



**CITY OF MIRAMAR  
COVID19-CV3  
RENTAL AND MORTGAGE ASSISTANCE PROGRAM APPLICATION**

**REQUIRED DOCUMENTATION CHECKLIST**

**CARES ACT RESIDENTIAL Assistance Program Checklist**

Date: \_\_\_\_\_ Applicant(s): \_\_\_\_\_ Reviewer: \_\_\_\_\_

**General Documentation**

- Completed Application
- Government issued photo ID for all household members age 18 and older
- Hardship Letter
- Notarized Duplication of Benefit Affidavit Form
- Property located within Miramar (BCPA)
- Are you a City of Miramar Employee or immediate family member of City of Miramar Employee?  
Y/N \_\_\_\_\_ If Yes, who and what is the relationship? \_\_\_\_\_

**Employed/Formerly Employed**

- Letter from employer indicating job loss or reduced work schedule and hours due to Covid-19
- Unemployment claims benefits letter or unemployment submitted application (email/letter confirming receipt of application).
- 4-6 weeks recent paystubs / paystubs prior to loss of employment/reduced schedule/reduced hours
- Self-certified, if unable to provide income documentation (last option)
- 2020 Tax Return with W-2

**Self-Employed**

- 2020 Tax Return with W-2
- Year-to-date Profit and Loss Statement
- Unemployment claim benefits letter or unemployment submitted application

**Rental Assistance**

- Valid rental lease agreement signed before March 1st, 2020
- Late notice for past due rent/eviction notice or copy of general ledger from landlord showing rent amount is past due
- Landlord affidavit accepting terms and conditions of program

**Landlord Required Documentation Checklist**

- Proof of ownership under applicant's name
- Does applicant have a reverse mortgage Y/N \_\_\_\_\_
- Mortgage statement and/or letter from HOA showing past due mortgage and HOA dues
- Proof that 2020 property taxes are paid (BCPA)
- Agreement from financial institution accepting terms and conditions of program
- Is property in foreclosure? Y/N\_\_\_\_\_. Is property listed for short sale? Y/N\_\_\_\_\_. (Broward County Public Record)

**Utilities Assistance**

- Statement showing past due amount. (Electricity, water, gas).

**Comments:**

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**NOTE: Please make sure that you submit a complete package as described above. Incomplete packages will delay the processing of your application.**

File/Client ID #: \_\_\_\_\_

Case #: \_\_\_\_\_

**CITY OF MIRAMAR COVID19-CV3  
RENTAL AND MORTGAGE ASSISTANCE  
PROGRAM APPLICATION**

**Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Non-conforming

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you or any member of your household served in the U.S. Military?  Yes  No

Date your hardship began : \_\_\_\_\_

**Pre-Screening**

E1. Are you a resident of the City of Miramar?

Yes  No

E2. Have you experienced a reduction in income or other financial hardship due to Covid-19?

Yes  No

E3. Are you at risk of homelessness or housing instability? (i.e. received a past due notice or eviction notice)?

Yes  No

E4. Is your household income less than 80% of AMI? (To calculate income, total up income for all adults living in the household then use the chart below to see if your income is below the threshold.)

Yes  No

Household size	1	2	3	4	5	6	7	8
80% AMI	\$49,300	\$56,350	\$63,400	\$70,400	\$76,050	\$81,700	\$87,300	\$92,950



IF YOU ANSWERED "NO" TO ANY OF THE ABOVE QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR EMERGENCY RENTAL OR MORTGAGE ASSISTANCE THROUGH THIS PROGRAM.

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File/Client ID #: \_\_\_\_\_

Case #: \_\_\_\_\_

**Household Info**

Member	Full Name	Relationship to Head of Household	Date of Birth	Amt of Monthly Income
1				
2				
3				
4				
5				
6				
7				
8				

**Landlord Info**

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

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

Landlord Email: \_\_\_\_\_

Your current monthly rent/mortgage: \$ \_\_\_\_\_ Amount of rent/mortgage past due: \$ \_\_\_\_\_

Have you been served with a court issued Summons of Eviction?  Yes  No

**Assistance Requested**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Case #: \_\_\_\_\_

**HUD Demographics**

**Check here if you are NOT English proficient:**

**Race:**

- American Indian/Alaskan Native
- Asian
- Black/African-American
- Native Hawaiian or Pacific Islander
- White
- American Indian/Alaskan Native *and* White
- Asian *and* White
- Black/African-American *and* White
- American Indian/Alaskan Native *and* Black
- Other multiple race

**Hispanic:**  Yes  No

**Number in Household:** \_\_\_\_\_

**Rural Status:**

- I live in a rural area
- I **do not** live in a rural area

**Household type:**

- Single female-headed household w/dependents
- Single male-headed household w/dependents
- I am not head of household

**Active Military:**  Yes  No

**Veteran:**  Yes  No

**Disabled:**  Yes  No

**Highest education completed:**

- High school/GED
- Associates degree
- Bachelors degree
- Masters degree
- PHD
- Vocational
- Other

**Marital Status:**

- Single
- Married
- Divorced
- Widowed

**For office use only:**

COVID19-CV3 Rent and Mortgage  
Assistance Program Certification of other Federal  
Financial Assistance

I/We \_\_\_\_\_ as the legal tenant or homeowner occupying the property located at  
\_\_\_\_\_, Miramar, FL 333\_\_\_\_\_, do hereby

certify that I/we

\_\_\_\_\_ Have

\_\_\_\_\_ Have Not

been a recipient of any other rental federal financial assistance for the same unit under the Coronavirus-19 Stimulus Relief Program (Public Law 116-136), and that any misleading and/or omission of information could result with the repayment of the entire assistance provided to me under the COVID19-CV32 Rental/Mortgage Assistance Program.

X \_\_\_\_\_  
Applicant ( Signature)

Date: \_\_\_\_\_

X \_\_\_\_\_  
Applicant (Print)

\_\_\_\_\_  
[Witness print name]

\_\_\_\_\_  
[Witness signature]

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RENTAL AND MORTGAGE ASSISTANCE  
PROGRAM APPLICATION**

File/Client ID #: \_\_\_\_\_

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**PROGRAM CERTIFICATION**

I certify that I have a current rental lease or mortgage within the boundaries of the City of Miramar and that I (and my house-hold members identified in this application) have occupied the rental unit or property during the period of time for which I am seeking assistance. I also certify that I will occupy the unit or property as my principal residence throughout the remaining months for which assistance is provided.

Yes  No

I certify that I am not able to pay my full rent or mortgage due to a financial hardship resulting from COVID-19. (e.g. Reduction in income resulting from a decrease in my work hours, laying off of staff, significant medical or childcare costs, or other actions due to COVID-19).

Yes  No

I certify that I currently DO NOT receive government assistance that pays for all of my rent or mortgage. (e.g. HUD Housing Choice Voucher or Project-based Section 8, FUP, Mainstream, HOME-TBRA, VASH, Public Housing).

Yes  No

I authorize the City of Miramar to contact my landlord/property manager, mortgagee, employer, agencies and individuals for information about my family or myself for the purpose of rental or mortgage assistance, case management and referrals.

Yes  No

I certify that the information provided in this application and supporting documents is true, accurate, and complete and if requested by the City of Miramar, I am able to provide documentation to prove my household's loss of income or additional expenses. I understand that providing false, incomplete, or inaccurate information on the application form or seeking duplicate assistance for months in which assistance has been or will be provided, may result in termination of participation in the COVID19-CV3 Rental and Mortgage Assistance Program, up to 5 years of imprisonment and for each occurrence a fine of up to \$10,000.

Yes  No

**I CERTIFY THE INFORMATION PROVIDED IN THIS APPLICATION TO BE TRUE AND CORRECT:**

Applicant Signature:

Date:

Print Name:

**CITY OF MIRAMAR  
COVID19-CV3 RENTAL AND MORTGAGE ASSISTANCE  
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**LANDLORD REQUIRED DOCUMENTATION CHECKLIST**

**LANDLORD**

You will need the following when registering:

- Completed W9 Form (Landlord/Company and address must match on Intake form and W9)
- If applicant is a Property Management Company, a copy of the management agreement showing authorization to act on behalf of the property owner
- Copy of Broward County Property Appraiser's summary page showing the property is located in the City of Miramar <https://web.bcpa.net/BcpaClient/#/Record-Search> Copy of
- lease agreement signed by both tenant and landlord/property management
- Rental ledger of past-due rent payments for each tenant who applies
- Signed Certification of Other Federal Assistance/Duplication of Benefits form
- Acceptance of the program's terms and conditions
- Landlord affidavit accepting terms and conditions of the program

**NOTE:** Please make sure that you submit all documents described above. Incomplete packages will delay the approval.



# HARDSHIP LETTER

**CITY OF MIRAMAR**  
**Emergency Rental and Mortgage Assistance Program**

**LANDLORD / LENDER CERTIFICATION**

I CERTIFY THAT:

I am the owner or legal agent or mortgagee of the residence stated below. The renter or mortgagor is at least one month in arrears of rent or mortgage payment and is in danger of eviction or the renter or mortgagor is an existing tenant or borrower and is requesting funding for occupancy at this location:

Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip code \_\_\_\_\_

- I accept payment for said arrearage or occupancy.
- I refuse to participate and will not accept payment.

Monthly rent/mortgage: \$ \_\_\_\_\_ Rental/Mortgage Arrears: \$ \_\_\_\_\_

<hr/> <b>LANDLORD/MORTGAGEE NAME (PLEASE PRINT)</b>	<hr/> <b>APPLICANT NAME (PLEASE PRINT)</b>
<hr/> <b>ADDRESS</b>	<hr/> <b>ADDRESS</b>
<hr/> <b>CITY                      ZIP CODE</b>	<hr/> <b>CITY                      ZIP CODE</b>
<hr/> <b>PHONE NUMBER</b>	<hr/> <b>PHONE NUMBER</b>
<hr/> <b>LANDLORD/MORTGAGEE SIGNATURE/DATE</b>	<hr/> <b>APPLICANT SIGNATURE/DATE</b>

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Date:

Print Name: