

# COVID-19 SHIP Rent Assistance Implementation

Sponsored by the Florida Housing Finance Corporation's Catalyst Program

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Florida Housing Coalition



# Our Thanks to the Florida Housing Catalyst Program



**AFFORDABLE HOUSING CATALYST PROGRAM**

**Sponsored by the Florida Housing  
Finance Corporation**



we make housing affordable™

THE FLORIDA HOUSING COALITION



# Review Recent COVID-19 Trainings

## Recordings:

- Emergency SHIP Assistance for Renters

April 2 <https://vimeo.com/403418248>

- Implementing Effective Rental Assistance Programs with Federal and State Resources

May 13 <https://vimeo.com/418157428>

# Upcoming COVID-19 Trainings

COVID-19 SHIP Mortgage Assistance  
Implementation

May 20 at 2:00 pm

<https://attendee.gotowebinar.com/register/620374553799087627>

Building a Coordinated Plan to Deploy  
Federal and State Housing and  
Homelessness Program Funding

May 26 at 10:00 am

<https://attendee.gotowebinar.com/register/1736375557717424907>

THE FLORIDA HOUSING COALITION



# Overview

- Update on eviction moratoriums
- Results of Survey on Rental Assistance
- Outreach and Intake
- Providing Assistance
- SHIP Administrator Presentations
- Administrative Topics



# Update on Eviction Moratoriums

- Statewide eviction & foreclosure moratorium remains in effect until June 2.
- CARES Act provided additional protection for federally assisted properties or properties backed by a federal mortgage through July 25.
- Federally backed mortgages:
  - FHA
  - HUD
  - VA
  - USDA
  - Fannie Mae
  - Freddie Mac



# Eviction Update

FHFA, Shimberg Center for Housing Studies, & the National Low Income Housing Coalition have lookup tools to see if a property is covered by the CARES Act eviction moratorium.

Fannie Mae: <https://www.knowyouroptions.com/rentersresourcefinder>

Freddie Mac: <https://myhome.freddiemac.com/renting/lookup.html>

Shimberg Center: <http://www.shimberg.ufl.edu/covid-19>

NLIHC: <https://nlihc.org/federal-moratoriums>

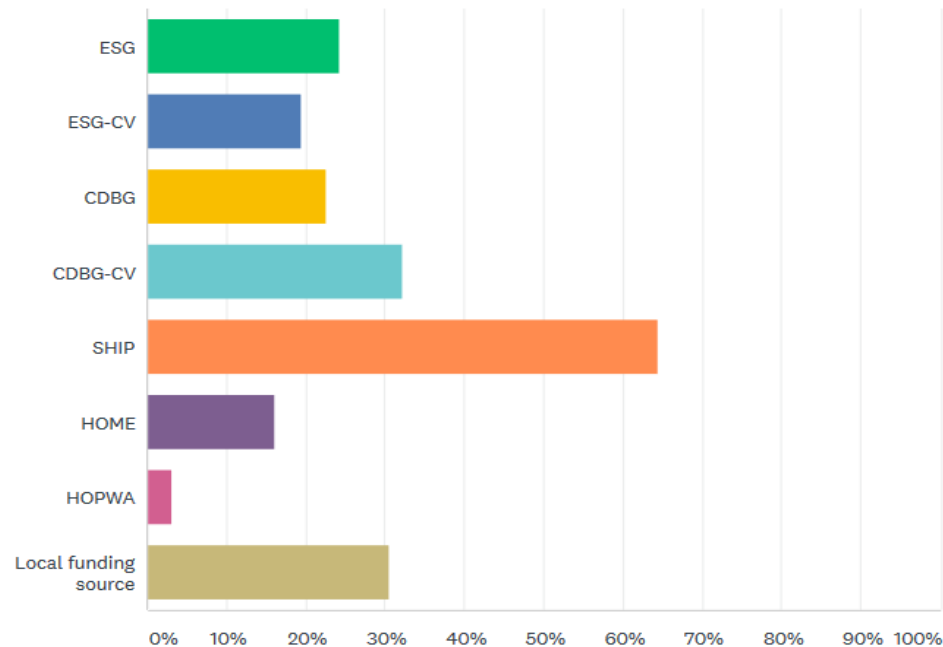
Estimated 80% of tenants paid rent in full or in part for May

- Can be largely attributed to Economic Impact Payment and rental assistance
- Does not tell whole picture – does not account for renters who used credit cards or borrowed money to pay rent



# Results of Survey on Rental Assistance

<https://www.surveymonkey.com/r/97QLSTQ>



Funding  
Sources

ANSWER CHOICES	RESPONSES
ESG	24.19% 15
ESG-CV	19.35% 12
CDBG	22.58% 14
CDBG-CV	32.26% 20
SHIP	64.52% 40
HOME	16.13% 10
HOPWA	3.23% 2
Local funding source	30.65% 19





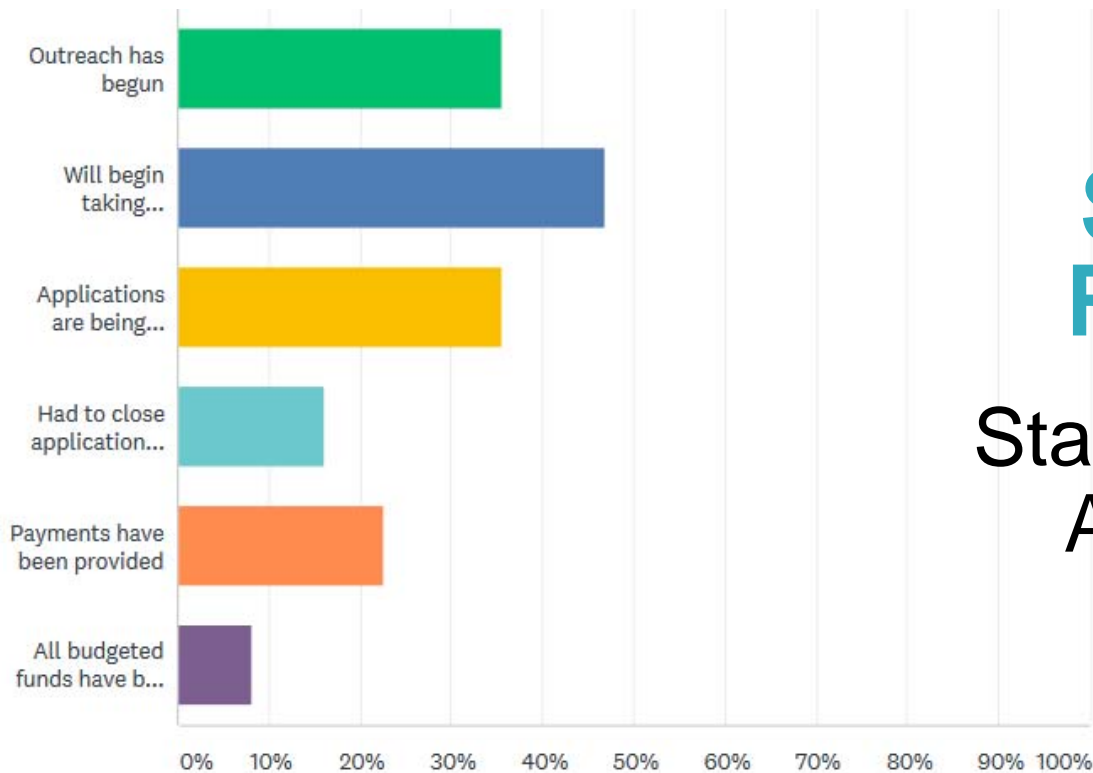
# Communities Offering Rental Assistance

Brevard Cty  
Broward Cty  
Charlotte Cty  
Citrus Cty  
Clearwater  
Clay Cty  
Collier Cty  
Daytona Beach  
Davie  
Deerfield Beach  
Delray Beach  
Deltona  
Duval Cty  
Escambia Cty  
Flagler Cty  
Fort Lauderdale

Hillsborough Cty  
Hialeah  
Jacksonville  
Lake Cty  
Lakeland  
Lauderhill  
Lee Cty  
Manatee Cty  
Marion Cty  
Melbourne  
Miami-Dade Cty  
Miami  
Miami Beach  
Miami Gardens  
Miramar  
North Miami

Okaloosa Cty  
Okeechobee Cty  
Osceola Cty  
Osceola Cty  
Palm Beach County  
Pasco  
Pembroke Pines  
Pensacola  
Polk Cty  
Pompano Beach  
Port St Lucie  
Seminole  
St. Petersburg  
Tamarac  
Tampa  
West Palm Beach





# Survey Results

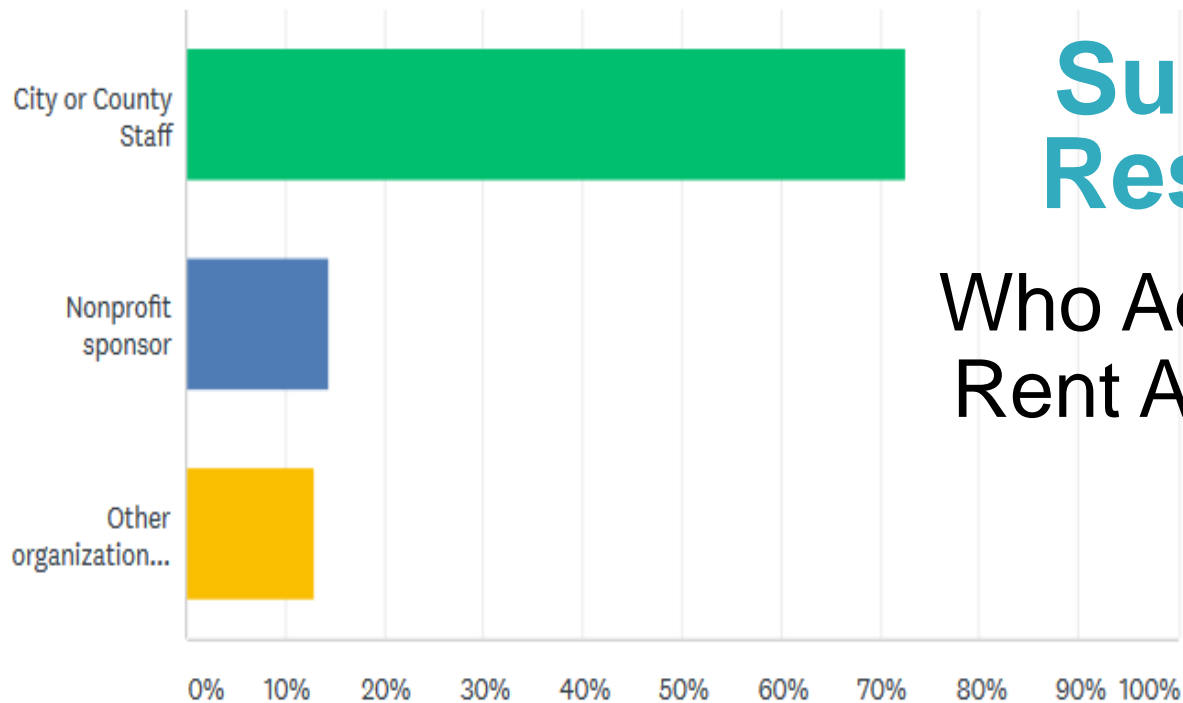
## Status of Rental Assistance Program

ANSWER CHOICES	RESPONSES	
▼ Outreach has begun	35.48%	22
▼ Will begin taking applications in next 30 days	46.77%	29
▼ Applications are being accepted	35.48%	22
▼ Had to close application process due to an overwhelming response	16.13%	10
▼ Payments have been provided	22.58%	14
▼ All budgeted funds have been committed	8.06%	5



# Survey Results

## Who Administers Rent Assistance

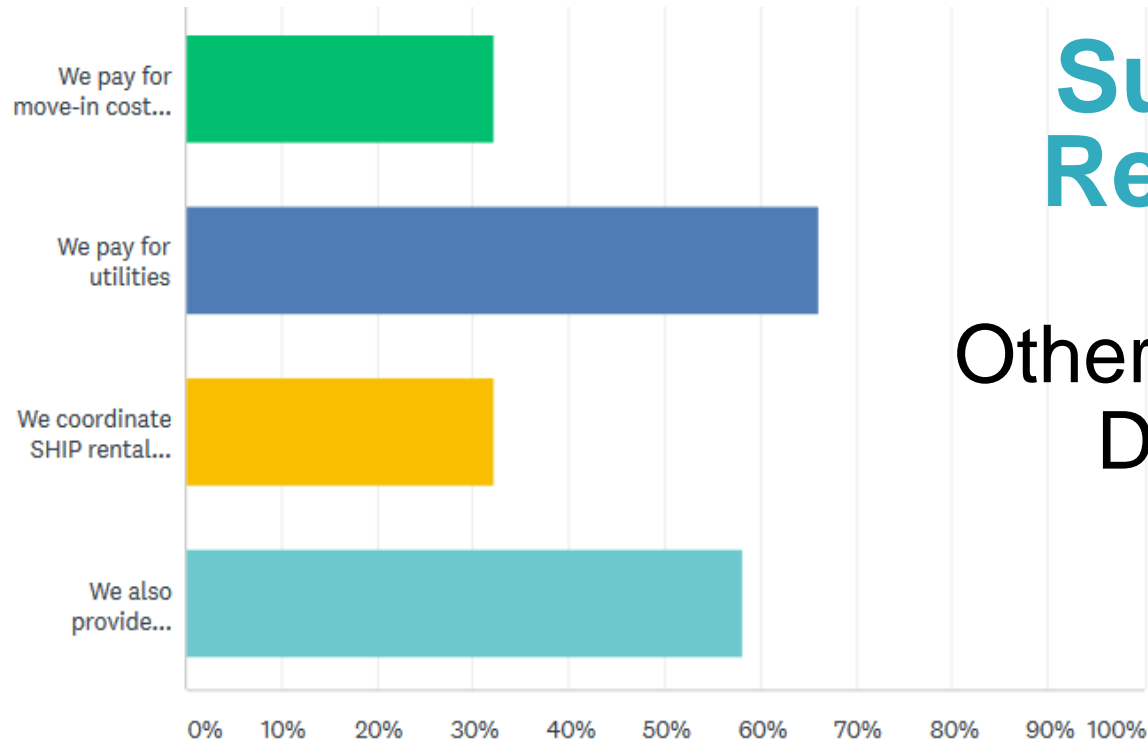


ANSWER CHOICES	RESPONSES	
City or County Staff	72.58%	45
Nonprofit sponsor	14.52%	9
Other organization (please provide details in comment box below)	12.90%	8



# Survey Results

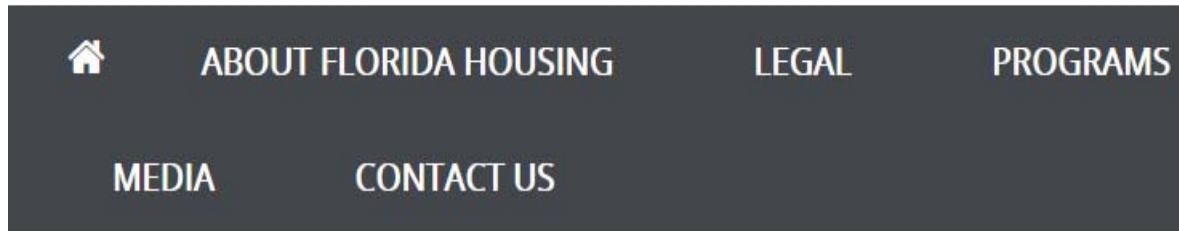
## Other Program Details



ANSWER CHOICES	RESPONSES	
▼ We pay for move-in costs such as security deposits	32.26%	20
▼ We pay for utilities	66.13%	41
▼ We coordinate SHIP rental assistance with local Continuum of Care efforts	32.26%	20
▼ We also provide mortgage assistance	58.06%	36



# How to Learn Where SHIP Emergency Assistance is Available



[Home](#) / [PROGRAMS](#) / [Special Programs](#) / [SHIP - State Housing Initiatives Partnership Program](#) /

## Local Government Information

Please select from the City or County drop down lists, or the "View All Contacts" information and contacts:

City:

Please select a City... ▾

County:

Please select a County... ▾

Contact local  
SHIP offices

<https://www.floridahousing.org/programs/special-programs/ship---state-housing-initiatives-partnership-program/local-government-information>



# Survey: Outreach Activities

- Street outreach under ESG through multiple providers
- Referrals through 211
- Letters to recent SHIP recipients
- Media and social media
- [coadfl.org](http://coadfl.org)
- Nonprofits
- County/City website
- Community liaisons
- Neighborhood Connection Newsletter



# MORE Outreach Survey Responses

- County Commission meetings
- Public announcement by City Mayor
- Notice in newspaper
- Rental property managers outreach
- Coordinated entry list within the CoC
- Brochure
- Mail-outs, and flyers through partners so we don't get overwhelmed



# COVID SHIP Rental Assistance: Osceola County



**Danicka Ransom, M.P.A.**  
**Assistant Director,**  
**Osceola County Human**  
**Services**

[Danicka.ransom@osceola.org](mailto:Danicka.ransom@osceola.org)

## HANDOUT:

**Osceola County Emergency Housing Assistance Program – COVID-19**

**Frequently Asked Questions**





# Intake

## Order of Assistance

Recording with our recommendations about prioritization: <https://vimeo.com/403418248>

Highest Priority: Very Low Income with current circumstances\*

Low Income with current circumstances\*

Lowest Priority: Was not SHIP Eligible before COVID Period

\* Was SHIP Eligible before COVID Period



# MORE on Prioritizing Assistance

May 13 Recording at <https://vimeo.com/418157428>

- [Turner Center](#) estimates 994,200 renters are impacted
- Evictions are not 1:1
- Standardized assistance may be easier but may not help those most in need
- Effective v. Efficient
- HUD wants to end homelessness



# Intake Considerations

- Move quickly before execution
- Determine if application
- Create file if required: H/ COVID SHI

1. Estimate Pre-COVID Income	
List Anticipated Annual Income based on income sources being received before Mid-March 2020	
Wages / Salaries (include tips, commission, bonuses and overtime)	\$
Benefits / Pensions	\$
Public Assistance	\$
Other Income	\$
Asset Income	\$
<b>TOTAL Annualized estimate of Pre-COVID Income</b>	<b>\$</b>



- Income Reduction
- Monthly Income Assistance
- SHIP Duplicate Assistance A
- SHIP Disaster

2. Compare Pre-COVID Income to Current Circumstances	
Annualized estimate of Pre-COVID Income	\$
Subtract amount from the Income Certification Form- this is the annualized estimate of <b>Current Circumstances</b>	- \$
A positive number here documents an income reduction due to COVID-19	\$

# Before Providing Assistance: Technical Revision to SHIP Strategy (HANDOUT)

Replace 'Summary' of your Disaster Strategy:

SHIP disaster funds may be used for items such as, but not limited to:

- (f) **rental and utility** assistance for eligible applicants.
- (g) **mortgage and utility** payment assistance for eligible applicants.”

Recording with more guidance:

<https://vimeo.com/403418248>



# Income Eligibility: Use 2020 Income Limits Chart

- 2020 SHIP Income & Rent Limits on FHFC website:

[https://www.floridahousing.org/docs/default-source/developers-and-property-managers/ship-and-hhrp---2020-combined-income-and-rent-limits.pdf?sfvrsn=fb78fc7b\\_1](https://www.floridahousing.org/docs/default-source/developers-and-property-managers/ship-and-hhrp---2020-combined-income-and-rent-limits.pdf?sfvrsn=fb78fc7b_1)

- Posted on 4/13/2020
- Use the new SHIP income limits chart for any applicant who has not yet signed an income certification form



# Guidance on Self-Certification and Income Verification

12-minute recording at <https://vimeo.com/410545053>

- Self-certification of income allowable **provided staff conducts income reviews within 90 days after the waiver period ends**
- What if we assist someone who is not eligible?
- Another Option: Third Party Verification  
Provided by the Applicant



# Additional Income Topics on May 20 webinar

- Some Benefits are NOT Counted as Income
- Recently Unemployed Applicants
- Go Fund Me is not an Asset

Register at

<https://attendee.gotowebinar.com/register/620374553799087627>



# Providing Assistance

## Award Letter/Written Agreement

- State that monthly assistance will be provided if funds are available and/or until the end of the executive order





# Process for Paying Landlords and Utility Companies

- Track monthly payment for both rent and utilities on a spreadsheet
- When making monthly payments, avoid accidentally exceeding maximum award
- Final payment may not be full rent or utility payment
- Finance Departments require W-9 (not a SHIP requirement)
- Question: Do I need to sign an agreement with the Landlord? Answer: No



# Can you pay three months of rent ahead of time?

- No, determine continued eligibility each month before paying an additional month of rent
- Income Certification confirms eligibility for up to one year
- Monthly eligibility updates do not involve collecting documents UNLESS household income has changed
- SHIP Office updated on the status of household income on a monthly basis.
  - Phone call, e-mail, document file



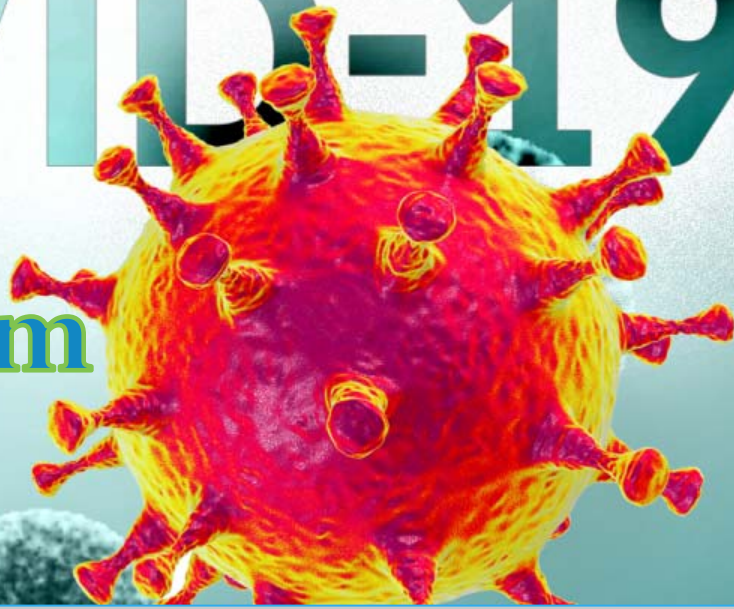
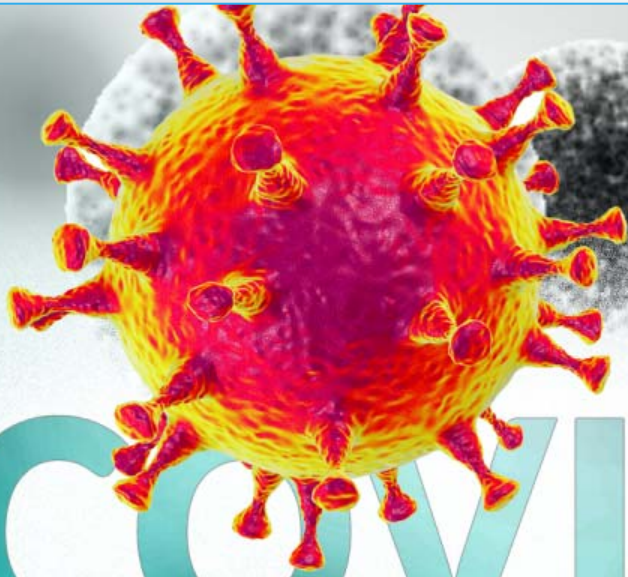
# COVID SHIP Rental Assistance: Fort Lauderdale

Avis Wilkinson

[AWilkinson@fortlauderdale.gov](mailto:AWilkinson@fortlauderdale.gov)

# COVID-19

## Rental Program



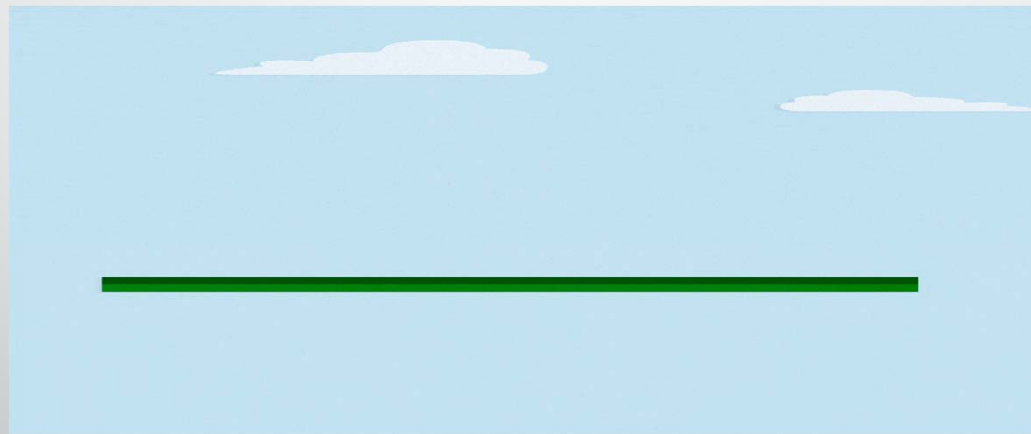
# Rental Assistance Process

- **The City of Fort Lauderdale's COVID- 19 Rental assistance Program**

- A rental assistance program is for households affected by COVID-19 and have experienced loss of employment or decrease in work hours.
- Award amount, eligible applicants, income limits served, any restrictions.
- Applicant must live within Fort Lauderdale city limits.
- Serving the extremely low to low income households only- based on HUD income limits. (MAX 80%)
- Sole business owner without employees will be eligible for assistance.
- Provide three (3) months of rental assistance with maximum award of \$5,000.
- If liquid assets exceed \$5,000 not eligible.
- Rental payment sent directly to landlord(owner of property).
- The assistance is in a form of a grant.

# REHAB

- Existing program used to model Rental Assistance



# Rental Assistance Process

- Intake/verification/certification-2
- Landlord verification-1
- Payment to Landlord-1
- Finance Department's Role





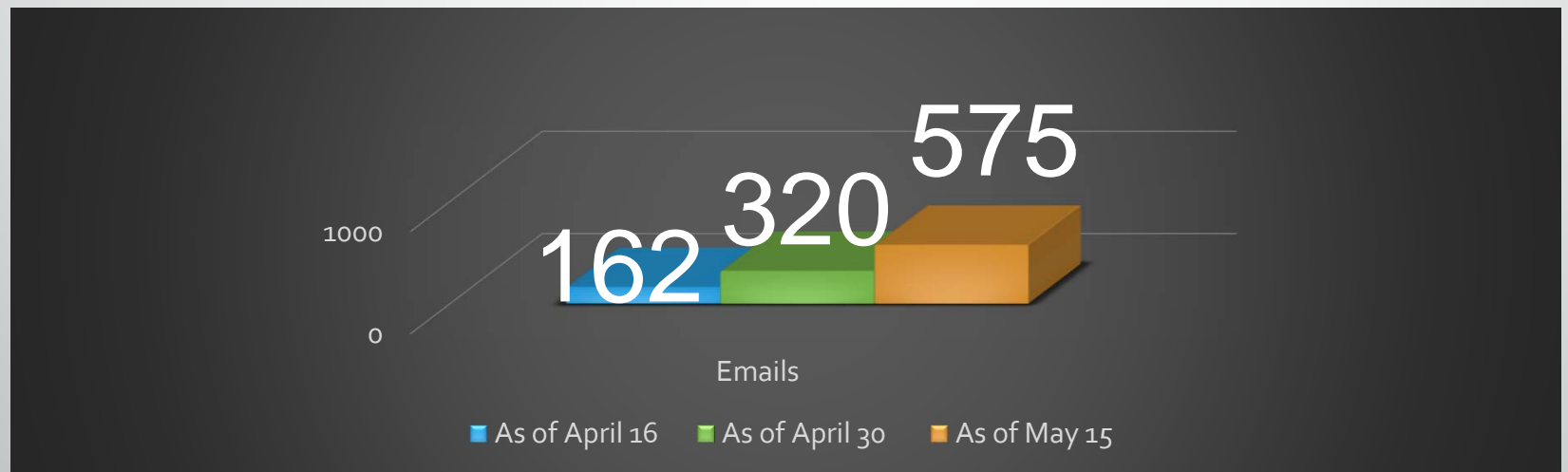
# Advertising



## • COVID-19 Rental Assistance Applications Available Online

The City of Fort Lauderdale's Housing and Community Development office will offer rental assistance to eligible residents of Fort Lauderdale who experienced job loss due to COVID 19. Funding is limited and assistance will be provided on a first-ready, first-served basis. Under the program, a lease agreement must already be in place, rental assistance will be paid directly to the landlord, and rents should be

# Application Received







# AVERAGE RENTAL PAYMENT

\$1,167.88

Awarded 34 applicants

**13 paid, 12 approved for payment and  
9 pending landlord verification for  
payment.**

FUNDING			
	Grant	Project	Balance
	SH1718 SHIP FY 17	SH1718 SHIP FY 2017-2018 ENTITLEMENTS & PGM INC	\$ 83,957.09
			\$ 83,957.09
			\$ (16,000.00)
			\$ 67,957.09

RENTAL ASSISTANCE PAID			
	<u>MONTH PAID</u>	<u>LANDLORD</u>	
1	MAY	GIBSON GROUP MANAGEMENT	\$ 1,325.00
2	MAY	BRIAN J PUTNAM	\$ 960.00
3	MAY	VALERIE VERLEY	\$ 1,800.00
4	APRIL	KURT G HAUSEY DMD PA	\$ 1,600.00
5	MAY	VICTORIA PARK 1016 LLC	\$ 1,130.00
6	MAY	WISDOM VILLAGE CROSSING	\$ 876.00
7	MAY	ADAM BONIN	\$ 1,250.00
8	MAY	REGAL TRACE APARTMENT COMMUNITY	\$ 890.00
9	MAY	REGAL TRACE APARTMENT COMMUNITY	\$ 1,069.00
10	MAY	CROWN COURT APARTMENT, INC	\$ 1,250.00
11	MAY	LARRY FISHER JR	\$ 1,350.00
12	MAY	CONCORD PROPERTY MANAGEMENT, LLC	\$ 1,100.00
13	MAY	PATRICIA ANDRADE-MARIN	\$ 1,400.00
			\$ 16,000.00

RENTAL ASSISTANCE APPROVED & PENDING PAYMENT				
	<u>MONTH PAID</u>	<u>LANDLORD</u>	<u>AMT</u>	
1	MAY	COMMUNITY ACRES/JOHN MANETTE	\$	1,135.00
2	MAY	SUNNY SKIES REALTY LLC	\$	1,170.00
3	MAY	DAVID KNAPP	\$	1,100.00
4	MAY	ASSET MANAGEMENT & REALTY INC	\$	900.00
5	MAY	NEW RIVER CONDOMINIUM/LA ESTANCIA	\$	1,149.00
6	MAY	PINNACLE AT TARPON RIVER	\$	1,296.00
7	MAY	844-845 VP LLC	\$	1,100.00
8	MAY	KEITH BEAN	\$	780.00
9	MAY	A LIRE LTD-EASTOVER APARTMENTS	\$	1,335.00
10	PRIL & MA	CITY OF FORT LAUDERDALE HOUSING AUTHORITY	\$	1,700.00
11	MAY	NORTHWEST GARDENS	\$	1,021.00
12	MAY	WISDOM VILLAGE CROSSING	\$	876.00
			\$	13,562.00
RENTAL ASSISTANCE APPLICATIONS RECEIVED/PENDING VERIFICATION &				
		<u>LANDLORD</u>	<u>AMT</u>	
1	MAY	ALEC INVESTMENTS	\$	1,200.00
2	MAY	WISDOM VILLAGE CROSSING	\$	876.00
3	MAY	CITY OF FORT LAUDERDALE HOUSING AUTHORITY	\$	850.00
4	MAY	GARDEN REBEL ENTERPRISES, LLC	\$	1,195.00
5	MAY	KURT G HAUSEY DMD PA	\$	1,600.00
6	MAY	LANG INVESTMENTS	\$	1,000.00
7	MAY	LAUDER ARMS	\$	1,000.00
8	MAY	EXECUTIVE MANOR RAQUET CLUB	\$	1,425.00
9	MAY	J. ROBERT YANCEY	\$	1,000.00
			\$	10,146.00

# COMMUNICATION

- **Requiring applicants to submit application and required documents electronically**



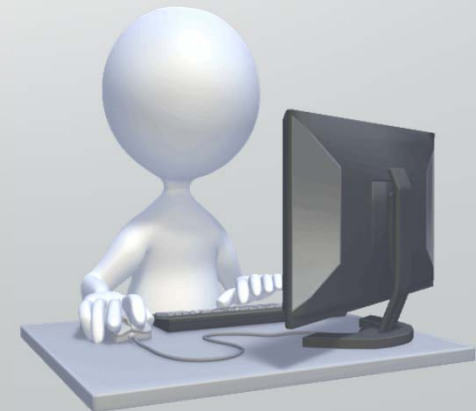
# Rental Assistance Process

## Intake completed by Administrative Assistant

- Review submitted applications to make sure all information including additional documents are provided to ensure application is complete including Landlord information.
  - Check BCPA for the property address within City Limits.
- Send follow-up email to applicant for additional information if needed. *Always provide a date items must be submitted. (DEADLINE)*
- Complete the income verification by reviewing paystubs, bank statements, and other income sources.
- Complete the Resident Income Certification (RIC) using the income verification information.

# Rental Assistance Process

- Send landlord information to Construction Review Specialist (CRS) for verification.
  - BCPA and or SUNBIZ
- Once Landlord information verified.
- Send PDF copy of RIC for signature and request return via email.
- Award letter sent to applicant.



# Application



Only completed application with all required documents will be accepted:

**Renter's must have an income hardship. Property must be within the city limits of Fort Lauderdale.**

## **RENTAL ASSISTANCE APPLICATION PACKET**

CITY FUNDING AVAILABLE FOR RENTAL ASSISTANCE  
IS IN A FORM OF A GRANT

Funding Made Available through Federal and/or State Grants and is subject to availability.

### **MEET THE HUD INCOME LIMITS BELOW:**

Fort Lauderdale, Florida FY 2020 income Limits			
HH Size	Max Income	HH Size	Max Income
1	\$49,950	5	\$77,050
2	\$57,050	6	\$82,750
3	\$64,200	7	\$88,450
4	\$71,300	8	\$94,150

## **City of Fort Lauderdale Housing and Community Development RENTAL ASSISTANCE PROGRAM**

*Fully completed application. (no section of the application should be left blank)  
The incomes of all adult household members 18 years of age and older are counted as a part of the application.*

### **REQUIRED DOCUMENTS (copies only)**

**Only** complete applications will be accepted:

1. \_\_\_\_ Copy of photo I.D. (driver's license or state I.D.) for every household member over the age of 18
2. \_\_\_\_ Copies of three (3) weeks of the **most recent and consecutive** paycheck stubs showing the employer name, address and telephone number for every source of employment income for you and everyone in your home.
3. \_\_\_\_ Copies of **all** pages of the last one (1) year **signed and dated** tax returns (2019/2018) for you and anyone in your home
4. \_\_\_\_ Copies of **all** pages of the last one (1) year **signed and dated** tax returns for you and anyone in your home who is self-employed. **Must** include Profit & Loss and an income and expense report for the last three (3) months.
5. \_\_\_\_ Copy of current lease agreement
6. \_\_\_\_ Proof that you have applied for unemployment
7. \_\_\_\_ Three **most recent** rent receipts
8. \_\_\_\_ Fully completed landlord packet to include name, address, tax identification number and verification of ownership or authority to rent the property.
9. \_\_\_\_ Evidence of loss of income due to COVID-19 (Termination letter from employer)

Additional information may be required.

**If you have liquid asset in the amount of \$5,000.00 and above your application is not eligible**  
In order to participate in this program, you must provide **all** of the required documents to our office along with your complete application on one of the dates listed above. City staff will review your application and documents and determine if your application is complete. Staff acceptance of application does not constitute approval or guarantee participation in the program. Program is subject to funding availability  
**PLEASE CHECK TO BE SURE YOU HAVE ALL THE DOCUMENTS ABOVE**  
**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**



# Application



CITY OF FORT LAUDERDALE



RENTAL HOUSING PROGRAMS APPLICATION  
MUST BE EMAIL TO

**DGRAHAM@FORTLAUDERDALE.GOV AND**  
**COPY AAQ@FORTLAUDERDALE.GOV**

HOUSING & COMMUNITY DEVELOPMENT  
914 Sistrunk Boulevard, Suite 103  
Fort Lauderdale, Florida 33311



Revised 04/06/2020DG



## HOUSING AND COMMUNITY DEVELOPMENT

914 Sistrunk Boulevard, Suite 103,

Fort Lauderdale, Florida 33311

Telephone 954-828-4527 - Fax 954-847-3754

### Rental Assistance Program Application

*This application and all documents submitted to the City of Fort Lauderdale are subject to Chapter 119 of Florida's "Public Records Law."*

PLEASE PRINT / USE ONLY BLACK OR BLUE INK

PLEASE INITIAL ANY CROSS OUTS/CORRECTIONS. WHITE OUT IS NOT PERMITTED ON APPLICATION.

#### PROPERTY INFORMATION

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

Apt #: \_\_\_\_\_ City: Fort Lauderdale State: Florida Zip Code: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

#### APPLICANT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

☐ Employed

☐ Unemployed

☐ Self-Employed

#### SPOUSE / CO-APPLICANT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

☐ Employed

☐ Unemployed

☐ Self-Employed

Emergency Contact: Name \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

**Profile:** These programs are federally & state funded, therefore we request you complete the following information for statistical purposes only.

#### Head of Household

Marital Status: ☐ Single

☐ Married

☐ Widow/Widower

☐ Divorced

Sex: ☐ Male ☐ Female

☐ No Resident Alien: ☐ Yes ☐ No

Alien #: A-

#### Spouse / Co-applicant

Marital Status: ☐ Single

☐ Married

☐ Widow/Widower

☐ Divorced

Sex: ☐ Male ☐ Female

☐ Citizen: ☐ Yes ☐ No Resident Alien: ☐ Yes ☐ No

Alien #: A-

#### Race / National Origin:

☐ AM Indian/Alaskan

☐ Asian

☐ Black

☐ Hispanic Yes or No

☐ Pacific Islander

☐ White

☐ Other (Specify) \_\_\_\_\_

#### List every person living at your residence (including yourself)

	Name	Age	Date of Birth	Social Security Number	Relationship to Applicant
1					Applicant
2					
3					
4					
5					
6					



# Application

## IMPORTANT INFORMATION

1. Are you currently enrolled in The Housing Choice Voucher Program (Section 8 Housing)? ☐ YES ☐ NO.  
\* If you answered yes, your rental property is not eligible for assistance
2. Do you own a business (LLC, INC, CORP, Sole Proprietorship with employee ) ☐ Yes ☐ No  
\* If you answered yes, you're not eligible for assistance
3. Are you currently enrolled in Public Housing ☐ Yes ☒ No  
\* If you answered yes, your rental property is not eligible for assistance.
4. Do you or your co-applicant owe the City of Fort Lauderdale any money? ☐ Yes ☐ No  
\* If yes, please explain \_\_\_\_\_

### EMPLOYMENT INFORMATION: APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	Pay Rate: \$
Number of hours worked <input type="checkbox"/> 0 - 15 <input type="checkbox"/> 16 - 30 <input type="checkbox"/> 31-40	Last Date of Employment

### EMPLOYMENT INFORMATION: SPOUSE / CO-APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	Pay Rate: \$
Number of hours worked: <input type="checkbox"/> 0 - 15 <input type="checkbox"/> 16 - 30 <input type="checkbox"/> 31-40	Last Date of Employment:

## RENTAL INFORMATION

Apartment Name: \_\_\_\_\_  
Apartment Address: \_\_\_\_\_  
City: FORT LAUDERDALE State: FL  
Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Rental Payment Due date: \_\_\_\_\_ Rental Payment amount: \_\_\_\_\_

## CONFLICT OF INTEREST FORM

### CONFLICT OF INTEREST QUESTION:

Are you or anyone living in your household a City of Fort Lauderdale employee? ☐ YES ☐ No  
If you answered YES, list the household member(s) name and the Department they work for:

Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____

Are you or anyone living in your household a City of Fort Lauderdale employee? ☐ YES ☐ No  
If you answered YES, list each employee name and the Department they work for:

Name: _____	Department: _____
Name: _____	Department: _____
Name: _____	Department: _____

Are you or anyone living in your household an elected official or appointed official serving on any City Board? ☐ YES ☐ No

If you answered YES, list each name and the name of the City Board.

Name: _____	Elected Official Title or City Board: _____
Name: _____	Elected Official Title or City Board: _____
Name: _____	Elected Official Title or City Board: _____

The City will adhere to its employee code of conduct and all employees, contractors, and subrecipients of federal and state funding will adhere to the conflict of interest policies established by the Federal government and the State.

In accordance with 24 CFR 570.611 applicants can be denied participation in the City's Purchase Assistance/Housing Rehabilitation/Replacement Programs if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official, appointed official of the City of Fort Lauderdale or its subrecipients, and if within the past 12 months, any of the following statements applies to any of the applicants:

1. Exercises or has exercised any functions or responsibilities with respect to funds for this program.
2. Participates or has participated in the decision making process related to funds for this program.
3. 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 City's program.

When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge and disclose that conflict. If a conflict of interest exists (or the perception of one), the City is required to seek a legal opinion and make the potential conflict known to the public by applying by newspaper or before the City Commission and then request an exception from the U.S. Department of HUD.

The process is mandatory for all City of Fort Lauderdale employees and any time a conflict or the perception of one exists.

# Application

## IMPORTANT INFORMATION

1. Are you currently enrolled in The Housing Choice Voucher Program (Section 8 Housing)? ☐ YES ☐ NO,  
\* If you answered yes, your rental property is not eligible for assistance
2. Do you own a business (LLC, INC, CORP, Sole Proprietorship with employee ) ☐ Yes ☐ No  
\* If you answered yes, you're not eligible for assistance
3. Are you currently enrolled in Public Housing ☐ Yes ☒ No  
\* If you answered yes, your rental property is not eligible for assistance.
4. Do you or your co-applicant owe the City of Fort Lauderdale any money? ☐ Yes ☐ No  
\* If yes, please explain \_\_\_\_\_

## RENTAL INFORMATION

Apartment Name: \_\_\_\_\_

Apartment Address: \_\_\_\_\_

City: FORT LAUDERDALE State: FL

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

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

Rental Payment Due date: \_\_\_\_\_ Rental Payment amount: \_\_\_\_\_

# Application

## DUPLICATION OF BENEFITS

RECIPIENT AGREES THAT IF ADDITIONAL BENEFITS ARE RECEIVED FROM OTHER SOURCE SUCH AS FEDERAL BENEFITS OR CHARITABLE DONATIONS TOWARD RENTAL ASSISTANCE THAT THEY WILL REIMBURSE THE FULL AWARD AMOUNT TO THE CITY OF FORT LAUDERDALE.

## AUTHORIZATION TO VERIFY INFORMATION

This is authorization for the City of Fort Lauderdale 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 Fort Lauderdale 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 Fort Lauderdale may make copies of this letter for distribution to any party with which I (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 must be occupied as the applicant's primary residence.

## AGREEMENT

The undersigned understands that the intent of this application is for purposes 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 Fort Lauderdale. 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 record laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my signature on this application. That 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, supporting document or information will constitute cancellation of this application and liability in any legal action brought against me/us by the City. The City of Fort Lauderdale is hereby authorized to verify any of the above information and to inspect the property prior to approval. 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 Fort Lauderdale.

**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 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 (Print)	Applicant's Signature	Date
X	X	
Co-Applicant's Name (Print)	Co-Applicant's Signature	Date
X	X	
Other Adult's Name (Print)	Other Adult's Signature	Date
X	X	
Other Adult's Name (Print)	Other Adult's Signature	Date
X	X	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (Print)	

# Award Letter



CITY OF  
FORT LAUDERDALE



## Award Letter

May XX, 2020

Name  
Address  
Fort Lauderdale, FL 333XX

RE: Rental Application – XXXXXXXXX

Dear XXXXXXX

We have approved your application under the COVID-19 Emergency / Temporary Rental Assistance Program for the month of **May 2020**. This COVID-19 Emergency Assistance is limited to no more than (3) three months of assistance or \$5,000.00 per household. We will pay the first month's rent on your behalf to the landlord and will send you a copy of the payment for your records.

This letter certifies that the City of Fort Lauderdale has determined that you meet the 2020 HUD Income Limits for the household size of **(1) one** at maximum household annual income of **\$18,750.00**.

To meet eligibility for additional assistance you will need to demonstrate that you are actively seeking employment. This includes job search and interviews or job training that can be verified. Documentation of this active must be presented 10-15 days to [XXX@fortlauderdale.gov](mailto:XXX@fortlauderdale.gov) before the next request of assistance is made. The City of Fort Lauderdale reserves the right to rescind your application at any-time during the process if the information you provided to us is determined to be inaccurate or false. All funds expended by the city on your behalf will become due and payable to the City at that time.

We recognize that recent events have impacted our residents through job loss. We expect these conditions to be temporary and hope that this grant will assist your household during these times.

Please contact Avis A Wilkinson, Housing Community Development Supervisor  
[awilkinson@fortlauderdale.gov](mailto:awilkinson@fortlauderdale.gov) if you have any questions.

Sincerely,

Avis A Wilkinson,  
Housing Community Development Supervisor  
Housing and Community Development Division

HOUSING AND COMMUNITY DEVELOPMENT DIVISION  
714 SIXTH AVENUE, SUITE 103, FORT LAUDERDALE 33311  
TELEPHONE (954) 838-6327  
[WWW.FORTLAUDERDALE.GOV](http://WWW.FORTLAUDERDALE.GOV)

# W9 & Vendor Form

**Form W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

**Give Form to the requester. Do not send to the IRS.**

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; check only **one** of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership) **▶**  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) **▶**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) \_\_\_\_\_  
 City, state, and ZIP code \_\_\_\_\_  
 List account number(s) here (optional): \_\_\_\_\_

Requestor's name and address (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.  
**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 OR  
 Employer identification number  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



City of Fort Lauderdale • Procurement and Materials Management Division  
100 N. Andrews Avenue, Room 619 • Fort Lauderdale, Florida 33301

To City of Fort Lauderdale Vendor:

Please complete and return either by fax: (954) 847-3754 to the attention of Akilah Grant or email: [AGrant@fortlauderdale.gov](mailto:AGrant@fortlauderdale.gov) If you do not have a current W-9 on file with the Accounts Payable Division please email one to the above address. It would be beneficial to complete and return in a timely manner.

Vendor Name: \_\_\_\_\_  
(Name that is registered with the State of Incorporation)

Mailing Address: \_\_\_\_\_

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

Remit to Address: \_\_\_\_\_  
(if different from mailing)

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

Contact Person: \_\_\_\_\_ Ext. \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Toll Free: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Website: \_\_\_\_\_

Federal ID #: or SS #: \_\_\_\_\_

Preferred method of notification: \_\_\_\_\_ Email \_\_\_\_\_ Fax

Minority Business Enterprise: \_\_\_\_\_ Yes \_\_\_\_\_ No

Women Business Enterprise: \_\_\_\_\_ Yes \_\_\_\_\_ No

Asian: \_\_\_\_\_ Hispanic: \_\_\_\_\_

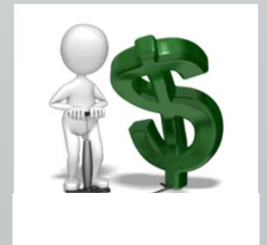
Black: \_\_\_\_\_ Native: \_\_\_\_\_ Other: \_\_\_\_\_

**FAILURE TO PROVIDE UPDATED INFORMATION MAY RESULT IN YOUR FIRM BEING PURGED FROM THE CITY'S CURRENT DATABASE.**



# Finance

- Finance ran reports to identify open balances, and then provided these reports to program staff to ensure funds were available and not intended for other projects.
- Finance then created accounts with coding specifically for Rental Assistance payments.
  - SH18RA was created for FY18 available funds in the amount of approximately \$83,957
  - SH19RA was created for FY19 available funds in the amount of approximately \$162,790
- At this time, all payment requests are being charged to these index codes. If additional funding becomes available, similar index codes will be created for the additional funding.




# Finance

- Vendors have been set up in the system for the landlords or management companies, and payments are made out to these vendors (and NOT the tenants directly).
- Finance is keeping a tracking spreadsheet of the payments by Vendor, Tenant & Address, Rental Month, and amount to each index code.
- When the authorized payment request is received, finance approves the payment based on availability of funds.
- The spreadsheet keeps a running tally to ensure expenditures do not exceed funding.

# Finance

Request Dated	Invoice #	Vendor	Vendor #	Description	Project / Address or S/O Title	Index Code or Project Code 1	SH18RA Amount	Index Code or Project Code 2	SH19RA Amount	Total This Payment	Sub Object	Program	Submitted by:	Copied to file
					Used to date:	SH18RA	\$27,579.00	SH19RA	\$0.00					
					BEGINNING / ENDING :	83,957.09	\$56,378.09	162,790.04	\$162,790.04					



 **CITY OF FORT LAUDERDALE**  
**CHECK REQUEST FORM**

Date Requested: 4/19/2020 CV \_\_\_\_\_  
Date Needed: Next Check Run Total Amount: \$ 1,325.00

VENDOR/PAYMENT INFORMATION							
Vendor Number:		00005079					
Pay to:		Gibson Group Management					
Address:		120 E Oakland Park Blvd Fort Lauderdale, FL 33334					
Trans Code	Invoice #	Description	Amount	Index Code or Project Code	Sub Object	G/L Code	Subsidiary Code
01	20-May	May Rent	\$ 1,325.00	SH18RA	3299		
02							
03							
04		Joycelin Santiago					
05		605 SW 4th Avenue					
06		Fort Lauderdale, FL 33312					
07							
08							
09							
10							
Total Amount:			\$ 1,325.00				

REQUESTING DEPARTMENT INSTRUCTIONS	
Dept/Div:	CMO - HCD
Preparer's Name:	Akilah Grant
Phone:	954-828-4509

PAYMENT APPROVAL	
Rachel Williams/HCD Manager	
Authorized Signature - Requesting Department	

# Payment

On average it takes 13 business days from application to payment issued

 City of Fort Lauderdale, Florida  
Master Account

Wells Fargo Bank  
Fort Lauderdale, FL

63-643  
670

**692564**  
VOID AFTER 90 DAYS

Date: 04/23/2020 Check No.: 692564 CHECK AMOUNT: \$\*\*\*\*\*1,325.00

ONE THOUSAND THREE HUNDRED TWENTY-FIVE DOLLARS AND 00 CENTS

To The Order Of: **GIBSON GROUP MANAGEMENT**  
SUITE 101  
120 E OAKLAND PARK BLVD  
FORT LAUDERDALE FL 33334

 *Akilah Grant*

# Ms. Santiago

- Single parent of 5
- Gross income: \$32,000
- Household size 6
- 3 Bedroom Apartment
- Her job before furlough Front Desk Supervisor. Furlough went into effect on March 23, 2020 no returned date given.



## HOUSING AND COMMUNITY DEVELOPMENT

914 Sistrunk Boulevard, Suite 103,  
Fort Lauderdale, Florida 33311

Telephone 954-828-4527 - Fax 954-847-3754

### Rental Assistance Program Application

*This application and all documents submitted to the City of Fort Lauderdale are subject to Chapter 119 of Florida's "Public Records Law."*

PLEASE PRINT / USE ONLY BLACK OR BLUE INK

PLEASE INITIAL ANY CROSS OUTS/CORRECTIONS. WHITE OUT IS NOT PERMITTED ON APPLICATION.

#### PROPERTY INFORMATION

Address: 605 SW 4th Ave  
Apt #: A City: Fort Lauderdale State: Florida Zip Code: 33315  
Number of Bedrooms: 3 Number of Bathrooms: 1

#### APPLICANT

First Name: Joycelin Last Name: Santiago Middle Initial: —  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: 305-988-0908  
Email Address: joycesantiago816@yahoo.com  
☐ Employed ☒ Unemployed ☐ Self-Employed

# Ms. Santiago



CITY OF  
FORT LAUDERDALE



## Award Letter

April 10, 2020

Joycein Santiago  
605 SW 4<sup>th</sup> Avenue  
Fort Lauderdale, FL 33312

RE: Rental Application – 605 SW 4<sup>th</sup> Avenue

Dear Joycein Santiago

We have approved your application under the COVID-19 Emergency / Temporary Rental Assistance Program for the month of May 2020. This COVID-19 Emergency Assistance is limited to no more than (3) three months of assistance or \$5,000.00 per household. We will pay the first month's rent on your behalf to the landlord and will send you a copy of the payment for your records.

This letter certifies that the City of Fort Lauderdale has determined that you meet the 2020 HUD Income Limits for the household size of (6) six at maximum household annual income of \$51,700.00.

To meet eligibility for additional assistance you will need to demonstrate that you are actively seeking employment. This includes job search and interviews or job training that can be verified. Documentation of this active must be presented 10-15 days before the next request of assistance is made. The City of Fort Lauderdale reserves the right to rescind your application at any-time during the process if the information you provided to us is determined to be inaccurate or false. All funds expended by the city on your behalf will become due and payable to the City at that time.

We recognize that recent events have impacted our residents through job loss. We expect these conditions to be temporary and hope that this grant will assist your household during these times.

Please contact Rachel Williams, Housing Community Development Manager  
[rwilliams@fortlauderdale.gov](mailto:rwilliams@fortlauderdale.gov) if you have any questions.

Sincerely,

A handwritten signature in blue ink.

Rachel Williams,  
Housing Community Development Manager  
Housing and Community Development Division

HOUSING AND COMMUNITY DEVELOPMENT DIVISION  
514 GORMAN BLVD., SUITE 105, FORT LAUDERDALE 33311  
TELEPHONE (954) 838-4237  
WWW.FORTLAUDERDALE.GOV

# Ms. Santiago

**CITY OF FORT LAUDERDALE**  
**CHECK REQUEST FORM**

**Date Requested:** 4/19/2020 **CV**

**Date Needed:** Next Check Run **Total Amount:** \$ 1,325.00

**VENDOR/PAYMENT INFORMATION**

Vendor Number: 00005079

Pay to: Gibson Group Management

Address: 120 E Oakland Park Blvd  
Fort Lauderdale, FL 33334

Trans Code	Invoice #	Description	Amount	Index Code or Project Code	Sub Object	G/L Code	Subsidiary Code
01	20-May	May Rent	\$ 1,325.00	SH18RA	3299		
02							
03							
04		Joycelin Santiago					
05		605 SW 4th Avenue					
06		Fort Lauderdale, FL 33312					
07							
08							
09							
10							
<b>Total Amount:</b>			<b>\$ 1,325.00</b>				

**REQUESTING DEPARTMENT INSTRUCTIONS**

Dept/Div: CMO - HCD

Preparer's Name: Akilah Grant

Phone: 954-828-4509

**PAYMENT APPROVAL**

Rachel Williams/HCD Manager

Authorized Signature - Requesting Department

THIS CHECK HAS A COLORED BACKGROUND AND CONTAINS MULTIPLE SECURITY FEATURES - SEE BACK FOR DETAILS

 City of Fort Lauderdale, Florida  
Master Account

Wells Fargo Bank  
Fort Lauderdale, FL

63-643  
670

**692564**

**VOID AFTER 90 DAYS**

**DATE** 04/23/2020 **CHECK NO.** 692564 **CHECK AMOUNT** \$\*\*\*\*\*1,325.00

ONE THOUSAND THREE HUNDRED TWENTY-FIVE DOLLARS AND 00 CENTS

To The Order Of GIBSON GROUP MANAGEMENT

SUITE 101  
120 E OAKLAND PARK BLVD  
FORT LAUDERDALE FL 33334



*Akilah Grant*

# Best Practices

- Craft an electronic folder for each applicant with all documents received such as the application, email, lease, bank statement, award letter, payment...etc.
- Create a writeable document in Word, Excel or Note pad to track any issues and the status of each file from missing documents, landlord verification to payment issued
- It's important to have the landlord's contact information (email address) stated on the application in the "rental information" section. This information saves time when trying to reach out to the landlord to obtain the W9 and Vendor Form (our internal form) in order to process the payment.
- Develop a tracking method of all rental assistance payments from pending approval, approved pending payment and payment issued. This will relieve confusion on the status of each payments.

Save copies of lease, award letter W9/Vendor form and vendor payment request electronically for your records.

# Questions





# Another type of Emergency Assistance: Rent Deposit



- First and Last Month's Rent
- Security Deposit for Damages
- Utility Deposit
- Some have local policy: require a physical inspection of rental unit

# Identify Affordable Rentals

## Using **floridahousingsearch.org**

- Call Center (800) 428-8844
- Inventory of rentals with vacancies
- Available online, via toll-free call center, phone, fax, mail and email
- Includes subsidized and private market-rate rentals affordable for households earning up to 120% AMI





# Administrative Topics

## Follow the Income Set-Aside

- 30% of all SHIP funds for Very Low (50% AMI)
- 60% Very Low and Low (up to 80% AMI) - *includes 30% VLI above*
- Spend the Remainder for households up to 140% AMI



# File Documentation

- Income Reduction Form: document rent assistance need
- SHIP Agreement with Applicant: Duplication of Benefits (HANDOUT)
- Copy of Signed Lease with Landlord address/contact information
- Utility bill with account number



# Duplication of Benefits

- Document all sources of emergency assistance that an applicant receives
- Identify source that paid which month(s) of rent
- SHIP Agreement with Applicant regarding Duplication of Benefits



# Contracting out Work

- Do you have an existing contract for Rent Assistance?
- Work with local procurement officer: amend contract to add COVID-19 rent assistance



# SHIP Offices Contracting with a Nonprofit for Rental Assistance

## Examples:

- Clay County- Continuum of Care (CoC) agency Mercy Support Services
- St Johns County- Continuum of Care (CoC) agency
- City of Kissimmee- Community Hope Center



# Sub-recipient Agreement

STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) PROGRAM  
SUB-RECIPIENT AGREEMENT FOR SERVICES

Made on this day of \_\_\_\_\_, between CITY/COUNTY, a municipal corporation, whose address is (Organization Address) (hereinafter "Sub-recipient", a public/private non-profit/for-profit corporation under state law, whose headquarters mailing address is (organization address) (hereinafter "County")

COUNTY is the recipient of State Housing Initiatives Partnership (SHIP) funds through the Florida Housing Finance Corporation (FHFC); and

County wants to provide rental and mortgage assistance to eligible households in economic crisis caused by the COVID-19 pandemic; and

Sub-recipient is a non-profit/for-profit organization that possesses experience in the Rental Assistance program services which is the subject of this Agreement, and has the experience and ability in its execution and completion of this Agreement; County; that has been selected as a qualified sub-recipient to carry out the agreement; and

County deems it desirable to enter into an Agreement with the Sub-recipient for the Rental Assistance program and specifically identified in Attachment A

- Sample agreement with a sub-recipient to provide rental assistance (HANDOUT)
- Sub-recipient receives Service Delivery Fee
- Attachments include sample forms- request for payment, progress report, projected accomplishments



# Sub-recipient receives Service Delivery Fee

Administrative Activities should be paid from SHIP Administrative Budget:

- Outreach and Pre-Screening
- Applications and Eligibility Determination
- Reporting assistance provided
- Overhead, office space, utilities, copier, computers, etc.

Possible Project Delivery Costs

- Rental Housing Counseling
- What else?



# Reporting Disaster Assistance

- Rental Disaster Assistance Strategy Code 16
- Homeownership Disaster Assistance Code 5
- Add each recipient to SHIPDATA Spreadsheet, Funding Type: Grant

	A	B	C	D	E	F
1						
2	Local Government:					Close
3						
4	Applicant Information					
	First Name	Last Name	Street Address	City	Zip	City/ Unincorporated
5						
6						

Funding Information							
Local Strategy Name	Strategy Code	Meets 75% Set- aside	SHIP Funding Amount	Funding Status	Funding Type	Funding Year	Unit Counted In Another Year

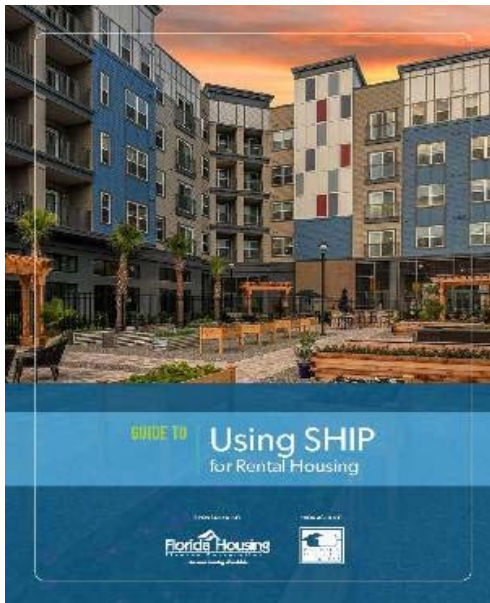


# Resources

## Helpful FHC Publications

Visit <https://www.flhousing.org/publications/>

### Guide to Using SHIP for Rental Housing



### Guidebook for SHIP Administrators



# Fundamentals of Rental Housing Counseling

- May 27 – 29
- August 3 - 5

<https://housingactionil.org/what-we-do/capacity-building/trainings-calendar/>

\$100, Two sessions each day  
10:30 am – 12:00 pm  
1:30 – 3:00 pm



A stronger Illinois begins at home



# FHFA Multifamily Loan Look-up Tool

**To help renters learn if their  
homes are covered by CARES  
Act or other protection:**

Fannie Mae: <https://www.knowyouroptions.com/rentersresourcefinder>

Freddie Mac: <https://myhome.freddiemac.com/renting/lookup.html>



# Congressional Legislation

## Emergency Rental Assistance and Rental Market Stabilization Act of 2020

**(S. 3685/H.R. 6850)**

- Sponsored by Representatives Maxine Waters (D-CA) and Denny Heck (D-WA), and Senator Sherrod Brown (D-OH)
- [\\$100 billion](#) in emergency rental assistance

## HEROES Act

- Contains \$200 billion for housing & homelessness; including \$100 billion for rental assistance



# Legislation Addressing Renters' Needs

## **Deep income targeting for assistance**

- 40% of funding for ELI (<30% of AMI) households
- At least 70% of funds for VLI (<50% AMI) households
- Remaining funds may serve households up to 80% AMI
- HUD can waive requirement and assist households up to 120% AMI



# Details of Legislation

## **Eligible uses of funds**

- Up to 24-months rental assistance or cover up to 6 months of back-rent and late fees
- Housing relocation or stabilization services
  - Rental application fees and security deposits
  - Utility deposits and payments
  - Moving costs
  - Assistance with housing searches and placements
  - Case management
  - Credit repair



# Questions & Evaluation

