibility category applies to their household. **Do not complete the rest of this form if the household does not meet the program's income limits and one of the categories below.**

Check all that apply:

Loss of Employment

Reduction of Income

If the applicant has experienced financial hardship as a result of the COVID-19 pandemic, the applicant must describe how the household's financial situation has changed (e.g., lost employment or reduced income either temporarily or permanently).

Part II: Household Information

Enter legal address (where the applicant currently lives) and contact information below. If household is experiencing homelessness or is in temporary housing, provide a mailing address (where the applicant currently receives mail).

	Legal Address	Mailing Address (if different from legal)
Street, Apt./Unit #		
State, City, Zip Code		
Phone Number(s)		
Email(s)		

Emergency Tenant-Based Rental Program Application

Enter all household information below and indicate if any member is or will be a part-time/full-time student in the next 12 months. Do not include live-in-aides, children of live-in-aides, foster children, or foster adults.

HH Mbr #	Name (Last, First, MI)	Relationship to the Head of Household (co-head, spouse, child, etc.)	Birth Date (mm/dd/yyyy)	*Student (Part/Full-time, Neither)	**Disabled (Y/N)
1		Head of Household			
2					
3					
4					
5					
6					

*Note for Applicant: Students do not qualify for HOME assistance unless the individual meets one of the exemptions below. Check all that apply:

- Over age 24
 Veteran of the US Military
 Married
 Has dependent child/ren
 Member is part of a household that is low-income

**Note for Administrator: the “Disabled” column is not required and only provided if deductions under adjusted income at 24 CFR 5.611 will be applied for tenant-based rental assistance programs.

Part III: Annual Income

Report all current income and income expected to be received in the next 12 months including long-term **unemployment compensation and all hazard pay**. **DO NOT INCLUDE:** IRS Economic Impact Payments (stimulus checks), Federal Pandemic Unemployment Compensation (the additional \$600 per week), income of a live-in-aide, children of live-in-aides, foster children, foster adults, or the income of minors.

Section A: For each household member (HH Mbr#) below, anticipate annual income for the next 12 months by converting current income to annual figures. Convert wages/income by multiplying it by the frequency in which it is received and factor in amounts that will terminate before the end of the next 12 months. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-monthly income (received twice each month) by 24; and Monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income. Leave blank those that do not apply. To determine the total income for the household, add up all columns on the last row of this chart.

Emergency Tenant-Based Rental Program Application

Income Sources	HH Mbr# 1	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)	\$	\$	\$	\$	\$	\$
Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions)	\$	\$	\$	\$	\$	\$
Net income from business and self-employment (include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.)	\$	\$	\$	\$	\$	\$
Interest, dividends, and other net income of any kind from real or personal property (include rental income)	\$	\$	\$	\$	\$	\$
Social Security (include disability/Supplemental; include gross amount prior to any Medicare premiums)	\$	\$	\$	\$	\$	\$
Retirement/Pension/Insurance policy/Annuities	\$	\$	\$	\$	\$	\$
Disability or Death Benefits (disability compensation)	\$	\$	\$	\$	\$	\$
Worker's Compensation and Severance pay	\$	\$	\$	\$	\$	\$
Welfare Assistance Payments (Temporary Assistance to Needy Families)	\$	\$	\$	\$	\$	\$
Regular Pay, special pay, and housing allowance for the Armed Forces (exclude military hazard pay)	\$	\$	\$	\$	\$	\$
Veterans Administration (VA) Benefits (exclude deferred disability benefits)	\$	\$	\$	\$	\$	\$
Adoption Assistance Payments (exclude amount in excess of \$480)	\$	\$	\$	\$	\$	\$
Alimony or Child Support (include only amounts expected)	\$	\$	\$	\$	\$	\$
Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the unit	\$	\$	\$	\$	\$	\$
Other (please describe): _____	\$	\$	\$	\$	\$	\$
Total for each HH Member	\$	\$	\$	\$	\$	\$
Section A: Total Income for Household	\$					

Emergency Tenant-Based Rental Program Application

Section B - Income from Assets: 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. Using the categories below, report the (a) type of asset(s) held by each member of the household, (b) cash value of asset(s), and (c) 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 totals on the last row of this chart.

Household Member #	Assets Categories: Checking, Savings, Mutual funds, Money Market Acct. Equity in Rental Property, Retirement and Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum- inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Cash Value of Asset	Interest/Dividends Earned on the Assets
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
Household Member #	Disposed Assets: Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Cash Value of Disposed Asset	Income from Disposed Asset
		\$	\$
		\$	\$
		\$	\$
		Box (B1) Total Value of Assets	Box (B2) Total Income from Assets
		\$	\$

*****To be completed by Program Administrator*****

	Box (B3) Value of Imputed Asset
If the amount in Box (B1) is greater than \$5000, calculate the imputed value of the assets by multiplying Box (B1) by the Passbook Savings rate of (.06%)	\$
Section B: Total Income from Assets (greater of box (B2) or (B3))	\$
Total Household Annual Income (Sections A + B)	\$

Emergency Tenant-Based Rental 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

Emergency Tenant-Based Rental Program Application

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

Whereas, (“Recipient”) is receiving Florida Housing Finance Corporation (FHFC) Coronavirus Relief Funds (CRF) in the amount of \$ _____ to provide funding to pay mortgage 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 benefits or charitable donations to (pay mortgage 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 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 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.



Emergency Tenant-Based Rental 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 CRF funds.

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-Applciant

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 _____

Emergency Tenant-Based Rental Program Application

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Emergency Tenant-Based Rental Program Application

Property Owner Certification

I. Owner/Landlord Contact Information		
Legal Name of Property Owner:	Operating Name/DBA of Property Owner (if different):	
Contact Person Name:	Telephone:	
	Email:	
Address:	City:	
	State:	Zip Code:

II. Tenant, Lease, & Payment Information <i>(Attach a copy of the lease/proposed lease)</i>			
Tenant Name(s):		Address (Street/Apt./Unit#):	
		Unit Size: No. of bedrooms: No. of bathrooms:	
Lease Start Date (mm/dd/yyyy):	Lease Expiration Date (mm/dd/yyyy):	Monthly Rent: \$	Back Rent Due and Period Covered: (if applicable) \$ due from:
Payee Name:	Due Date & Grace Period:	Bank Routing #:	Bank Account #:
<p>Does the owner currently receive other rental assistance (e.g. programs funded with federal/state/local funds or private philanthropic funds) on behalf of the tenant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p>			

III. Conflict of Interest
<p>This CDBG/HOME ETBRA program is funded by the United States Department of Housing and Urban Development (HUD) and 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:</p> <p><input type="checkbox"/> – 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.</p> <p><input type="checkbox"/> – I cannot check the box above and do have a potential conflict of interest as described in the space below. <i>(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.)</i></p> <p>Describe potential conflict of interest (if applicable):</p>

Emergency Tenant-Based Rental Program Application

IV. Unit Condition Checklist			
<i>CDGB/HOME-funded ETBRA requires assisted units to initially meet and be maintained to certain basic housing quality standards. Due to social distancing, in lieu of inspections by the Program Administrator, owners/representative should complete the following checklist for each assisted unit. Any deficiencies identified below MUST be corrected prior to the award of assistance, and subsequent deficiencies identified during the term of assistance must be corrected to continue participation in the program. Units built prior to 1978 that are occupied by any child 5 or under must pass a lead-based paint visual inspection.</i>			
Was the housing unit originally built: <input type="checkbox"/> Prior to 1978 <input type="checkbox"/> 1978 or After			
Is the housing unit free of the following health and life safety conditions?	Yes	No	Unknown
Exposed bare wires or openings in electrical panels, outlets, or junction boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaking water, puddling, or ponding on or near any electrical apparatus or outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of mold or mildew, especially in bathrooms and/or air outlets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong propane, natural gas, or methane gas odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong sewer odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/structural defect(s) that pose a tripping risk in the unit or in common stairways or hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of rodent and/or insect infestation, especially in areas of food storage/prep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any sharp edge or physical/structural defect(s) that could cause bodily harm (e.g., cuts, skin puncture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are common areas accessible to the tenant free of the following health and life safety conditions?			
Emergency exit(s) that cannot be used/accessed for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing exit signs or exits signs that are not clearly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An elevator(s) misaligned with the floor by more than ¾ inch? (e.g. the elevator(s) does not level as it should)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable materials that are improperly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Free of any other general defect(s) or hazards that pose a health and/or safety risk. If no, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the housing unit contain the following basic livability features?	Yes	No	Unknown
Working/operable lock(s) on all windows and doors that can be reached from the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least one working smoke detector on each level of the unit, including the basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights that work in all common hallways and interior stairwells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings, walls, and floors in good condition? (no large cracks, holes, bulging, chipped/peeling plaster/paint, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A living room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ■ At least two electrical outlets, or one outlet and a permanent overhead light fixture? ■ At least one window? (all windows must be in good condition) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ■ Storage, preparation, and serving space for food? ■ At least one electrical outlet and one permanent light fixture? ■ A working stove (or range) and oven? (tenant owned/supplied is acceptable) ■ A refrigerator that keeps temperatures low enough that food does not spoil? ■ A sink with hot and cold water? (a bathroom sink will not satisfy this requirement) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ■ A window that opens and/or a working exhaust fan? ■ A flush toilet that works? ■ A sink and tub/shower with hot and cold water? (a kitchen sink will not satisfy this requirement) ■ At least one permanent overhead or wall light fixture? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ■ At least one operable window in every room used for sleeping? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use space below to clarify, elaborate, or add information about the condition of the unit:			

Emergency Tenant-Based Rental Program Application

V. Intent to Participate
<p><i>As the owner or authorized owner representative, I intend to participate in the CDBG/Emergency HOME Tenant-Based Rental Assistance program. I 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, and that any deficiencies identified in Section IV or an inspection must be corrected prior to approval;</p> <p><input type="checkbox"/> – I will be required to execute a three-party Rental Assistance Contract with the tenant and the City of North Miami, Housing and Social Services Department;</p> <p><input type="checkbox"/> – In no case will the term of assistance under the program extend beyond December 31, 2020.</p>

VI. Owner/Landlord Certification		
<p>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 willfully making a false or fraudulent statement to a department of the United States Government. I understand that additional state or local civil and/or criminal penalties may also apply to the submission of materially false or incomplete information, and I may be required to repay any funds received. I agree to provide any additional documentation required by the program administrator to document participation in the program.</p>		
<p>_____</p> <p>Owner/Landlord Representative Signature</p>	<p>_____</p> <p>Print Name</p>	<p>_____</p> <p>Date (mm/dd/yyyy)</p>

Emergency Tenant-Based Rental Program Application

Vendor Registration Form

Procurement Code

The City of North Miami Procurement Code describes the rules and regulations used in the operation of the Purchasing Department and is available for review online on the [Municode Website](#).

Prohibition on Use of Expanded Polystyrene and Single-Use Plastic Beverage Straws

Pursuant to Section 7-201 of the Procurement Code, City contractors and special event permittees shall not sell, use, provide in, or offer the use of expanded polystyrene food service articles or single-use plastic beverage straws in City facilities or on City properties. City contractors shall not sell or use expanded polystyrene or single-use plastic beverage straws within the City or while completing their duties to the City under contract. A violation of this section shall be deemed a default under the terms of the City contract, lease or concession agreement and is grounds for revocation of a special event permit. This section shall not apply to expanded polystyrene food service articles or single-use plastic beverage straws used for prepackaged food that have been filled and sealed prior to receipt by the City contractor or special event permittee.

Vendor Information

* **INDICATES REQUIRED FIELDS**

Date: _____

***Business Name:** _____

***Contact Person Name:** _____

Contact Person Title: _____

***Contact Phone Number:** _____

Alternate Phone Number: _____

Fax Number: _____

***E-Mail Address:** _____

Website: _____

FEIN Number (If none, enter Social Security No.): _____

***Mailing Address:** _____

Remit to Address: _____

Purchase Orders

*Indicate which method(s) you prefer to have purchase orders delivered:

E-mail: _____

Fax: _____

Local Vendor Minority Business Survey

The City of North Miami tracks the status of local and minority businesses. Please check the box(es) below to indicate the applicable status of your business:

African American Owned Business

Woman Owned Business

Hispanic American Owned Business

Local North Miami Business

Asian American Owned Business

Small Business Enterprise

Native American Owned Business

Other: _____



Emergency Tenant-Based Rental Program Application

Services/Commodities Provided

*Indicate what types of services your company provides by providing the respective commodity codes. Please refer to the [Commodity Code Listing](#) available on the Purchasing Department Website.

Vendor Disclosure

Have any of the Owners or Officers of the Vendor seeking registration been an employee of the City of North Miami within the last two (2) years:

- No
- Yes (Explanation: _____)

Authorized Company Representative

Provide the following information for a company representative who is authorized to sign bids, offers, and contracts:

Name: _____ Title: _____
Phone: _____ Fax: _____
E-Mail Address: _____

Local Government Prompt Payment Act

Payments made by City of North Miami are governed by the Local Government Prompt Payment Act ([Sections 218.70 through 218.80 of the Florida Statutes](#)) and in accordance with the City’s policies and procedures.

W-9 Form

The Internal Revenue Service (IRS) requires that the City have on file a completed W-9 for all vendors. Please complete the attached IRS W-9 Form and submit it to the City along with this Vendor Registration Form.

Acknowledgement

The vendor submitting this Vendor Registration form acknowledges that they have read and agree to abide by the City of North Miami (City) Procurement Code and have also reviewed the City’s Vendor Guide. The vendor further acknowledges that no conflict of interest exists nor will any conflict of interest be created by becoming a registered vendor and/or contracting with the City.

Authorized Representative Signature Date

Authorized Representative Name (Print) Authorized Representative Title

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.

Print or type. See Specific Instructions on page 3.	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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶ _____	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	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)	

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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶
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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.