



City of Miami
Department of Housing & Community Development
EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM Application

Full Name: _____

Address: _____

Email: _____ **Phone:** _____

Date of Birth: _____ **Gender:** _____

Preferred Spoken Language: English Spanish Haitian Creole **Social Security Number:** _____

Ethnicity: Hispanic Non-Hispanic

Race: White Black/African American American Indian/Alaska Native Pacific Islander Asian Other: _____

Current Employment Status: Unemployed Employed Self Employed

Are you currently renting: Yes No **If yes, what are the terms of the lease?** Annual Agreement Month to Month
 Other: _____

Do you plan to move in the next 3 months: Yes No

Is someone helping you with this form: Yes No

Name of Person who assisted in completion of this application	Phone	E-mail	Relationship

Are you a Veteran? Not a Veteran Active Military Retired Military Previously Served

Covid-19 Hardship:

Who in the household was financially affected by Covid-19? Myself/Applicant only Other Household member(s)

Were you, or the affected household member, employed or self-employed/own business? Employed Self-Employed
 Other: _____

How were you, and/or other leaseholder(s), financially impacted by COVID-19? Reduction in Household Income Increased Costs
 Other: _____

Select at least one of the housing risk factors that applied to your household situation.

- | | |
|---|--|
| <input type="checkbox"/> I have received an eviction notice | <input type="checkbox"/> I have past due rent and utility bills |
| <input type="checkbox"/> I have received a Notice of Nonpayment form my landlord (including 3-day notice) | <input type="checkbox"/> I am living in unsafe and/or unhealth living conditions |
| <input type="checkbox"/> My housing costs are too expensive | <input type="checkbox"/> I cannot afford to pay for essential items such as food, medicine, childcare, transportation, etc. in order to pay rent |
| <input type="checkbox"/> My landlord is harassing me and/or making verbal threats to evict me | <input type="checkbox"/> I have had to take out loans and pay for utilities and rent with credit |
| <input type="checkbox"/> I have been or am currently exposed to intimate violence, sexual assault or stalking | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I have an informal agreement with my landlord that I am unsure is legally protected | |
| <input type="checkbox"/> None of the above | |

What was the first month your family was financially impacted by COVID-19? _____

How many months are you behind in rent? _____

Do you need assistance paying for future rents? Yes No

Household Members:

Are there additional household members that are currently living in unit? Yes No

Member Name	Relationship	Date of Birth	Age	Sex	Disabled (Y/N)



Income:

Does any household member have income? Yes No

Are the 2020 taxes filed? Yes No If yes, what is the total gross annual income? _____

Member Name	Income Source	Amounts	Frequency

Does your family have assets in excess of \$5,000? Yes No

Asset Type:

- Checking/Savings Account
- Revokable Trusts
- Retirement/Pensions/401K
- Stocks/Bonds/Mutual Funds
- Rental Property/Capital Investments
- Life Insurance Policy (Cash Value ONLY)

Asset Type	Is this asset interest earning?	Interest Rate	Current Balance
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Lease:

Please provide the following information on your lease:

Lease start date: _____ Contract Rent: _____

Number of Bedrooms: _____

Unit Type: Apartment Duplex Single Family Detached/House Semi-Detached/Row House Manufactured Home

Owner Name: _____ Owner Address: _____

Owner E-mail: _____ Owner Phone: _____

Utilities:

Do you need assistance with utilities? Yes No

If yes, please select the utilities that you pay for: Gas Electric Water Internet

Utility Providers	Account Number	Total Owed

Relocation Expenses:

Do you need assistance with relocation expenses? Yes No

Did you relocate due to COVID-19? Yes No

If yes, please provide an explanation: _____

How much were your total relocations costs? _____

Prior and Current Rental Assistance:

Families currently receiving other federally subsidized rental assistance may be eligible for ERAP Assistance. Assistance for families receiving subsidy under the HCV or Public Housing Program may not exceed the tenant owed portion of the obligated contract rent.

Families who have received or are currently receiving other rental assistance may be required to show evidence of their rent portion.

Since March 2020 have you received and/or are you currently receiving Housing Choice Voucher (Section 8) or Public Housing Assistance?

Yes No

Emergency Rent and Utilities Assistance Program

Families who have received assistance under the Emergency Rent and Utilities Assistance Program must report their award amounts.



Have you received assistance from the Emergency Rent and Utilities Assistance Program? Yes No

Applicant Certification

I certify that I rent the property located on this application.

- Yes
- No

I certify that I, or my household members, have experienced a financial impact due to the COVID-19 pandemic and is currently at risk of experiencing homelessness or housing instability.

- Yes
- No

I certify that the income from all sources reported on this application is correct.

- Yes / Agree
- No / I do receive other forms of assistance

I affirm that the expenditures submitted with my application for the City of Miami Emergency Rental Assistance Program have not been paid with grants or loans received from any other COVID-19 related program or from any other federal, state or local program. Untitled

- Yes
- No

I certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate. I understand that knowingly making a false statement in this application may subject me to criminal prosecution and penalties in accordance with applicable law, including, but not limited to, Chapter 817, Florida Statutes, and Chapter 47, United States Code, which may include up to five years' imprisonment and/or up-to a \$250,000 fine.

- Yes
- No

I affirm that the tax documents are identical to those I have submitted to the Internal Revenue Service.

- Yes
- No

I affirm that the award and payment of grant funds are subject to the sole and absolute discretion of the City of Miami without recourse. By submitting this application, I waive any and all claims related to the City of Miami Emergency Rental Assistance Program and specifically agree to indemnify, defend, release, and hold the City, its employees, officers, agents, and representatives harmless from any and all claims which may be in any way related to any Program award, payment, and/or denial.

- Yes
- No

I affirm that the rental arrears submitted with my application for the City of Miami Emergency Rental Assistance Program have not been paid from any other COVID-19 related program or from any other federal, state, or local program.

- Yes
- No

If awarded this City of Miami Emergency Rental Assistance Program, I attest that I will not apply for any additional funding assistance from any other municipality in Miami Dade County or the State of Florida for an Emergency Rental Assistance for the same months paid under this program.

- Yes
- No

The undersigned being warned that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements and the like may jeopardize the validity of the application or document or any registration resulting therefrom, declares that all statements made of his/her knowledge are true; and all statements made on information and belief are believed to be true.

Signature	Date

All completed application packages must be submitted, accompanied by the necessary required documents, via one of the options below:

By US Postal Mail
CITY OF MIAMI
Emergency Rental Assistance (ERA) Program
P.O. BOX # 013581
MIAMI, FL 33101

**Drop Off Location:**

CITY OF MIAMI
Emergency Rental Assistance Program
14 NE 1st Avenue, 1st Floor Lobby
MIAMI, FL 33132
Drop off hours: 9 am to 4 pm

Required Documents ListIdentity Verification *(at least one of the following documents for all household members)*

- Driver's License or State Issued ID
- Passport
- Tribal CDIB Card
- Veteran Identification

Active Renter Evidence *(only one document per household needed)*

- Signed lease, tenant agreement or property owner certification
- Documentation of residence, including utility bills, attestation by a property owner who can be identified as the verified owner or management agent of the unit
- Other reasonable documentation

Income Verification *(at least one of the following documents for all household members)***Annual Income**

- 2020 Tax Return (1040, 1040EZ, etc.)
- 2020 W2 from Employer
- 2020 1099 Tax Form
- Other evidence of annual Income (e.g., wage statement, interest statement, unemployment compensation statement)

Monthly Income

- One (1) pay stub, at minimum, for wages dated within the last sixty (60) days, demonstrating a full months' worth of consecutive pay
 1. Documentation must demonstrate a full months' worth of consecutive pay
- Social Security benefits letter dated within the last 12 months
- Unemployment benefits letter dated within the last 60 days
- Child Support Payment Report from the Florida Department of Health and Human Services
- Letter dated within the last sixty (60) days confirming child support payments made outside of the Florida Department of Health and Human Services.
- In the case that both annual and monthly income documentation is provided, the City of Miami will use the lower of the two for determining program eligibility. When determining annual income, federal pandemic insurance payments are excluded.

Categorical Income

If you are currently participating in a local, state or federal public benefits program, a letter from that government agency that verifies your household income is at or below 80% will be accepted in determining income eligibility. Eligibility determination for the program must be made on or after January 1, 2020.

Proof of Rent Arrears *(if applying for arrearages)*

- Lease and past due notice
- Notice of rent arrears issued by the rental property owner
- Eviction notice
- Summary process summons and complaint identifying the applicant(s) as the Defendant(s)/Tenant(s)/Occupant(s), which sets forth a hearing date within thirty (30) days



Proof of Utility Arrears (if applying for arrearages)

- Past Due Utility Bill/Statement (must have account number)
- Any other applicable documentation from utility company.
- Documentation must include the months in which the utility arrearages occurred.
- Documentation that is not in the name of the leaseholder must be accompanied with proof of occupancy to the unit.
- If the bill is not in the name of the leaseholder, additional documentation is required to show that the person on the bill is an occupant of the unit

Proof of Relocation Costs (if applying for relocation expense reimbursement)

- Invoices, bills, statements of incurred expenses

Evidence of Financial Hardship, such as a reduction in income or incurring significant costs, either directly or indirectly due to the COVID 19 outbreak (please provide documentation for every adult member of the household.)

Reduction of Income:

- Letter from employer stating reduced wages, termination, or furlough
- Layoff letter from employer
- Unemployment letter dated from 3/13/2020 to current
- Print out from Unemployment on benefits received in the last 30 days
- Notice of business closure on employer website
- Letter from healthcare provider stating they were sick and unable to work due to COVID-related illness
- Letter from workforce solutions

Evidence of Significant Costs/Expenses Related to COVID-19 (if applicable)

- Adverse healthcare impacts such as increased healthcare costs, including at-home care for individuals with COVID-19
- Expenses incurred due to quarantining or social distancing as mandated by employer (computer equipment, internet expenses, etc.)
- Expenses for childcare due to COVID-19 school closures
- Purchase of personal protective equipment (PPE)
- Penalties, fees, and legal costs associated with rental or utility arrears
- Payments for rent or utilities made by credit card to avoid homelessness or housing instability
- Alternative transportation for households unable to use public transportation during the pandemic

Evidence of Risk of Homelessness (only one document per household needed)

- An eviction notice
- A past due utility or rent notice
- Living in unsafe or unhealthy living conditions, such as conditions that increase the risk of exposure to COVID-19 because of overcrowding
- A housing cost burden that makes it difficult for renters to afford their housing costs
- Informal rental arrangements with little or no legal protection
- History of, or potential for, exposure to intimate partner violence, sexual assault, or stalking
- Evidence the household is forgoing or delaying the purchase of essential goods or services such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school in order to pay rent or utilities
- Harassment or verbal threats of eviction by a landlord
- Evidence the household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for rent or utilities, rather than wages or other income

Owner Documentation

- Completed W-9 tax form for owner or property manager
- Property Management Agreement, Brokers Agreement that authorizes payments to be distributed to property manager on behalf of owner
- Proof of ownership (deed, most recent real estate tax bill, or current property insurance policy).