



Residential Rental, Mortgage, Utility and Food Voucher Assistance Program Application

<input type="checkbox"/> Rental	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Utilities	<input type="checkbox"/> Food Voucher
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General Information

	Applicant
Full Name	
Social Security #	
Birth Date / Age	
E-mail	
Phone Number	
Street Address	
Mailing Address	

	Co-Applicant
Full Name	
Social Security #	
Birth Date / Age	
E-mail	
Phone Number	
Street Address	
Mailing Address	

Other Household Members:

Name(s)	Date of Birth/Age	Relationship to Applicant

Full-Time Student(s):

If any household member other than the applicant, co-app, or spouse of applicant is a FULL-TIME STUDENT - AGE 18 OR OLDER please list:
Names(s): <input style="width: 80%;" type="text"/>

Employment Information

APPLICANT	
Employee Name:	Employer Name:
Position:	Supervisor:
Address:	
Phone Number:	Fax:

CO-APPLICANT	
Employee Name:	Employer Name:
Position:	Supervisor:
Address:	
Phone Number:	Fax:

NOTE: Attach additional sheets as necessary for all household members 18 years and over.

**INCOME VERIFICATION
TO BE COMPLETED BY EMPLOYER ONLY**

Employer Information:

1. Company Name: _____
2. Address: _____
3. Telephone Number: _____ FAX Number: _____

Employee Information:

4. Employee Name: _____
5. Employee Social Security Number: _____
6. This employee is paid: Daily Weekly Bi-Weekly Twice Monthly Monthly
7. Hourly pay rate: \$ _____ /hour Weekly scheduled working hours: _____

8. List **GROSS** amounts and dates of checks or cash earned by this employee during the past _____ days:

Date: _____	Amount: \$ _____	Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____	Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____	Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____	Date: _____	Amount: \$ _____

9. Does this employee receive tips in addition to the above earnings? (complete only if applicable)
 Yes No

Approximate amount of tips received and frequency: \$ _____ / _____

10. Reason for income decrease (complete only if applicable): _____

11. Date income will income back to normal (complete only if applicable): _____

Projected Hourly pay rate: \$ _____ / hour; Projected Weekly scheduled working hours: _____

12. Date employment started: _____ Date employment stopped: _____

13. Reason for termination (complete only if applicable): _____

14. Will employee be eligible for re-hire if position becomes available? (complete only if applicable)
(check one only) YES NO (For "NO" please give reason): _____

Employer Certification

WHAT I HAVE WRITTEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

Name of Official completing information

Official's Position Title

Signature of Official completing information

Date

Tenant Verification / Confirmation Form

_____ has been my tenant since _____

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

The rental unit (please circle): is an efficiency / has _____ bedroom (s) and it is located at:

I know the following people reside at this address with above named tenant:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Complete this section if applicable only

The following people moved out from this address:

_____	_____
_____	_____

I may be contacted at the following numbers regarding this matter:

Landlord's name: _____ Business name (if different): _____

Landlord's Address: _____

Telephone #: _____ Email: _____

Landlord's Signature: _____ Date: _____

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

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 and, 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 BUSINESS REGISTRATION 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

I, _____, as the landlord, agree to accept the above referenced payment of \$ _____ from North Lauderdale.

I agree NOT to proceed with any eviction proceeding for non-payment of rent if payment by North Lauderdale is authorized and rendered to me within 21 business days from the date of my signature

Period Owed				Tenant Owes	NL Payment
From		To			
From		To			
From		To			
From		To			
From		To			

REQUEST FOR DISBURSEMENT

Project Name	RESIDENTIAL CARES ACT FUNDS		
Organization	City of North Lauderdale	Telephone Number	954-597-4743
Account Number			
Customer Name			
Center/Section		Staff Name	
Billing Period Covered (month/year)			
Cost Categories	Total Amount Requested	Total Amount Disbursed	
Rent	\$	\$	
Mortgage	\$	\$	
Utilities	\$	\$	
PPE	\$	\$	
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