



## COVID-19 Rental Eviction Prevention Program Policy & Application

Effective Date: March 25, 2020

Thank you for your interest in the City of West Palm Beach's COVID-19 Rental Eviction Prevention Program.

**Please note that this program is ONLY AVAILABLE FOR EXISTING CITY OF WEST PALM BEACH RESIDENTS.**

The COVID-19 Rental Eviction Prevention Program provides one-time rental assistance to eligible West Palm Beach residents who have experienced loss of income, reduction in hours, or unemployment as a result of the COVID-19 pandemic **only**. Assistance will only be provided for rents due beginning on April 1, 2020 and onward. Eligible applicants must be able to continue to make rental payments and meet basic needs once assistance is provided.

***The program is not designed to assist those who were not financially impacted by COVID-19 pandemic.***

The COVID-19 Rental Eviction Prevention Program is administered by the Department of Housing and Community Development (HCD). HCD staff encourages you to **carefully review this application** to obtain a clear understanding of program participation and requirements.

Should you desire to apply for the program, please complete and submit this application in accordance with the instructions outlined below.

### **INSTRUCTIONS**

1. Review **Section I – Program Overview** (pages 2-4) portion of the application.
2. Complete **Section II – Applicant and Household Information** (pages 5-10) portion of the application.
3. Complete and attach copies of all requested documentation the **Section III- Required Documents** (pages 11-12) of the application.
4. Authorize application submission by signing the space at the bottom of this page.
5. Completed applications will **ONLY** be accepted by one of the following two (2) methods:

#### **Mail to:**

City of West Palm Beach  
Department of Housing and Community Development  
401 Clematis Street - 3rd Floor  
West Palm Beach, FL 33401

#### **Drop off:**

City of West Palm Beach  
Attn: Department of Housing and Community Development  
City Hall Lobby  
401 Clematis Street  
West Palm Beach, FL 33401

**All applications MUST BE enclosed in plain sealed envelopes marked "Rental Eviction Prevention Program" and addressed to the locations identified above.**

## Section I- Program Information

The COVID-19 Rental Eviction Prevention Program is created to assist eligible City of West Palm Beach households with temporary rental assistance in order to avoid displacement due to loss of income, reduction in hours, or unemployment as a result of the COVID-19 pandemic **only**. Assistance will only be provided for rents due beginning on April 1, 2020 and onward. The assistance is limited to a one-time payment equal to a maximum of 2 months' rent in an amount not to exceed \$3,000.

This program assistance is not intended to provide long-term support for program participants, and it is not intended to provide all supportive service needs of households that affect housing stability.

The City may utilize State Housing Initiative Partnership (SHIP) Program funds, City general revenue, or other sources of funding to conduct activities associated with the COVID-19 Rental Eviction Prevention Program. The rules and regulations associated with Sections 420.9071-420.9079 F.S. chapter 67-37 F.A.C. will govern the use of such funds; when applicable.

### Form of Assistance

Assistance is in the form of a one –time grant not to exceed \$3,000 per household. The assistance is limited to a one-time payment equal to a maximum of 2 months' rent.

### Eligible Applicants

For current residents seeking assistance:

- Applicant must reside within the corporate City limits of West Palm Beach.
- Applicant(s) must meet gross annual incomes not exceeding 80 of % Area Median Income (AMI) limits established by HUD for the jurisdiction of Palm Beach County, FL. The applicable low-income limits for determining program eligibility are published by HUD in the federal register and are updated annually. The occupant household's gross annual income (for the purpose of determining program eligibility) shall be calculated according to the HUD regulations identified in the Code of Federal Regulations at 24 CFR, Part 5. **See chart on page 3.**
- Applicant(s) current rent must not exceed SHIP rental limits (not to exceed 80% AMI). **See chart on page 3.**
- Assistance will only be provided for rents due beginning on April 1, 2020 and onward.
- Applicant(s) must have documentable information to evidence loss of income, reduction in hours, or unemployment as a result of the COVID-19 pandemic that contributed to the missed rental payments.
- Applicant(s) must have a lease in their or a household member's name.
- Applicant(s) must have the capacity to meet basic needs once payment has been rendered as determined by their household budget assessment.
- Applicant(s) or household member must not have received any other financial assistance for rent for the time frame payment is requested.
- Applicant(s) must apply for unemployment benefits and provide support documentation.
- Applicant(s) or household member must not have liquid assets that exceed two (2) months of the household's monthly expenses.

## **Eligible Properties**

Eligible properties must be located within the corporate City limits of West Palm Beach unless moving into subsidized housing. The following types of housing units are not eligible for this program are:

- Hotel/Motels
- Rooming/Halfway Houses
- Units deemed uninhabitable by Code Enforcement
- Units not in compliance with State and local ordinances
- Properties owned by an immediate family member of applicant (parents, step-parent, children, siblings or grand-parents)
- Properties where applicant is listed as an owner

All landlords receiving funds under the program must have rental license and vendor agreement with City of West Palm Beach and complete a W9 for tax purposes.

### Public Records Disclosure

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

### Notice of Collecting Social Security Number

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

Your Social Security Number is being collected for the purposes of income certifying you for the City's Housing Stabilization Program which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, Federal and/or State program dollars. Your social security number will not be used for any other intended purpose other than verifying your eligibility for the City's program.

## **Availability of Funds**

Applications will be processed on a first-come, first-served basis, first-ready eligible basis from all applicant(s) meeting program eligibility criteria, subject to funding availability. First priority will be given to "special needs" applicants, which include the disabled and general/honorably discharged veterans (SSI/disability proof or DD-214 required). Applications will be made available by sending an email to [HCD\\_Help@wpb.org](mailto:HCD_Help@wpb.org). Walk-ins or drop offs of the application will not be accepted.

Only completed applications, which consists of a completed application form and all the applicable supporting documentation, will be accepted. No copies or exceptions will be made. If application is not completed, application will not be accepted.

**SHIP Income Guidelines & Rent Limits**  
**Income Limits Effective 4/1/2020 and subject to change**

**Maximum Income Limit-Adjusted for Household Size**

Household Size	0-30% AMI*	31-50% AMI*	51-80% AMI*
1	\$18,450	\$30,750	\$49,200
2	\$21,100	\$35,150	\$56,200
3	\$23,750	\$39,550	\$63,250
4	\$26,350	\$43,900	\$70,250
5	\$30,680	\$47,450	\$75,900
6	\$35,160	\$50,950	\$81,500
7	\$39,640	\$54,450	\$87,150
8	\$44,120	\$57,950	\$92,750

**Rent Limit by Number of Bedroom Units**

Rent Limit by Number of Bedroom Units						
Rent Limits	0	1	2	3	4	5
<b>80% AMI</b>	1,230	1,317	1,581	1,826	2,037	2,248

\*\*As per email dated March 19, 2020, Florida Housing Finance Corporation has allowed all rental eviction related activities to be deemed as compliant as long as the rent does not surpass the 120% AMI amount on the rent limits chart, irrespective of the household income. However, the City's policy will cap rental limits to 80% AMI. Applicable FY: 2018/19 & 2019/20

**WARNING:** Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within the jurisdiction. False information may result in civil liability, and/or in criminal penalties including, but not limited to, fine or imprisonment or both.

## COVID-19 RENTAL EVICTION PREVENTION PROGRAM APPLICATION

### Section II- Applicant and Household Information

Reason for Assistance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT(S): Please complete Sections (1-6) as applicable.**

(1) HOUSEHOLD INFORMATION (Please Include area code for all phone numbers)				
Applicant's Name		Monthly Rent Amount		
Social Security Number		Date of Birth	Marital Status	
Present Address (include city, state, and zip code)			Apartment Number	
Cell Phone Number	Work Phone Number	Home Phone Number	Emergency Contact Number	
Email Address:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Co-Applicant's Name				
Social Security Number		Date of Birth	Marital Status	
Present Address (include city, state, and zip code)			Apartment Number	
Cell Phone Number	Work Phone Number	Cell Phone Number	Work Phone Number	
Email Address:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
OTHER HOUSEHOLD MEMBERS		RELATIONSHIP	SSN	AGE
1.				
2.				
3.				
4.				
5.				
6.				
Total Number of Household Members:				

Is the applicant, co-applicant or any household member age 18 or <u>older</u> , a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is that person's name(s)? _____		
Is the applicant or co-applicant a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>(2) LEASED PROPERTY</b>		
Address	City	Zip Code
Property Type <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex		Rent Amount
Total Number of Bedrooms	Total Number of Bathrooms	
Landlord Name	Landlord Phone Number	
<b>(3) APPLICANT – PRIMARY EMPLOYMENT INFORMATION</b>		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		
Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state, and zip code)		
Name of Employer Contact Person	Phone Number of Employer Contact Person (include area code)	
<b>(3a) APPLICANT – SECONDARY EMPLOYMENT INFORMATION</b>		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		
Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state, and zip code)		
Name of Employer Contact Person	Phone Number of Employer Contact Person (include area code)	
<b>(4) CO-APPLICANT/OTHER HOUSEHOLD MEMBER - PRIMARY EMPLOYMENT INFORMATION</b>		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		
Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state, and zip code)		
Name of Employer Contact Person	Phone Number of Employer Contact Person (include area code)	
<b>(4a) CO-APPLICANT/OTHER HOUSEHOLD MEMBER – SECONDARY EMPLOYMENT INFORMATION</b>		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		
Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state, and zip code)		
Name of Employer Contact Person	Phone Number of Employer Contact Person (include area code)	

<b>(5) HOUSEHOLD INCOME</b>			
<b>Gross Monthly Income &amp; Recipient</b>	<b>Amount</b>	<b>Applicant Name</b>	<b>Other Household Member Name</b>
Wages / Salary			
Overtime			
Bonuses			
Commissions			
Dividend / Interest			
Social Security			
Pension			
Disability			
Child Support			
Self/Employment			
Net Rental Income			
Unemployment			
TANF			
Regular Contributions / Gifts			
Spousal Support/Alimony			
Other			
<b>Total Monthly</b>			
<b>Total Annually</b>			
<b>Total Monthly Household Income</b>		<b>Total Annual Household Income</b>	

<b>(6) HOUSEHOLD ASSETS</b>				
<b>Please check all your assets (include all Household Members)</b>	<b>Amount</b>	<b>Bank or Financial Institution</b>	<b>Account Number</b>	<b>Household Member Name</b>
Checking				
Checking				
Savings				
Savings				
Credit Union				

401K, IRA, CD, Annuity				
Retirement/Pension Fund				
Stocks / Bonds				
Life Insurance				
Other				
<b>TOTAL COMBINED ASSETS</b>				

**(7) PROGRAM BENEFICIARY INFORMATION**

**This application is for funding from the State Housing Initiative Partnership (SHIP) Program and the following Information is required to monitor compliance to Equal Credit Opportunity and Fair Housing Laws**

<p><b>APPLICANT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> African American / Black</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Hispanic</li> <li><input type="checkbox"/> American Indian / Alaskan Native</li> <li><input type="checkbox"/> Native Hawaiian / Other Pacifica Islander</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><b>CO-APPLICANT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> African American / Black</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Hispanic</li> <li><input type="checkbox"/> American Indian / Alaskan Native</li> <li><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</li> <li><input type="checkbox"/> Other _____</li> </ul>
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<p><b>Citizenship Status:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> US citizen</li> <li><input type="checkbox"/> Legal Resident</li> <li><input type="checkbox"/> <u>Not</u> US citizen/ Legal Resident</li> </ul>	<p><b>Citizenship Status:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> US citizen</li> <li><input type="checkbox"/> Legal Resident</li> <li><input type="checkbox"/> <u>Not</u> US citizen/ Legal Resident</li> </ul>
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I / We understand the Florida Statute 814 provides that willful false statements or misrepresentation concerning income, asset, or liability information relating to financial conditions is a misdemeanor of the first-degree, punishable by fines and imprisonment provided under FL Statutes 775.082 or 775/83. I / We certify that the application information provided is true and complete to the best of my / our knowledge. I / We consent to disclose all information for the purposes of income verification related to making a determination of my / our eligibility for program assistance. I / We agree to provide any documentation needed to assist in determining eligibility and am / are aware that all information and documents provided are a matter of public record. I / We further understand these funds are available only once per lifetime. Assistance through this fund is for relocation purposes only. I / We certify that no one in my household has ever received State of Florida SHIP Funds. I / We certify I / We have sufficient income/resources to maintain my residence.

<p>_____ Date</p> <p>Applicant's Signature</p>	<p>_____ Date</p> <p>Co-Applicant's Signature</p>
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**Conflict of Interest Disclosure**

In accordance with 24 CFR 570.611 applicants can be denied participation in the COVID-19 Rental Eviction Prevention Program if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official or appointed official of the recipient or subrecipients and the applicant currently or within the past 12 months:

- Exercises or has exercised any functions or responsibilities with respect to funds for this program.
- Participates or has participated in the decision-making process related to funds for this program.
- Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the COVID-19 Rental Eviction Protection Program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge the conflict.

Please read statement #1 and #2 and check the statement that applies to you.

\_\_\_\_ 1. A conflict of interest DOES NOT EXIST as it relates to the COVID-19 Rental Eviction Prevention Program Application.

\_\_\_\_ 2. A conflict of interest DOES EXIST as it relates to the COVID-19 Rental Eviction Prevention Program Application.

If you placed a checkmark by statement, #2 please explain the Conflict of Interest:

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**Certification Statements**

\_\_\_\_\_The applicant(s) certifies that all information provided in this application and all information furnished in support of this application (including the asset, liability, and insurance disclosure forms attached hereto) is provide for the purpose of obtaining rental and/or security deposit assistance and is true correct, and complete to the best of the applicant’s knowledge and belief.

\_\_\_\_\_The applicant(s) understands that information in this application will be used to determine if the applicant is eligible for assistance and the amount of rental and/or security deposit assistance to be provided. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

**WARNING:** Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within jurisdiction. The information provided in this application is true and correct as of the date set forth opposite my signature and that may intentional or negligent misrepresentation of this information contained in the application may result in civil liability, and /or in criminal penalties including, but not limited to, fine or imprisonment or both.

Signature of Applicant	Print Name	Date

Signature of Co-Applicant	Print Name	Date



## COVID-19 RENTAL EVICTION PREVENTION PROGRAM APPLICATION

### Section III- Required Documents

The documents listed below must be submitted with your completed application, which consists of a completed application form AND all the applicable supporting documentation as listed below. Some of the requested information may not pertain you. Only provide the information that pertains to your household. Appropriate information will be verified by third-party. **Only copies will be accepted.**

1. **Proof of Income.** Two (2) months most recent consecutive pay stubs or earnings statements showing the employees name, gross pay per pay period, deductions, and frequency of pay for every household member over 18 years old.
2. **Bank Statements.** Last six (6) months bank statements for every household member. We need every page of the bank statements. You may be required to explain deposits.
3. **Federal Income Tax Returns.** Federal income tax returns filed with the IRS for the last two (2) years AND W-2's for the last two (2) years. We will accept:
  - A. A copy of the original signed federal tax return with W-2's *or*
  - B. A transcript of your federal return from the IRS with W-2's. You can request a transcript by filling out IRS form 4506-T and sending to the IRS. The form can be obtained from the IRS website [www.irs.gov](http://www.irs.gov), by calling the IRS at 1-800-829-3676, or by going to the IRS office.
4. **Proof of number of dependents claimed.** Dependents must be listed on your federal tax return:
  - A. Birth Certificate on which the parent/applicant's name is listed *or*
  - B. School records which give the parents' names and address *or*
  - C. Court-ordered letters of guardianship *or*
  - D. Divorce decree *or*
  - E. Letters of adoption
  - F. If a dependent over 18 is a full-time student, please submit a copy of their class schedule in addition to the above documents.
5. **Social Security Cards.** Social Security Cards for all household members.
6. **Photo Identification.** Provide photo ID for all household members over the age of 18.
7. **Proof of citizenship or legal alien status documents.**
  - A. United States of America birth certificate *or*
  - B. Naturalization papers *or*
  - C. Alien registration card
8. **Divorce Decree.** If you are divorced, we need a copy of your divorce decree or certified court documents.
9. **Eviiction notice.** Notice must be within City limits and in applicant(s) name or current household member.
10. **Existing Lease.** Lease must be executed by both parties. Document must be in applicant(s) or household member's name
11. **Self-Employment Income.** Schedule C, E, or F must be included with your federal income tax return AND

- A. Accountant or bookkeeper’s statement of net income expected for the next 12 months printed on the accountant/bookkeeper’s company letterhead *or*
  - B. A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months
12. **Social Security, Supplemental Security Income (SSI), and Disability benefits.** An award or benefit notification letter for current year prepared and signed by the authorizing agency.
13. **Unearned Income.** Provide documents for all that apply.
- A. Unemployment Compensation - Unemployment benefit award notice with three (3) copies of unemployment check stubs.
  - B. Disability Compensation - Notice of eligibility from employer or authorizing agency and three (3) copies of check stubs.
  - C. Worker’s Compensation - Notice of eligibility with amount awarded and three (3) copies of check stubs.
  - D. Severance Pay - Notice of employer stating the amount received in severance pay.
  - E. Welfare of other needs based payments given to any household members
  - F. Unemployed household member not receiving unemployment benefits or income. Please provide a notarized, sworn statement from the household member stating that unemployment benefits are not received and he/or she is not receiving any income.
14. **Alimony or Child Support Payments.**
- A. A child support order from the court or governmental agency through which payments are being made *or*
  - B. Contempt of court order *or*
  - C. An original notarized letter from the non-custodial parent stating the amount given weekly, bi-weekly, or monthly
15. **Scholarships, Grants, and Veterans Administration Benefits.** Benefactor’s written confirmation of amount of assistance, and educational institutions written confirmation of expected cost of the student’s tuition, fees, books, and equipment for the next 12 months.
16. **Assets.** Most current statements for the below assets for each household member if applicable. We need all pages of each statements submitted and listed on your application form.
- A. 401(K) / 403(B) account statement
  - B. Retirement statement
  - C. Pension statement
  - D. IRA statement and/or Certificate of deposit (CD) statement
  - E. Annuities
17. **Recurring Contributions and Gifts.** Example: non-household member paying all of part of bills, mortgages or contributing money on a regular basis.
- A. Notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts *or*
  - B. A letter from a bank, attorney, or a trustee providing required verification.
18. **Documentable proof of crisis due to COVID 19.**
- A. Letterhead from employer indicating lay off /loss of income *and*
  - B. Reemployments Assistance Benefits *and/or*
  - C. Hospital Records
19. **Proof of Filing for Reemployment Assistance Benefits**