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File #: 1611  
Type: Consent Status: Agenda Ready  
File created: 5/11/2020 In control: Housing and Human Services  
On agenda: 5/19/2020 Final action:  
Title: Request Approval, Re: CARES Act Individual Assistance Program Procedure  
Attachments: 1. [Coronavirus Assistance Program Policy \(15 may 2020\) ADA REVISED.pdf](#)

[History \(0\)](#) [Text](#)

## Subject:

Request Approval, Re: CARES Act Individual Assistance Program Procedure

## Fiscal Impact:

Allocation of up to \$4.4 million of CARES Act Funding for Individual Assistance for Mortgage, Rental Utility, Security Deposits and Food Stability.

## Dept/Office:

Housing and Human Services

## Requested Action:

It is requested that the Board of County Commissioners review and approve the attached Housing and Human Services Coronavirus Assistance Program.

## Summary Explanation and Background:

Brevard County received \$105 million on April 23, 2020 from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). Following a staff report and discussion on May 5, 2020, the Board of County Commissioners approved up to \$4.4 million for a Rental and Mortgage Assistance Program, Utility and Security Deposit Program, and a Food Stability Program.

During the meeting staff described the basic framework of the Mortgage and Rental Assistance Program and it was indicated that a more detailed description and updated Policy would be

provided to the Commission for review. The complete Policy is attached and highlights of the Eligibility Criteria and Assistance Limits are below:

Eligibility

- Must be a resident of Brevard County
- Income not to exceed 140% of area median income (\$96,880 for a family of four)
- Must demonstrate an impact from coronavirus
- Must have a loss of at least 25% of their income
- Must disclose all other assistance received (for example, tax refund, unemployment, etc.)

Assistance Limits

- Maximum assistance up to three months or \$7,200 (a household of four at 140% of area median income with 30% of their income for housing may have up to \$7,266 in housing costs over three months)
- Based upon actual need for the household (for example, if the need is two months of mortgage assistance (\$4,800) and the household has received a \$1,200 stimulus check and \$600 in unemployment compensation then their maximum assistance would be \$3,000)
- Until further clarification is received, mortgage payments that include principal, interest, taxes, and insurance (PITI) will have the portion designated for taxes reduced from any assistance

Additional Program Restrictions

- At no time will an applicant receive assistance above the true cost of the requested service
- At no time will funds be provided directly to an applicant / household
- Funds will be provided in the form of a grant to income eligible clients on a first come (application complete with all required information) first served basis, contingent on the availability of funds

**Clerk to the Board Instructions:**

None



May 20, 2020

**M E M O R A N D U M**

**TO:** Ian Golden, Housing and Human Services Director

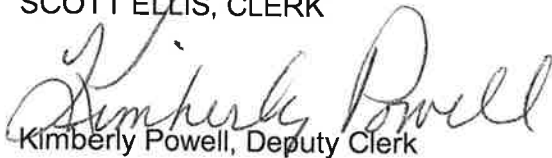
**RE:** Item F.17, Review of the CARES Act Assistance Program

The Board of County Commissioners, in regular session on May 19, 2020, reviewed and accepted the CARES Act Assistance Program procedure. Enclosed is a fully-executed procedure.

Your continued cooperation is greatly appreciated.

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS  
SCOTT ELLIS, CLERK

  
Kimberly Powell, Deputy Clerk

/cw

Encl. (1)

# HOUSING & HUMAN SERVICES DEPARTMENTAL POLICY

**TITLE:**       **Housing and Human Services  
Coronavirus Assistance Program**

NUMBER:           HS-  
CANCELS:         Original  
APPROVED:        May \_\_\_\_, 2020  
ORIGINATOR:      Housing and Human  
                          Services Department  
REVIEW:           As needed.

## I.     OBJECTIVE

To establish a procedure for assisting residents of Brevard County following coronavirus (COVID-19) and to provide written guidelines to ensure that expenditures of funds comply with applicable regulations, requirements, and maintain public trust.

## II.    DEFINITIONS AND REFERENCES

- A.     Coronavirus Aid, Relief, and Economic Security Act H.R. 748.
- B.     Administrative Rule or Emergency Rule (as determined by state, county, or federal declaration).
- C.     Procurement Policy, BCC-25 – Policy approved by the Board of County Commissioners establishing a procurement policy in accordance with Florida Statute.
- D.     Applicant – A person or household who submits a signed and completed Housing and Human Services Department application for assistance.
- E.     AMI – Area Median Income – Means the median family income in Brevard County, Florida, adjusted for family size.
- F.     Assets – Assets are defined by Section 8 regulations 24 CFR Part 5 Subpart F 5.603(b). Actual or “imputed” income from assets is included in projected annual income.
- G.     Debt – Any obligation that will hinder the Household’s monthly mortgage payment, to include but not be limited to child care, car payments, loans, and child support.
- H.     Department – Housing and Human Services Department.
- I.     Fair Housing – Requirements for non-discrimination based on race, color, sex, disability, religion, familial status, or national origin in accordance with Federal Regulations found at 24 CFR 100-146 and State Law FS760.

- J. Household - "Household" includes all dwelling occupants to include, friends, legal spouse, children, and relatives. Occupants not claiming the applicant dwelling as their primary residence should not be included in determination of eligibility if primary residency can be verified outside of the applicant's household for a period of six months or greater prior to the application and the occupant is not a signatory on any deed or mortgage associated with the applicant dwelling.
- K. Income – Projected annual income established in compliance with any funding source regulations, specifically established at 24 CFR Part 5.609.
- L. Liquid Assets – Liquid assets are those in the possession of the household seeking assistance, which can readily and promptly be turned into cash. Examples include, but are not limited to: Checking Accounts, Savings Accounts, Certificates of Deposit, Treasury Bonds, Money Market Funds, cash, or Savings Bonds. Not included in the liquid asset calculation are funds not readily accessible or specifically resulting from lump sum pension distributions, or other 401K/IRA-type retirement fund accounts designed to enhance social security benefits. Applicant must provide documentation from fund management institution of identification of these assets as intended retirement enhancement funding.

### III. DIRECTIVES

#### A. Purpose

The purpose of this program is to provide funding assistance to income eligible participants for mortgage assistance, rental assistance and/or utility and security deposit assistance due to coronavirus (COVID-19).

The assistance will be provided in the form of a grant to income eligible applicants on a first qualified (application complete with all required information), first served basis, contingent on the availability of funds.

#### B. Program Administration

The Brevard County Housing and Human Services Department shall be responsible for the administration and monitoring of the Housing and Human Services Coronavirus Assistance Program.

#### C. Assistance Priorities

The principal factors to be considered in providing assistance include:

1. Applicant is a resident of Brevard County.
2. Applicant is at or below 140% of Area Median Income (per the Florida Housing Finance Corporation's 2020 Income Limits – Attachment A).
3. Applicant can demonstrate assistance is required as a result of impacts from coronavirus (COVID-19).

4. Applicant demonstrates a loss of at least 25% of the Household's income.

D. Eligibility

1. Applicants must submit a signed and dated application provided by the Housing and Human Services Department (Attachment B). Income eligibility must be verified based on the regulations of the applicable funding source(s) and approved policies.
2. The applicant must meet the current required income guidelines of the Brevard County MSA median income as provided annually by United States Department of Housing and Urban Development or the Florida Housing Finance Corporation.
3. If a Household is disqualified due to being over income, the Household may reapply if their income changes, pending availability of funds.
4. The Household's liquid assets may not exceed \$8,000. Liquid assets are defined as, but not limited to: savings accounts, checking accounts, certificates of deposit, treasury bonds, money market funds, savings bonds, etc.
5. Applicants determined to be ineligible due to falsification of application and/or falsified supporting documentation will be disqualified from the Program **and barred from future assistance**.
6. If a household's need exceeds the amount they are eligible for the application will be denied unless the landlord or mortgage company waives the difference or if the difference is paid through other means.

E. ELIGIBLE PROPERTY

1. Property must be located within Brevard County.
2. Property must be the household's primary residence (for example, single family home, condominium, apartment, etc.).

F. FUNDING ALLOCATION

The Coronavirus Assistance Program is designed to provide funding assistance to income eligible applicants for mortgage assistance, rental assistance and/or security and utility deposit assistance due to the impact of coronavirus (COVID-19). Funding for the program is allocated by the Brevard County Board of County Commissioners. Assistance under this program is only available when authorized by the Housing and Human Services Department.

At no time will an applicant receive assistance above the true cost of the requested service. At no time will funds be provided directly to an applicant / household.

The amount of funding allocated is contingent upon the service(s) received. Allocations provided to individuals/families shall not exceed three months or \$7,200.00 (\$2,400 per month maximum).

G. APPLICATION AND SUPPORTING DOCUMENTS

1. The only application that will be accepted will be the one created for use with this policy (see Attachment B). Failure to utilize the correct application will result in denial. Applicant must provide completed application and all documents requested.
2. Only fully completed (all sections / required information filled out, a signature, and all supporting documents included) applications will be processed for assistance.
3. Documents supporting income, need, and other assistance must be submitted as part of the application and include, but are not limited to:
  - a. Income verification documents (paychecks, unemployment compensation payment history, veteran's check, child support payment history, Aid to Families with Dependent Children/Temporary Assistance for Needy Families, Supplemental Security Income, Social Security Disability, pension, alimony, annuity, retirement, Workman's Compensation, utility allowance reimbursement, or statement from employer stating net income). A Self Declaration Form must be completed by all adult household members that have zero income or are self-employed.
  - b. Bank statements (checking, savings, money market, annuities, or other investment accounts)
  - c. Rental agreements
  - d. Mortgage statements
  - e. Affidavits
  - f. Documentation for a Utility Deposit (showing the amount needed)
  - g. Most recent tax return
  - h. For an individual whose income is derived from their own business:
    - i. Copies of filed tax returns from the previous two years
    - ii. Current year Profit and Loss Statement
4. Applications for the Coronavirus Assistance Program are available at the Department's Administrative Office, on-line, and by mail (when requested).

H. Implementation

Funds will not be provided (for those applicants who meet eligibility and other programmatic requirements) directly to the applicant. Funds will be provided to the identified agency associated with the requested service (e.g., mortgage payments to Mortgage Company, rental payments to rental/leasing agent, utility payment to the utility company, etc.).

- a. Payments will be processed in accordance with all applicable County rules and regulations.
- b. Payments will be in compliance with Florida's Prompt Payment Act F.S. 218.70 – 218.80 and can take up to 55 days.

1. Mortgage Assistance

Applicants for Mortgage Assistance will be required to provide the following prior to any funding determination:

- a. Completed Coronavirus Assistance Program Application.
- b. Income and asset verification documents (all sources and household members).
- c. Mortgage invoice/statements (must show breakdown of payments including taxes and insurance when applicable). Other accepted mortgage documents:
  - i. Letter from Mortgage company, or
  - ii. Email from mortgage company, or
  - iii. Affidavit, or
  - iv. Other document approved by Department personnel.
- d. Documentation reflecting assistance is necessary due to the declared emergency (for example, a statement from employer/former employer detailing layoff, furlough, hour reduction, or termination (other than for cause)).
- e. Documentation showing employment status prior to March 1, 2020 (for example, paystubs).
- f. Assistance will not be provided from this program if applicant is in Lis Pendens or forbearance.
- g. Other documents determined necessary by Department personnel.

2. Rent Assistance

Applicants for Rent Assistance will be required to provide the following prior to any funding determination:

- a. Completed Coronavirus Assistance Program Application.
- b. Income and asset verification documents (all sources and household members).
- c. Current rental / lease agreement.



- d. Other documents determined necessary by Department personnel.
- e. Documentation reflecting assistance is necessary due to the declared emergency (i.e. statement from employer/former employer).

### 3. Utility and Security Deposit Assistance

Applicants for Utility and Security Deposit Assistance will be required to provide the following prior to any funding determination:

- a. Completed Coronavirus Program Application.
- b. Income and asset verification documents (all sources and household members).
- c. Other documents determined necessary by Department personnel.
- d. Documentation reflecting assistance is necessary due to the declared emergency (i.e. statement from employer/former employer).

#### I. Processing

Upon receipt of a completed application (including all supporting documents) Department personnel will:

- 1. Verify all documents.
- 2. Determine income eligibility.
- 3. Determine funding availability.
- 4. Upon completing eligibility, Department personnel will issue a letter to the applicant detailing either approval of assistance or denial.
  - a. Approval letter will identify the amount of assistance, commit the funds, and delineate any additional terms.
  - b. Denial letter will identify the reason(s) for denial, methods for remediation (if applicable), and/or a timeframe for remediation.
    - i. Remediation is not available for denials based upon income.
    - ii. Denial for all other reasons can be appealed to the Assistant Department Director or designee.
    - iii. Final determination of appeal will be at the purview of the Department Director.

#### J. Waiver

- 1. The Housing and Human Services Department Director shall have the authority to waive portions of this Policy based upon extraordinary circumstances.

- a. All requests for waiver must be accompanied by detailed documentation and justification.
  2. Assistance Priorities (Section C) are not eligible for waiver.
- K. Payment
1. All payments shall be made in accordance with Federal, State, and County rules and regulations.
  2. Payments will only be made to the applicable agency (for example, Mortgage Company, Rental /Leasing Agent, Utility Company, etc.).
  3. A W-9 form is required to process payment.
- L. Closeout
1. Each applicant file will be closed after each funded event has concluded (either by expenditure of allocated funding or direction by the Board of County Commissioners).
  2. Each declared emergency shall be construed to be separate events regardless of the number occurring within a County Fiscal Year.

#### IV. RESERVATION OF AUTHORITY

The authority to issue or revise this policy is reserved to the Brevard County Board of County Commissioners.



Bryan Lober, Chair  
Brevard County Board of County  
Commissioners

ATTEST:

  
SCOTT ELLIS, CLERK

Approved by the Board on May 19, 2020

## ATTACHMENT A

### 2020 Income Limits

#### Florida Housing Finance Corporation SHIP and HHRP Programs

County (Metro)	Percentage Category	Income Limit by Number of Persons in Household									
		1	2	3	4	5	6	7	8	9	10
<b>Brevard County</b> (Palm Bay-Melbourne- Titusville MSA)  Median: 69,200	30%	14,550	17,240	21,720	26,200	30,680	35,160	39,640	44,120	Refer to HUD	
	<b>50%</b>	<b>24,250</b>	<b>27,700</b>	<b>31,150</b>	<b>34,600</b>	<b>37,400</b>	<b>40,150</b>	<b>42,950</b>	<b>45,700</b>	<b>48,440</b>	<b>51,208</b>
	80%	38,750	44,300	49,850	55,350	59,800	64,250	68,650	73,100	77,504	81,933
	<b>120%</b>	<b>58,200</b>	<b>66,480</b>	<b>74,760</b>	<b>83,040</b>	<b>89,760</b>	<b>96,360</b>	<b>103,080</b>	<b>109,680</b>	<b>116,256</b>	<b>122,899</b>
	140%	67,900	77,560	87,220	96,880	104,720	112,420	120,260	127,960	35,632	143,382

The HUD definition for extremely low income (30%) takes into consideration, and is limited by, the federal poverty guidelines which have fixed dollar amount adjustments by member count and are the same throughout the 48 contiguous states. The federal poverty guidelines are constrained by the limits for very low income (50%).

Florida Housing Finance Corporation (FHFC) income and rent limits are based upon figures provided by the United States Department of Housing and Urban Development (HUD) and are subject to change. Updated schedules will be provided when changes occur.



BOARD OF COUNTY COMMISSIONERS

Housing and Human Services  
2725 Judge Fran Jamieson Way  
Building B, Suite 106  
Viera, Florida 32940

## ATTACHMENT B

### CORONAVIRUS ASSISTANCE PROGRAM APPLICATION

Have you received funding or received a commitment for funding from any other source for the requested assistance? ☐ Yes ☐ No

**If yes, be aware that you are not eligible to receive duplicate funding under this program.**

REQUESTED ASSISTANCE:

☐ Mortgage ☐ Rent ☐ Utility Deposit ☐ Security Deposit

APPLICANT'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CO-APPLICANT'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

#### **FAMILY INFORMATION:**

Please complete the following for ALL household members including Applicant and Co-Applicant; for additional members, please use the back of this page.

Full Name:	Date of Birth:	Relationship:	Gender:

#### **FOR OFFICE USE ONLY**

- ☐ SHIP PROGRAM  
☐ HOME PROGRAM  
☐ CARES Act

DATE STAMP

1. Does any member of the household have a Developmental Disability? \*  
If so, how many? \_\_\_\_\_

2. Does any member of the household have Special Needs? \*\*  
If so, how many? \_\_\_\_\_

*\*Development Disability means a disorder or syndrome that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.*

*\*\* Special Needs means an adult requiring independent living services or has a disabling condition; a young adult formerly in foster care; a survivor of domestic violence; a person receiving benefits under Supplemental Security Income or Social Security Disability or Veterans' Disability Benefits.*

**Please be prepared to provide evidence of disability.**

**Characteristics of Head of Household:**

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native American (Indian)	<input type="checkbox"/> Asian	<input type="checkbox"/> Other

**Marital Status:**

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	

**Essential Services Personnel (please check one):**

<input type="checkbox"/> Nurse	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Building Trade
<input type="checkbox"/> Active Military	<input type="checkbox"/> First Responder	<input type="checkbox"/> Military Veteran
<input type="checkbox"/> Educator	<input type="checkbox"/> Hospitality/Tourism	<input type="checkbox"/> Government Employee
<input type="checkbox"/> Service Industry		

**EMPLOYMENT:**

**APPLICANT'S EMPLOYER (Current or Former):**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

YEARS EMPLOYED: \_\_\_\_\_

POSITION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

**If assistance is needed to complete this application, please call (TBD).**

Please indicate which of the following statements apply to the Applicant:

- ☐ I have experienced a reduction in salary as a result of coronavirus (COVID-19)

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ I have had my hours reduced as a result of coronavirus (COVID-19)

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ I have been furloughed as a result of coronavirus (COVID-19)

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ I have been laid off as a result of coronavirus (COVID-19)

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ I have been terminated as a result of coronavirus (COVID-19)

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Other

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CO-APPLICANT / OTHER HOUSEHOLD MEMBER'S EMPLOYER:**

For additional members, please use the back of this page.

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**If assistance is needed to complete this application, please call (TBD).**

YEARS EMPLOYED: \_\_\_\_\_

POSITION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

Please indicate which of the following statements apply to the Co-Applicant:

- ☐ I have experienced a reduction in salary as a result of coronavirus (COVID-19)

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ I have had my hours reduced as a result of coronavirus (COVID-19)

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ I have been furloughed as a result of coronavirus (COVID-19)

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ I have been laid off as a result of coronavirus (COVID-19)

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ I have been terminated as a result of coronavirus (COVID-19)

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ Other

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ Not applicable (complete a Self-Declaration Form (Attachment A) for all other adult members of the household).

**If assistance is needed to complete this application, please call (TBD).**

**HOUSEHOLD INCOME:**

Please indicate an amount and if you are paid weekly (W), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

<b>SOURCE</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>	<b>OTHER HOUSEHOLD MEMBERS 18+</b>
Gross Salary			
Overtime, Tips, Bonuses, etc.			
Interest/Dividends			
Business Net Income			
Rental/Real Estate Income			
Social Security			
Pensions, Veterans Administration Benefits. Etc.			
Unemployment/ Worker Comp.			
Alimony, Child Support			
Welfare Payments (Temporary Assistance for Needy Families, Aid to Families with Dependent Children, etc.):			
Other			

**ASSETS:**

<b>TYPE:</b>	<b>CASH VALUE:</b>	<b>ANNUAL INCOME</b>	<b>BANK NAME:</b>	<b>ACCOUNT NO.</b>
Checking Account				
Savings Account				
401(k)/Retirement				
Stocks/Bonds/Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				

**If assistance is needed to complete this application, please call (TBD).**



**LIABILITIES:**

TYPE:	CREDITOR'S NAME:	MONTHLY PAYMENT:	BALANCE:
Mortgage			
2nd Mortgage			
Rent / Lease Payment			
Car Loan			
Credit Card			
Other			

Are you on a waiting list to receive assistance from other agencies? ☐ YES ☐ NO

**If you have answered yes, please list the agency and describe the requested assistance:**

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**All of the following documents must be attached to this application:**

- ☐ For an individual whose income is derived from their own business:
  - ☐ Copies of filed tax returns from the previous two years
  - ☐ Current year Profit and Loss Statement
- ☐ Most recent tax return
- ☐ Copy of Valid Identification for every household member 18 years and older (Florida Driver's License, Florida Identification Card) with a Brevard County address.
- ☐ Paystubs showing employment status as of February 29, 2020 or statement from employer
- ☐ Documentation of all income from the entire household as reported above (for example: unemployment compensation, Social Security, pension, alimony, tax refund, etc.)
- ☐ Self-Declaration Form (Attachment A) for all adult household members who report no income or are self-employed
- ☐ Bank Statements (checking, savings, money market, annuities, or other investment accounts) for the Applicant, Co-Applicant, and all other adults in the household
- ☐ Social Security Waiver (Attachment B)

**If assistance is needed to complete this application, please call (TBD).**

The following documents must be attached to this application (as applicable for the assistance being sought):

- ☐ Mortgage Statement (showing the breakdown of the payment and arrearage / amount due)
- ☐ Current Lease (showing monthly rent)
- ☐ Statement from a landlord (showing the arrearage / amount due)
- ☐ W-9 for landlord or mortgage company (Attachment C)
- ☐ If the landlord does not have a Business Tax Identification Number a Social Security Waiver must be completed (Attachment B)
- ☐ Documentation for a Utility Deposit (showing the amount needed)
- ☐ New lease (showing the amount for a Security Deposit)

**Warning: Failure to provide all required documentation will result in the denial of assistance.**

**WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.**

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. I/we understand that the information provided is needed to determine eligibility and in no way assures qualification for assistance. I/we also agree to provide any other documentation necessary to verify my/our eligibility.

I/we are aware that all non-exempt information is subject to Florida's Public Records Law.

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Co-applicant                      Date

\_\_\_\_\_  
Other 18+ Household Member                      Date

\_\_\_\_\_  
Other 18+ Household Member                      Date

Housing and Human Services Department Staff:

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**If assistance is needed to complete this application, please call (TBD).**

ATTACHMENT A  
SELF DECLARATION OF INCOME

- ☐ **Applicant**  
☐ **Household Member**

I, \_\_\_\_\_, hereby certify that my income per month is \_\_\_\_\_ and my total annual income is \_\_\_\_\_.

I **do not** have verification because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the total annual household income is less than 50% of the current Federal Poverty Guidelines for this household size, include a **statement** from the applicant of how basic living expenses are provided (food, shelter, transportation, etc.):

**Food:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Shelter:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transportation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have disclosed is true and accurate. I understand that intentionally providing false information to obtain financial assistance is grounds for denial of assistance and may be grounds for prosecution under Florida Statutes 775.082 or 775.083.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date

If assistance is needed to complete this application, please call (TBD).

## ATTACHMENT B

### BREVARD COUNTY HOUSING AND HUMAN SERVICES CORONAVIRUS ASSISTANCE PROGRAM

#### **Social Security Number Waiver**

Brevard County collects your Social Security Number for a number of different purposes. The Florida Public Records Law (Section 119.071(5), Florida Statutes 2007) requires the County to give you this written statement explaining the purpose and authority for collecting your Social Security Number. Your Social Security Number is being collected only for the purposes of income certification for the Coronavirus Assistance Program (CAP). This information is used to verify Unemployment benefits, Social Security/Disability benefits, employment, and other related information. Your Social Security Number will NOT be used for any other intended purpose other than verifying your eligibility for the County's CAP program.

#### **Certification and Waiver of Privacy**

The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding from Brevard County's CAP program.

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to your financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Florida Statutes 775.082 and 775.083. I/we further understand that any willful misstatement of information will be grounds for disqualification and barring of any future assistance. I/we certify that the application information is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose 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 aware that all information and documents provided are a matter of public record. I/we hereby waive my/our rights under the privacy and confidentiality provision act, and give my/our consent to Brevard County CAP program, its agents, and contractors to examine any confidential information given herein.

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Signature of Applicant                      Date

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Signature of Co-applicant                      Date

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Signature of Household Member                      Date

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Signature of Household Member                      Date

**If assistance is needed to complete this application, please call (TBD).**

# ATTACHMENT C

**Form W-9**  
(Rev. October 2007)  
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.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification: (D=disregarded entity, C=corporation, P=partnership) ▶ ☐ Exempt  
☐ Other (see instructions) ▶ payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (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 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 chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>3</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

#### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.