



Agenda Report

2725 Judge Fran Jamieson
Way
Viera, FL 32940

New Business - Community Services Group

J.3.

1/26/2021

Subject:

Approval, Re: Housing and Human Services Department Emergency Rental Assistance Policy (\$18,176,052.60)

Fiscal Impact:

FY 20-21: There will be no impact to the General Fund. Approximately \$18,176,052.60 in Federal funds will be deposited in Fund 1493, Cost Center 315136 for use for this program.

FY21-22: There will be no impact to the General Fund. These federal dollars span multiple County Fiscal Years and remaining funds will be carried over in the same Fund and Cost Center.

Dept/Office:

Housing and Human Services

Requested Action:

It is requested that the Board of County Commissioners provide direction and authorize the Chair to sign the Housing and Human Services Department Policy for Emergency Rental Assistance upon approval of the County Attorney's Office and Risk Management.

Summary Explanation and Background:

The Consolidated Appropriations Act, 2021 (ACT) was signed into law by President Trump on December 27, 2020. Included in the \$2.3 trillion bill was an additional \$900 billion in stimulus relief for the COVID-19 pandemic. The new stimulus included an allocation of \$25 billion for rental payment assistance. Under the legislation, counties with populations above 200,000 residents are eligible to receive direct payments from the United States Department of the Treasury.

The attached draft policy establishes a procedure for assisting residents of Brevard County and provides written guidelines, to be utilized by the Housing and Human Services Department and Municipalities that participate, to ensure that expenditures of funds comply with applicable regulations, requirements, and maintains public trust. The purpose of the Emergency Rental Assistance Program (ERAP) is to provide financial assistance and housing stability services to income eligible households for rent, rental arrears, utilities and home energy costs, utilities and home energy costs arrears, and other expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak.

The Act specifies many of the parameters for the program (for example: the use of funds, priority areas, income levels, eligibility, etc.) and the Policy includes language that will automatically incorporate any additional direction, guidance, or clarification from the United States Department of the Treasury. However, there is an aspect of the Policy that requires Board of County Commissioner (Board) direction, specifically the Act identifies (Title V, Subtitle A, Section 501 (c)(2)(C)(i)(I) - Distribution of Financial Assistance) that the eligible grantee (Brevard County) "...shall make payments to a lessor or utility provider on behalf of the eligible

household, except that, if the lessor or utility provider does not agree to accept such payment from the grantee after outreach to the lessor or utility provider by the grantee, the grantee **may make such payments directly to the eligible household for the purpose of making payments to the lessor or utility provider.**" (emphasis added)

The Housing and Human Services Department (Department) does not currently provide direct payments to eligible households under any other program and is seeking input from the Board regarding allowing it under the ERAP. The Department will revise the draft policy based upon the Board decision and then facilitate the Chair signing the final document in an expeditious manner.

Clerk to the Board Instructions:

None



Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001
Fax: (321) 264-6972
Kimberly.Powell@brevardclerk.us

January 27, 2021

M E M O R A N D U M

TO: Ian Golden, Housing and Human Services Director

RE: Item J.3., Approval of Housing and Human Services Department Emergency Rental Assistance Policy (ERAP) (\$18,176,052.60)

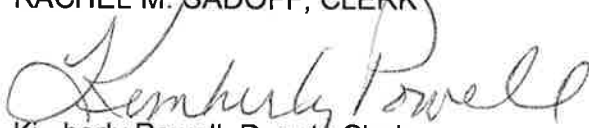
The Board of County Commissioners, in regular session on January 26, 2021, directed you to make payments to the lessor or the utility provider on behalf of the eligible household; and authorized the Chair to sign the ERAP, upon approval by County Attorney's Office and Risk Management.

Upon execution by the Chair, please return a fully-executed Policy to this office for inclusion in the official minutes.

Your continued cooperation is greatly appreciated.

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK


Kimberly Powell, Deputy Clerk

/ds

cc: County Manager



BOARD OF COUNTY COMMISSIONERS

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

Inter-Office Memo

TO: Rita Pritchett, Chair
Brevard County Board of County Commissioners

THRU: Frank Abbate, County Manager *[Signature]*
Brevard County Board of County Commissioners

THRU: Jim Liesenfelt, Assistant County Manager *[Signature]*
Community Services Group

FROM: Ian Golden, Director
Housing and Human Services Department

DATE: February 5, 2021

SUBJECT: Housing and Human Services Department Emergency Rental Assistance Policy

The Board of County Commissioners, in regular session on January 26, 2021, directed the Housing and Human Services Department to make payments to the lessor or the utility provider on behalf of the eligible household; and authorized the Chair to sign the Emergency Rental Assistance Policy, upon approval by the County Attorney's Office and Risk Management.

Attached for your review and approval, please find a copy of Emergency Rental Assistance Program Policy.

RECEIVED

FEB 08 2021

County Manager's
Office

BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS

CONTRACT REVIEW AND APPROVAL FORM

SECTION I - GENERAL INFORMATION

1. Contractor:		2. Amount:	
3. Fund/Account #:		4. Department Name: Housing & Human Serv.	
5. Contract Description: Emergency Rental Assistance Program Department Policy - HHS-34			
6. Contract Monitor:		8. Contract Type:	
7. Dept/Office Director: Ian Golden, Housing & Human Services		GRANT	
9. Type of Procurement: Other			

SECTION II - REVIEW AND APPROVAL TO ADVERTISE

<u>COUNTY OFFICE</u>	<u>APPROVAL</u>		<u>SIGNATURE</u>
	<u>YES</u>	<u>NO</u>	
User Agency	<input type="checkbox"/>	<input type="checkbox"/>	
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION III - REVIEW AND APPROVAL TO EXECUTE

<u>COUNTY OFFICE</u>	<u>APPROVAL</u>		<u>SIGNATURE</u>
	<u>YES</u>	<u>NO</u>	
User Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Golden, Ian <small>Digitally signed by Golden, Ian Date: 2021.02.01 10:01:16 -05'00'</small>
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	
County Attorney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Ally</i> 2/2/2021

SECTION IV - CONTRACTS MANAGEMENT DATABASE CHECKLIST

CM DATABASE REQUIRED FIELDS	Complete ✓
Department Information	<input type="checkbox"/>
Department	<input type="checkbox"/>
Program	<input type="checkbox"/>
Contact Name	<input type="checkbox"/>
Cost Center, Fund, and G/L Account	<input type="checkbox"/>
Vendor Information (SAP Vendor #)	<input type="checkbox"/>
Contract Status, Title, Type, and Amount	<input type="checkbox"/>
Storage Location (SAP)	<input type="checkbox"/>
Contract Approval Date, Effective Date, and Expiration Date	<input type="checkbox"/>
Contract Absolute End Date (No Additional Renewals/Extensions)	<input type="checkbox"/>
Material Group	<input type="checkbox"/>
Contract Documents Uploaded in CM database (Contract Form with County Attorney/ Risk Management/ Purchasing Approval; Signed/Executed Contract)	<input type="checkbox"/>
"Right To Audit" Clause Included in Contract	<input type="checkbox"/>
Monitored items: Uploaded to database (Insurance, Bonds, etc.)	<input type="checkbox"/>

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

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9. Type of Procurement: Other			

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APPROVAL

<u>COUNTY OFFICE</u>	<u>YES</u>	<u>NO</u>	<u>SIGNATURE</u>
User Agency	<input type="checkbox"/>	<input type="checkbox"/>	
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION III - REVIEW AND APPROVAL TO EXECUTE

APPROVAL

<u>COUNTY OFFICE</u>	<u>YES</u>	<u>NO</u>	<u>SIGNATURE</u>
User Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Golden, Ian <small>Digitally signed by Golden, Ian Date: 2021.02.01 10:01:16 -05'00'</small>
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lairsey, Matt <small>Digitally signed by Lairsey, Matt Date: 2021.02.01 11:27:24 -05'00'</small>
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION IV - CONTRACTS MANAGEMENT DATABASE CHECKLIST

CM DATABASE REQUIRED FIELDS	Complete ✓
Department Information	<input type="checkbox"/>
Department	<input type="checkbox"/>
Program	<input type="checkbox"/>
Contact Name	<input type="checkbox"/>
Cost Center, Fund, and G/L Account	<input type="checkbox"/>
Vendor Information (SAP Vendor #)	<input type="checkbox"/>
Contract Status, Title, Type, and Amount	<input type="checkbox"/>
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"Right To Audit" Clause Included in Contract	<input type="checkbox"/>
Monitored items: Uploaded to database (Insurance, Bonds, etc.)	<input type="checkbox"/>



January 27, 2021

MEMORANDUM

TO: Ian Golden, Housing and Human Services Director

RE: Item J.3., Approval of Housing and Human Services Department Emergency Rental Assistance Policy (ERAP) (\$18,176,052.60)

The Board of County Commissioners, in regular session on **January 26, 2021**, directed you to make payments to the lessor or the utility provider on behalf of the eligible household; and authorized the Chair to sign the ERAP, upon approval by County Attorney's Office and Risk Management.

Upon execution by the Chair, please return a fully-executed Policy to this office for inclusion in the official minutes.

Your continued cooperation is greatly appreciated.

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK

Kimberly Powell
Kimberly Powell, Deputy Clerk

/ds

cc: County Manager



BOARD OF COUNTY COMMISSIONERS

HOUSING AND HUMAN SERVICES DEPARTMENT POLICY

TITLE: Emergency Rental Assistance Program
NUMBER: HHS-34
CANCELS: New
APPROVED:
ORIGINATOR: Housing and Human Services Department
EXPIRATION: April 30, 2022

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 maintains public trust.

II. DEFINITIONS AND REFERENCES

- A. Consolidated Appropriations Act, 2021.
- B. Coronavirus Response and Relief Supplemental Appropriations Act, 2021.
- C. Administrative Rule or Emergency Rule (as determined by state, county, or federal declaration).
- D. Procurement Policy, BCC-25 – Policy approved by the Board of County Commissioners establishing a procurement policy in accordance with Florida Statutes.
- E. Applicant – A person or household who submits a signed and completed Housing and Human Services Department application for assistance.
- F. Area Median Income (AMI) – means, with respect to a household, the median income for the area in which the household is located, as determined by the Secretary of Housing and Urban Development (Attachment A – 2020 HUD Income Limits).
- G. Department – Housing and Human Services Department.
- H. 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 Chapter 760, Florida Statutes.
- I. 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.

III. DIRECTIVES

A. Purpose

The purpose of this program is to provide financial assistance and housing stability services to income eligible households for rent, rental arrears, utilities and home energy costs, utilities and home energy costs arrears, and other expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak.

B. Program Administration

1. The Brevard County Housing and Human Services Department shall be responsible for the administration and monitoring of the Emergency Rental Assistance Program.
2. No more than 10% may be used for administrative costs attributable to providing financial assistance and housing stability services (including data collection and reporting requirements).

C. Funding Allocation

1. The Emergency Rental Assistance Program is designed to provide financial assistance and housing stability services to income eligible households for rent, rental arrears, utilities and home energy costs, utilities and home energy costs arrears, and other expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak.
2. 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.
3. 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.

D. Use of Funds

The factors to be considered in providing assistance include:

1. Applicant is a resident of Brevard County.
2. Applicant is at or below 80% of Area Median Income.
3. Priority Areas:
 - a. Household does not exceed 50% of the area median income for household size.

- b. 1 or more individuals within the household are unemployed as of the date of the application for assistance and have not been employed for the 90 days preceding such date.
- 4. Assistance shall be provided for a period not to exceed 12 months (including arrearage) except that the Department may provide assistance for an additional 3 months only if necessary to ensure housing stability for a household subject to the availability of funds.
 - a. Subject to the exception in section b. below, the Department will not provide an eligible household with financial assistance for prospective rent payments for more than 3 months based on any application by or on behalf of the household.
 - b. For any household described in section a., such household may receive assistance for prospective rent payments for additional months:
 - i. Subject to the availability of remaining funds, and
 - ii. Based upon a subsequent application for additional financial assistance provided that the total number of months of financial assistance provided to the household do not exceed the total number of months of assistance allowed under this Section 4.
 - iii. Further limitation. To the extent that applicants have rental arrears, the Department may not make commitments for prospective rent payments unless assistance has been provided to reduce an eligible households rental arrears.

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.).
- 3. Valid Lease must correspond to the time period requested for assistance.
- 4. Applications for assistance for less than a complete residence (for example, a single bedroom and public spaces in a multi-bedroom residence) must have an accompanying valid lease.
 - a. Said lease cannot be a lease entered into with a family member (for example, parent or in-law).

F. Eligible Household

- 1. Eligible Household means a household of 1 or more individuals who are obligated to pay rent on a residential dwelling and when it has been determined:
 - a. That 1 or more of the individuals within the household has:

- i. Qualified for unemployment benefits; or
 - ii. Experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak, which the applicant shall attest in writing.
 - b. That 1 or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability, which may include:
 - i. A past due utility or rent notice or eviction notice;
 - ii. Unsafe or unhealthy living conditions;
 - iii. Any other evidence of such risk, as determined by the Department; and
 - c. The household has a household income that is not more than 80% of area median income.
- 2. To the extent feasible, the Department shall ensure that any rental assistance provided to an eligible household pursuant to funds made available under the Emergency Rental Assistance Program is not duplicative of any other Federally funded rental assistance provided to the household.
- 3. Applicants must submit a signed and dated application provided by the Housing and Human Services Department (Attachment B).
 - a. Applications submitted on behalf of tenants must abide by all requirements of this Policy, and:
 - i. Include the signature of the tenant on the application.
 - ii. The landlord must provide a copy of such application to the tenant.
- 4. Any payments received by the landlord shall be used to satisfy the tenant's rental obligation to the owner.
- 5. If a Household is disqualified due to being over income, the Household may reapply if their income changes, pending the availability of funds.
- 6. 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.**
- G. Application and Supporting Documents
 - 1. The only application that will be accepted will be the application provided by the Housing and Human Services Department (see Attachment B). Failure to utilize the correct application or failure to submit a complete application (including all required supporting documents) will result in denial.

- a. The Department will retain an electronic copy of a denied application.
 - b. Applications will be returned to the applicant utilizing the original submission method (for example, an online submission will be returned via electronic methods).
 - c. A Department generated notification will accompany the returned application indicating deficiencies.
 - d. The Household may submit a new application, pending availability of funds.
2. Only fully completed (all sections/ required information filled out, a signature, and all supporting documents included) applications will be processed for assistance.
3. Income determination will be based upon the household's total income for calendar year 2020.
 - a. Documents supporting income must be submitted as part of the application and include, but are not limited to:
 - i. Income verification documents (for example, paychecks, unemployment compensation payment history, veteran's check, child support payment history, Supplemental Security Income, Social Security Disability, pension, alimony, annuity, retirement, Workman's Compensation, utility allowance reimbursement, or statement from employer stating net income).
 - ii. A Self Declaration Form must be completed by all adult household members that have zero income or are self-employed.
 - iii. Rental Lease/Agreement (including a past due rent notice or eviction notice, if applicable).
 - iv. Documentation for Utility or Home Energy Costs (for example, a past due Florida Power and Light (FPL) bill).
 - v. 2020 Internal Revenue Service (IRS) tax return, when available.
 - vi. For an individual whose income is derived from their own business:
 1. Copy of filed tax return from 2020 (when available).
 2. 2020 Profit and Loss Statement.
4. Applications for the Emergency Rental Assistance Program will be available at the Department's Administrative Office, on-line, by mail

(when requested) and any other location(s) determined by the Department to be in the best interests of the County.

H. Implementation

1. For applicants that are determined to meet the eligibility requirements, funds will be provided to the applicable agency or company associated with the requested service (for example, rental payments to rental/leasing agent, utility payment to the utility company, etc.). No funds will be provided directly to the applicant.
 - 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 45 days.
2. Applicants for Rental Assistance will be required to provide the following prior to any funding determination:
 - a. Completed Emergency Rental Assistance Program Application.
 - b. Income and asset verification documents (all sources and household members per Section G.3).
 - c. Current rental/lease agreement:
 - i. Including any past due or eviction notices, and
 - ii. Documentation from the landlord identifying total arrearage due, if applicable.
 - d. A Request for Taxpayer Identification Number and Certification (Internal Revenue Service Form W-9) for the landlord.
 - e. Documentation that reflecting assistance is necessary due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak.
 - f. Other documents determined necessary by identified personnel.
3. Applicants for Utility and Home Energy Cost Assistance will be required to provide the following prior to any funding determination:
 - a. Completed Emergency Rental Assistance Program Application.
 - b. Income and asset verification documents (all sources and household members per Section G.3).
 - c. Current utility bill:
 - i. Identifying total arrearage due, if applicable.

- d. A Request for Taxpayer Identification Number and Certification (Internal Revenue Service Form W-9) for the utility provider, if applicable.
- e. Documentation reflecting assistance is necessary due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak.
- f. Other documents determined necessary by identified personnel.

I. Processing

1. Upon receipt of a completed application (including all supporting documents) identified personnel will:
 - a. Verify all documents.
 - b. Determine income eligibility.
 - c. Determine funding availability.
 - d. Upon completing eligibility, identified personnel will issue a letter to the applicant detailing either approval or denial of assistance.
 - i. An approval letter will identify the amount of assistance, commitment of the funds, and delineate any additional terms.
 1. The letter will be provided to the applicant utilizing the original application submission method (for example, an online submission will result in an approval letter via electronic methods).
 - ii. A denial letter will:
 1. Identify the reason(s) for denial.
 2. Include the original application.
 3. The letter will be provided to the applicant utilizing the original submission method (for example, an online submission will be returned via electronic methods).
 4. Denials, for any reason other than income, can be appealed to the Assistant Department Director or designee.
 - a. Final determination of appeal will be in the sole discretion of the Department Director.

J. Waiver

1. Additional direction, guidance, or clarification received from the United States Department of the Treasury (Treasury) takes precedence over any portion of this policy. Any provision of this

Policy determined to be in conflict with Treasury will not invalidate the remaining provisions, which shall continue without being impaired or invalidated in any way.

2. 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.

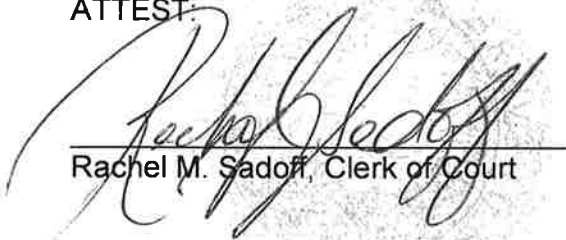
K. Payment

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 or company (for example, Rental/Leasing Agent, Utility Company, etc.).
3. A Request for Taxpayer Identification Number and Certification (Internal Revenue Service Form W-9) is required for payment.

IV. RESERVATION OF AUTHORITY

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

ATTEST:



Rachel M. Sadoff, Clerk of Court

BOARD OF COUNTY COMMISSIONERS
OF BREVARD COUNTY, FLORIDA

By: 
Rita Pritchett, Chair

Approved by the Board on January 26, 2021.

ATTACHMENT A

2020 HUD Income Limits

FY 2020 Income Limits Summary

FY 2020 Income Limit Area	Median Family Income	FY 2020 Income Limit Category	Persons In Family							
			1	2	3	4	5	6	7	8
Palm Bay-Melbourne-Titusville, FL MSA	\$69,200	Very Low (50%) Income Limits (\$)	24,250	27,700	31,150	34,600	37,400	40,150	42,950	45,700
		Low (80%) Income Limits (\$)	38,750	44,300	49,850	55,350	59,800	64,250	68,650	73,100

NOTE: Brevard County is part of the Palm Bay-Melbourne-Titusville, FL Metropolitan Statistical Area (MSA), so all information presented here applies to all of the Palm Bay-Melbourne-Titusville, FL MSA.

ATTACHMENT B
EMERGENCY RENTAL 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.

Application Completed by:

Household Member

Landlord

If completed by Landlord:

Landlord's Name: _____

Phone Number: _____ Email Address: _____

Street Address: _____

City: _____ Zip Code: _____

Requested Assistance:

Rent: Amount \$ _____ Rental Amount in Arrears: \$ _____

Utility: Amount \$ _____ Utility Amount in Arrears: \$ _____

Head of Household's Name: _____

Phone Number: _____ Email Address: _____

Co-Applicant's Name: _____

Phone Number: _____ Email Address: _____

Street Address: _____

City: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ Zip Code: _____

If assistance is needed to complete this application, please call (321) 633-2007.

Household Information:

Please complete the following for ALL household members including Head of Household and Co-Applicant (if applicable); for additional members, please use the back of this page.

Full Name:	Date of Birth:	Relationship:	Gender:

1. Does any member of the household have a Developmental Disability? *

Yes

No

If yes, how many? _____

2. Does any member of the household have Special Needs? **

Yes

No

If yes, 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.*

Characteristics of Head of Household:

White

Black

Hispanic

Native American (Indian)

Asian

Other

Marital Status:

Single

Married

Separated

Divorced

Widowed

If assistance is needed to complete this application, please call (321) 633-2007.

Essential Services Personnel (please check one):

Nurse

Retail Sales

Building Trade

Active Military

First Responder

Military Veteran

Educator

Hospitality/Tourism

Government Employee

Service Industry

Employment:

Has any member of the Household qualified for unemployment benefits?

Yes

No

If yes, please provide the household member's Name(s):***

***Upon completion of the application, please provide all documentation showing unemployment benefits (for all applicable Household members).

Date latest period of unemployment began:

Head of Household's Employer:

Agency / Company Name: _____

Phone Number: _____ Years Employed: _____

Street Address: _____

City: _____ Zip Code: _____

Position: _____

Supervisor's Name: _____

If assistance is needed to complete this application, please call (321) 633-2007.

Co-Applicant's Employer:

Agency / Company Name: _____

Phone Number: _____ Years Employed: _____

Street Address: _____

City: _____ Zip Code: _____

Position: _____

Supervisor's Name: _____

Please describe (in detail) how the Household has been financially impacted by Coronavirus (COVID-19):**Household Income:**

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

Source	Head of Household	Co-Applicant	Other Household Members (18 +)
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			
Other			

A Self-Declaration of Income Form (Attachment A) must be completed for all Household members over the age of 18 who are unemployed, self-employed, or have no reported income.

If assistance is needed to complete this application, please call (321) 633-2007.

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:

All of the following documents must be attached to this application (when applicable):

For an individual whose income is derived from their own business:

Copies of filed tax returns from 2020 (when available)
2020 Profit and Loss Statement

2020 tax return (when available)

Copy of Valid Identification for every household member 18 years and older (Florida Driver's License, Florida Identification Card) with a Brevard County address

Documentation of all income from the entire Household as reported above (corresponds to **Household Income** section), unless a 2020 tax return is provided

Documentation showing unemployment benefits (for all applicable Household members)

Self-Declaration Form (Attachment A) for all adult household members who report no income or are self-employed

Social Security Waiver (Attachment B)

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

Current Lease which corresponds to the time period requested for assistance (showing monthly rent)

Statement from a Landlord (showing the arrearage / amount due (for example, a ledger showing each month))

Any past due or eviction notices

Documentation for Utility Assistance (showing the arrearage / amount due)

Any past due notices

Taxpayer Identification Number and Certification (Internal Revenue Service W-9) from Landlord or Utility company (Attachment C)

If the Landlord does not have a Business Tax Identification Number a Social Security Waiver must be completed (Attachment B) by the Landlord

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

If assistance is needed to complete this application, please call (321) 633-2007.

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.

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

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

Signature of Head of Household

Date

If assistance is needed to complete this application, please call (321) 633-2007.

EXHIBIT A
SELF DECLARATION OF INCOME

Please indicate who this form pertains to:

Head of Household
Household Member

I, _____, hereby certify that I have
no earned or unearned income for calendar year 2020 2021.

Please explain (and indicate how basic living expenses are acquired):

I hereby 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.

Signature

Date

Print Name

If assistance is needed to complete this application, please call (321) 633-2007.

EXHIBIT B
BREVARD COUNTY HOUSING AND HUMAN SERVICES
EMERGENCY RENTAL 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) 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 Emergency Rental Assistance (ERA) Program. 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 ERA 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 ERA program.

I 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 further understand that any willful misstatement of information will be grounds for disqualification and barring of any future assistance. I certify that the application information is true and complete to the best of my knowledge. I consent to the disclosure of information for the purpose of income verification related to making a determination of my eligibility for program assistance.

I 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 hereby waive my rights under the privacy and confidentiality provision act, and give my consent to Brevard County ERA program, its agents, and contractors to examine any confidential information given herein.

Signature

Date

Print Name

If assistance is needed to complete this application, please call (321) 633-2007.