



COMMUNITY SERVICES DEPARTMENT
 COMMUNITY ASSISTANCE DIVISION
HOME - Tenant Based Rental Assistance Program (TBRA)

The Seminole County Community Assistance Division will begin accepting applications for the HOME Tenant-Based Rental Assistance Program Waiting List. Applications will only be accepted during the mandatory Orientation on Wednesday, March 9, 2016 at 2:30 p.m. in the large conference room located at:

Seminole County Community Assistance

534 W. Lake Mary Blvd. • Sanford, FL 32773

Please Note: The TBRA Program is currently full. In anticipation of future openings, we are accepting applications for the program to establish a waitlist. Applications will be reviewed based on the date/time stamped; first come basis; and based on eligibility. Eligible applicants will be placed on a waiting list. Please read the eligibility requirements below carefully before applying.

To apply for this program your household must meet all of the requirements listed below:

TBRA HOUSEHOLD REQUIREMENTS:

- A. Current Seminole County resident;
- B. Household currently resides in rental housing within Seminole County;
- C. Head of Household or co head must not own any type of property;
- D. Households must be able to pay 30% of their adjusted gross monthly income or \$50.00 (whichever is greater);
- E. Household income must be at or below 30% of the Median Income Levels listed below;
- F. Head of Household or co head must be Disabled and/or Elderly;
- G. Head of Household or co head must have legal custody and already receiving any State benefits for minor children in household if not their biological child(ren);
- H. Head of Household or co-head must attend scheduled appointments, orientations and trainings for TBRA participants

REQUIRED DOCUMENTS TO SUBMIT WITH APPLICATION:

- A. Valid signed lease agreement **and** current utility bill showing name and address (electric, water or gas);
- B. Valid Florida ID of all adult household members;
- C. Social Security Cards of all household members;
- D. Birth Certificates of all household members;
- E. Documentation of all household income (includes earnings, social security, veteran benefits, pensions, retirement, child support, cash assistance, food stamps);
- F. Copy of the last 6 months of all bank statements and/or pay cards account statements;
- G. Copy of latest statement for CDs, IRA, 401K, and/or Retirement Accounts);
- H. Copy of Life Insurance Policy(s)



***Application submitted without the documents noted above will not be reviewed.**

30% OF MEDIAN INCOME

| 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| \$12,250 | \$14,000 | \$15,750 | \$17,500 | \$18,900 | \$20,300 | \$21,700 | \$23,100 |

***Households do not qualify if they own a home, live in subsidized housing; receive Section 8, other Tenant Based Rental Assistance (TBRA) or receiving any type of rental supplement.**

Seminole County Community Services Department
Community Assistance Division

534 W. Lake Mary Blvd. • Sanford, FL 32773 • Phone (407) 665-2300 • www.seminolecountyfl.gov/comsrvs/



SEMINOLE COUNTY COMMUNITY ASSISTANCE APPLICATION FOR ASSISTANCE

All sections of the application **must** be completed; if a section does not apply to your household, enter "N/A."

PLEASE CHECK ASSISTANCE APPLYING FOR

All documents listed on pages 7 through 10 that correspond with the assistance you are applying for must be enclosed with the application.

TBRA

(Please Print Clearly)

| Applicant | | Co-Applicant (Spouse or member 18 & older) | |
|---|----------------|--|--------|
| Full Name: | | | |
| Age & Date of Birth: | | | |
| Social Security #: | | | |
| Gender: Circle One | Male or Female | Male or Female | |
| Relationship of Co-Applicant to Applicant: | | <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Roommate <input type="checkbox"/> Relative <input type="checkbox"/> Non-relative | |
| Ethnicity/Special Needs: (For reporting purposes only, please check all that apply for Head of the Household Only) | | | |
| White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Farm Worker <input type="checkbox"/> Disabled <input type="checkbox"/> or Disabled Minor <input type="checkbox"/> Elderly <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____ | | | |
| Applicant Street & Mailing Address: | | | |
| Street Address: | | Rent <input type="checkbox"/> Own <input type="checkbox"/> | State: |
| City: | | City Limit <input type="checkbox"/> Unincorporated <input type="checkbox"/> | Zip: |
| Mailing Address (if different): | | State: | |
| City: | | Zip: | |

Telephone Number: _____ E-mail Address: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Marital Status: Married Separated Single Divorced Widowed

OTHER MEMBERS IN THE HOUSEHOLD

| Name | Date of Birth | Age | Relationship to Applicant | Social Security Number |
|------|---------------|-----|---------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

*If additional space to list household members is needed please attach information to the back of this application.

Applicant Employment Information:

| | | | |
|-----------------------------|-------------|---------------|--|
| Current/Last Employer Name: | | Phone Number: | |
| Address: | | | |
| Supervisor: | | Fax Number: | |
| Position: | Start Date: | End Date: | |

Co-Applicant Employment Information:

| | | | |
|-----------------------------|-------------|---------------|--|
| Current/Last Employer Name: | | Phone Number: | |
| Address: | | | |
| Supervisor: | | Fax Number: | |
| Position: | Start Date: | End Date: | |

*If additional space to list employment information is needed please attach information to the back of this application.

INCOME RECEIVED MONTHLY

| List the amount of income received monthly in column two by the source of income listed in column one. If income is listed in column one then the documents listed in column three are required if applicable. Column three lists the required documents of the various income sources listed in column one. Forms , in bold, are available in the Community Assistance Office or online with the application. The Community Assistance Office can notarize required documents below. | | |
|--|------------|--|
| Column One | Column Two | Column Three Client will also have the option to use 3rd Party Verification if source is not available or more information is required to clarify income and assets. The client is responsible for any costs associated with the completion of 3rd Party Verifications . <i>The Deposit and Dental Programs require 3rd party verifications.</i> |
| Employment | \$ | Provide Pay Stubs. All adults (18 years of age or older) in the household who are currently claiming no income, must sign and notarize a Verification of No Monthly Income form |
| AFDC/TANF/ (Cash Assistance) | \$ | AFDC/TANF (Aid to Families with Dependent Children/Temporary Assistance for Needy Families) Printout or current decision letter from the Department of Children and Families. Provide Decision Notice or Printout |
| Social Security, SSI, SSDI, Pensions (VA, Military, Retirement) | \$ | Provide a copy of current year Award or Benefit Statement. <i>A statement is required for <u>each</u> household member receiving benefits. (Provide current year award letters)</i> |
| Unemployment Compensation | \$ | All adults (18 years of age or older) in the household who are currently receiving unemployment, must sign and have notarized a DEO/AWI (form). |
| Alimony/ Child Support | \$ | Divorce Decree or Court Order and child support and/or <i>alimony payment schedule if applicable, (must show Child Support); <u>or</u> Provide a notarized letter from the person paying support; <i>only if the support is not court ordered; <u>or</u> Provide a printout from the court or government agency through which payments are being made. (Last 6 months print out is required for deposits and dental programs).</i></i> |
| FOOD STAMP ASSISTANCE | \$ | Monthly food stamp assistance from the State of Florida for single adults and families. |
| Business or Rental Net Income | \$ | Provide a copy of profit and loss statement; <u>and</u> provide the business bank statements. |
| Workmen's Compensation | \$ | Provide documentation from employer of amount and frequency of workmen's compensation. |
| Short- or Long- Term Disability | \$ | Provide documentation from employer of amount and frequency of disability compensation. |
| Recurring Contributions and Gifts | \$ | Provide a letter stating the amount and frequency of payment from the bank, attorney, or a trustee providing required verification; <u>or</u> A Verification of Recurring Cash Contributions (form) must be completed by the payee. |
| Other | \$ | Please provide documents of all other source of income in the household. |

EXPENSES PAID MONTHLY

| | | | |
|---|----|-----------------------|----|
| Childcare or Child Support Payments | \$ | Car Insurance | \$ |
| All Loan(s) other than Car, Real Estate, Mortgage and Student Loans | \$ | Medical | \$ |
| Rent, Real Estate & Mortgage Loans | \$ | Food | \$ |
| Electric & Water & Gas | \$ | Gas (Automobile) | \$ |
| Phone – (Including Cell Phone & Cable) | \$ | All Credit Cards | \$ |
| Car Payment(s) | \$ | Student Loan(s) Other | \$ |

ASSETS AND ASSET INCOME

For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc. All adults (18 years of age or older) in the household who do not have a financial account, must sign a **Verification of No Financial Accounts** (form). **(Please provide the last 6 months of Bank Statements or benefit statements for Deposit and Dental cases only)**

| Type of Asset | Financial Institution | Account # |
|---------------|-----------------------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

*If additional space to list assets is needed please attach information to the back of this application.

ADDITIONAL QUESTIONS

Please read and answer all questions below, additional documents are required for questions with an asterisk *. **Forms**, in bold, are available in the Community Assistance Office or online with the application.

*Are copies of valid Florida Photo ID or valid Florida Drivers License for all adult household members (18 years of age or older) attached to the application? Yes No

*Are copies of Social Security Cards **and** birth certificates for all household members attached to application? Yes No

*Are you an employee or related to an employee of Seminole County Government? If yes, please list the relationship: _____ Yes No

CITIZENSHIP/RESIDENCY:

Are you a U.S. citizen? Yes No

*If no, are you a permanent resident of the U.S.? (If yes, a copy of the resident card must be provided.) Yes No

LIVING ARRANGEMENTS:

*Is this a Section 8, Subsidized, TBRA or Public Housing Rental? Yes No

****Note: Rent and Utility assistance cannot be provided to customers who have Section 8, TBRA, Shelter Plus Care or are with a Housing Authority***

Are you homeless? Yes No

If yes, what are your current living arrangements? homeless shelter/facility other, please state:

HEALTH:

Do you have Dental Insurance or a discount plan/policy? Yes No

Do you have Vision Insurance or a discount plan/policy? Yes No

Do you have Medicaid Insurance? Yes No

Do you have Medicare Insurance? Yes No

EDUCATION:

Are you a high school graduate? Yes No

If yes, year of graduation: _____ If no, highest grade completed: _____

Please list any college degrees or vocational training you have completed: _____

Is Applicant, Co-Applicant, or any other household member 18 or older a full-time student? Yes No

EMPLOYMENT:

Are you currently seeking employment? Yes No

If no, explain: _____

VETERAN:

Are you a Veteran or Spouse/Dependent of a Veteran? Yes No

If yes to either question, may our Veteran Service Officer contact you? Yes No

REASONABLE ACCOMODATIONS:

Hearing impaired: Do you need TTD/TDY access to our staff? Yes No

Do you require accommodations for a disability? Yes No

If yes, what accommodations do you need? _____

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless individuals, and to better understand the need of homeless individuals. We only collect information that we consider to be appropriate.

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 and 775.083. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided 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 are aware that all information and documents provided are a matter of public record. I/we further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided, the County will demand and pursue through all legal remedies available, repayment of the funds provided for the assistance that was provided. The undersigned further understands that providing false representations herein constitutes an act of fraud. **Applicants that knowingly provide false, misleading or incomplete information will result in denial of application and barred from services from this office.**

*The Applicant and Co-Applicant must sign below.

Applicant Signature

Date

Co-Applicant Signature

Date

Other Adult Member Sign Your Name

Other Adult Member Sign Your Name

| THIS SECTION FOR OFFICIAL USE ONLY | | | | | |
|------------------------------------|-------------------------------|--------------------------------|-------------------------------|-------------------------------|-------------------------------|
| PROGRAM | <input type="checkbox"/> SHIP | <input type="checkbox"/> EHEAP | <input type="checkbox"/> ESGP | <input type="checkbox"/> SCU | <input type="checkbox"/> ADDI |
| | <input type="checkbox"/> BCC | <input type="checkbox"/> CDBG | <input type="checkbox"/> CSBG | <input type="checkbox"/> EFSP | <input type="checkbox"/> TBRA |
| Staff Signature: | | | | | |
| Supervisor Signature: | | | | | |
| Service Approved: | | | | | |
| Award Amount: | | | | | |
| Denied: | | | | | |
| Reason: | | | | | |
| | | | | | |

SEMINOLE COUNTY COMMUNITY ASSISTANCE AUTHORIZATION FOR THE RELEASE OF INFORMATION

Please print information, do not use white-out.

I _____, the undersigned, hereby authorize
_____ to release by third party, without liability, information

(Leave this line blank, agency to complete)

in regards to employment, income, residency, dependency, or claims of loss or other confidential information pertaining to me and/or assets to the Seminole County Community Assistance Office, for the purposes of verifying information provided as part of determining eligibility for assistance under this application for assistance. I understand that only information necessary for determining eligibility can be requested. **This authorization is valid up to one year from date signed.**

TYPES OF INFORMATION TO BE VERIFIED:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, Certificates of Deposit, Individual Retirement Accounts, interest, dividends; payments from Social Security/SSI, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/individuals who may be asked to provide written/oral verifications are, but not limited to:

| | | |
|--|---------------------------------------|--|
| Past and Present Employers | Welfare Agencies/Other Social Service | Veterans Administration |
| Past and Present Landlords <i>(including Public Housing Agencies-TBRA/Section 8)</i> | Agencies and Non Profit Agencies | Retirement Systems |
| Support and Alimony Providers | State Unemployment Agencies | Banks and other Financial Institutions |
| Hospitals/Doctors/Pharmacies/Clinics | Social Security Administration | Religious Organizations |
| Funeral Homes and Crematories | Utility Companies | |

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand I/we have a right to review this file and correct any information found to be incorrect.

Applicant Sign Your Name _____ Print Your Name _____ Date _____

Co-Applicant Sign Your Name _____ Print Your Name _____ Date _____

Other Adult Member Sign Your Name _____ Print Your Name _____ Date _____

Other Adult Member Sign Your Name _____ Print Your Name _____ Date _____

Note: This general consent may not be used to request a copy of a tax return or medical records.

