



Cares ACT Business Rental, Mortgage, Utility and PPE Assistance Program Application

<input type="checkbox"/> Rental	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Utilities	<input type="checkbox"/> PPE
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Business Information

Business Legal Name			
Trade Name			
Organization Type			
Primary Business Address			
Business Phone			
Business Email			
EIN/SSN for Sole Proprietorship			
Gross Revenues for (6) Months Prior to the Date of March, 2020			
Compensation From Other Sources Received as a Result of COVID-19			
Number of Employees as of March, 2020			
Registered in the City of North Lauderdale		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Business Owner's Information

	Owner 1
First Name	
Last Name	
Mobile Phone	
Title/Office	
Ownership Percent	
Email	
Birth Date	
U.S. Citizen	
Residential Street Address	
City	
State	
Zip Code	

Business Owner's Information

	Owner 2
First Name	
Last Name	
Mobile Phone	
Title/Office	
Ownership Percent	
Email	
Birth Date	
U.S. Citizen	
Residential Street Address	
City	
State	
Zip Code	

Additional Information

In the past year, has the business or a listed owner been convicted of a felony committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?

Yes No

Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?

Yes No

a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? Yes No b. Within the last 5 years, for any felony, have you ever been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)

Yes No

Tenant Verification / Confirmation Form

_____ has been my tenant since _____

He / She pays \$ _____ for the monthly rent of the property.

CONSENT FOR PAYMENT OF RENT TO LANDLORD

TENANT SECTION

Request for payment #: *(Housing Options Program Only)*

I, _____, as the tenant, give my consent for payment and authorize

The City of North Lauderdale to pay \$_____ to _____

_____, as the "Landlord", for the period(s) indicated below.

The rental unit is _____ and is located at: _____

_____.

I understand that the rent assistance funds for which I am eligible, if any, can be paid only to the Landlord, or Management Company authorized to collect same on behalf of the Landlord, and cannot be transferred to any other Landlord. Further, I understand that I am authorizing the City of North Lauderdale to pay the landlord a max of 3 months rent, if I relocate or change my mind about staying at the rental unit after signing this Consent for Payment of Rent to Landlord, I will not have any claim to the rental assistance funds that are allocated to pay the Landlord.

NOTE: PAYMENTS ARE MADE BASED ON SUPERVISORY APPROVAL, AVAILABILITY OF FUNDS, VERIFICATION OF PROPERTY OWNERSHIP AND OF LEASE RENTAL IF LANDLORD IS INCORPORATED, AND TIMELY SUBMISSION OF THE REQUIRED DOCUMENTS.

In consideration of the amount authorized above for payment by North Lauderdale to the Landlord, I agree to make a payment of \$_____ to the Landlord to bring my account balance current.

Tenant's Signature

Date

LANDLORD SECTION

LANDLORD INFORMATION

NAME			
ADDRESS			
CITY			
STATE		ZIPCODE	
TELEPHONE			
E-MAIL			

Landlord's signature _____

Duplication of Benefits Affidavit

I, _____, do firmly affirm and certify, under penalty, that the information and statements made below are true, correct and complete.

I hereby verify that I have **not** received any duplication of Benefits that is associated with COVID 19 for Rental, Mortgage and Utility Assistance.

I understand that should the City of North Lauderdale determine that I have received a duplication of benefits, I will be responsible for repayment of all funds received.

Dated this _____ day of _____ 2020.

Applicant Signature Applicant Name

The foregoing instrument was acknowledged before me by means of physical presence of online notarization, this _____ day of _____, 2020, by _____.

Notary Public

REQUEST FOR DISBURSEMENT

Project Name	DISASTER RELIEF ASSISTANCE COVID-19		
Organization		Telephone Number	954-597-4743
Billing Number			
Customer Name		CSMS #	
Center/Section		Staff Name	
Billing Period Covered (month/year)			
Percent of Total Funding Expended with this Billing			0%
Cost Categories	Total Expenditures up to Last Billing	Expenditures This Billing	Total Expenditures to Date
HOA	\$	\$	\$
Rent	\$	\$	\$
Utilities	\$	\$	\$
Other	\$	\$	\$
Total Request:	\$	\$	\$

Certification: I certify that the items above are correct and just, and are based upon obligation(s) of record for the Project; that the work and services are in accordance with the Agreement, including any amendments thereto; and that the progress of the work and services under the Agreement are satisfactory and consist with the amount billed.

Signature

Date

Print or Type Name

Title of Signor