

## EMERGENCY RENTAL ASSISTANCE PROGRAM

The Emergency Rental Assistance Program is to provide financial assistance and housing stability services to income eligible households for rent, rental arrears, utilities and home energy costs, utilities and home energy costs arrears, and other expenses related to housing.

### Program Overview:

1. Applicant is a resident of Brevard County.
2. Applicant is at or below 80% of Area Median Income.
3. The applicant must sign all required documents (application, social security number waiver, release/request of information, etc.) or their application will be rejected/denied.
4. Documentation of all income from the entire Household as reported on the Household Income Section of the application (include 2 months of bank statements, paystubs, etc., or a 2020 tax return (IRS Form 1040)).
5. All members of a household must be accounted for in the application.
6. For applications filled out by hand, please make sure that the writing is clear and legible.

<b>2020 HUD Income Limits</b>								
<b>FY 2020 Income Limits Summary</b>								
Persons in Family	1	2	3	4	5	6	7	8
Very Low (50%) Income Limits	\$24,250	\$27,700	\$31,150	\$34,600	\$37,400	\$40,150	\$42,950	\$45,700
Low (80%) Income Limits	\$38,750	\$44,300	\$49,850	\$55,350	\$59,800	\$64,250	\$68,650	\$73,100

# EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

Have you received funding or received a commitment for funding from any other source for the requested assistance?

Yes

No

**If yes, be aware that you are not eligible to receive duplicate funding under this program.**

Application Completed by:

Household Member

Landlord

If completed by Landlord:

Landlord's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Requested Assistance:**

Rent: Amount \$ \_\_\_\_\_ Rental Amount in Arrears: \$ \_\_\_\_\_

Utility: Amount \$ \_\_\_\_\_ Utility Amount in Arrears: \$ \_\_\_\_\_

Head of Household's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If assistance is needed to complete this application, please call (321) 633-2007.**

**Household Information:**

Please complete the following for ALL household members including Head of Household and Co-Applicant (if applicable); for additional members, please use the back of this page.

Full Name:	Date of Birth:	Relationship:	Gender:

1. Does any member of the household have a Developmental Disability? \*

Yes No

If yes, how many? \_\_\_\_\_

2. Does any member of the household have Special Needs? \*\*

Yes No

If yes, how many? \_\_\_\_\_

*\*Development Disability means a disorder or syndrome that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.*

*\*\* Special Needs means an adult requiring independent living services or has a disabling condition; a young adult formerly in foster care; a survivor of domestic violence; a person receiving benefits under Supplemental Security Income or Social Security Disability or Veterans' Disability Benefits.*

**Characteristics of Head of Household:**

- |                          |       |          |
|--------------------------|-------|----------|
| White                    | Black | Hispanic |
| Native American (Indian) | Asian | Other    |

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**Marital Status:**

Single

Married

Separated

Divorced

Widowed

**Essential Services Personnel (please check one):**

Nurse

Retail Sales

Building Trade

Active Military

First Responder

Military Veteran

Educator

Hospitality/Tourism

Government Employee

Service Industry

**Employment:**

Has any member of the Household qualified for unemployment benefits?

Yes

No

If yes, please provide the household member's Name(s):\*

\*Upon completion of the application, please provide all documentation showing unemployment benefits (for all applicable Household members).

Date latest period of unemployment began:

**Head of Household's Employer:**

Agency / Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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**Co-Applicant's Employer:**

Agency / Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**Please describe (in detail) how the Household has been financially impacted by Coronavirus (COVID-19):**

**Household Income:**

Please indicate an amount and if you are paid weekly (W), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

Source	Head of Household	Co-Applicant	Other Household Members (18 +)
Gross Salary			
Overtime, Tips, Bonuses, etc.			
Interest/Dividends			
Business Net Income			
Rental/Real Estate Income			
Social Security			
Pensions, Veterans Administration Benefits, etc.			
Unemployment/ Worker Comp.			
Alimony, Child Support			
Other			

**A Self-Declaration of Income Form (Attachment A) must be completed for all Household members over the age of 18 who are unemployed, self-employed, or have no reported income.**

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Are you on a waiting list to receive assistance from other agencies?

Yes

No

**If you have answered yes, please list the agency and describe the requested assistance:**

**All of the following documents must be attached to this application (when applicable):**

- For an individual whose income is derived from their own business:
  - Copies of filed tax returns from 2020 (when available)
  - 2020 Profit and Loss Statement
- 2020 tax return (when available)
- Copy of Valid Identification for every household member 18 years and older (Florida Driver's License, Florida Identification Card) with a Brevard County address
- Documentation of all income from the entire Household as reported above (corresponds to **Household Income** section), unless a 2020 tax return is provided
- Documentation showing unemployment benefits (for all applicable Household members)
- Self-Declaration Form (Attachment A) for all adult household members who report no income or are self-employed
- Social Security Waiver (Attachment B)

**The following documents must be attached to this application (if applicable for the assistance being sought):**

- Current Lease which corresponds to the time period requested for assistance (showing monthly rent)
- Statement from a Landlord (showing the arrearage / amount due (for example, a ledger showing each month))
  - Any past due or eviction notices
- Documentation for Utility Assistance (showing the arrearage / amount due)
  - Any past due notices
- Taxpayer Identification Number and Certification (Internal Revenue Service W-9) from Landlord or Utility company (Attachment C)
- If the Landlord does not have a Business Tax Identification Number a Social Security Waiver must be completed (Attachment B) by the Landlord

**Failure to provide all required documentation will result in the denial of assistance.**

**If assistance is needed to complete this application, please call (321) 633-2007.**

**WARNING: Florida Statute 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 is punishable by fines and imprisonment provided under S 775.082 or 775.83.**

I hereby certify and attest that the information provided above is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income verification related to my application for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification. I understand that the information provided is needed to determine eligibility and in no way assures qualification for assistance. I also agree to provide any other documentation necessary to verify my eligibility.

I am aware that all non-exempt information is subject to Florida's Public Records Law.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**If assistance is needed to complete this application, please call (321) 633-2007.**

**EXHIBIT A**  
**SELF DECLARATION OF INCOME**

Please indicate who this form pertains to:

Head of Household  
Household Member

I, \_\_\_\_\_, hereby certify that I have  
no earned or unearned income for calendar year 2020 2021.

Please explain (and indicate how basic living expenses are acquired):

I hereby certify that the information I have disclosed is true and accurate. I understand that intentionally providing false information to obtain financial assistance is grounds for denial of assistance and may be grounds for prosecution under Florida Statutes 775.082 or 775.083.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**EXHIBIT B**  
**BREVARD COUNTY HOUSING AND HUMAN SERVICES**  
**EMERGENCY RENTAL ASSISTANCE PROGRAM**

**Social Security Number Waiver**

Brevard County collects your Social Security Number for a number of different purposes. The Florida Public Records Law (Section 119.071(5), Florida Statutes) requires the County to give you this written statement explaining the purpose and authority for collecting your Social Security Number.

Your Social Security Number is being collected only for the purposes of income certification for the Emergency Rental Assistance (ERA) Program. This information is used to verify Unemployment benefits, Social Security/Disability benefits, employment, and other related information. Your Social Security Number will NOT be used for any other intended purpose other than verifying your eligibility for the County's ERA program.

**Certification and Waiver of Privacy**

The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding from Brevard County's ERA program.

I understand that Florida Statute 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to your financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Florida Statutes 775.082 and 775.083. I further understand that any willful misstatement of information will be grounds for disqualification and barring of any future assistance. I certify that the application information is true and complete to the best of my knowledge. I consent to the disclosure of information for the purpose of income verification related to making a determination of my eligibility for program assistance.

I agree to provide any documentation needed to assist in determining eligibility and am aware that all information and documents provided are a matter of public record. I hereby waive my rights under the privacy and confidentiality provision act, and give my consent to Brevard County ERA program, its agents, and contractors to examine any confidential information given herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**If assistance is needed to complete this application, please call (321) 633-2007.**