

Application Form for the Miami-Dade County

Emergency Rental Assistance Program 2.3



The Emergency Rental Assistance Program 2.3 (ERAP 2.3) provides emergency rental assistance to Miami-Dade County households experiencing financial hardship as a result of the COVID-19 crisis.

We anticipate the need for assistance will be far greater than the funds available. Because of this, we have developed an application process that will ensure that all applications will be treated fairly. If you have picked-up and completed a paper application, you must drop off the completed application at one of two site locations that are identified in the Frequently Asked Questions (FAQs). Applications can be picked up from 9:00 a.m. to 5:00 p.m. Monday through Friday from June 14, 2021 to June 25, 2021, except holidays. Completed applications must be dropped off by 5:00 p.m. on June 25, 2021, except holidays.

There is also an on-line application process. It is highly recommended that applicants apply on-line rather than use this paper application. Possible problems with paper applications include the application getting lost, or the applicant being disqualified due to handwriting that cannot be read. The on-line process will begin at 9:00 a.m. on June 14, 2021 to 5:00 p.m. June 25, 2021, except holidays.

All applications that are completed and meet basic program requirements, regardless of when the application is submitted during the application period, will be assigned a number that will represent the order in which the application will be reviewed. The assignment of numbers will be made through a computerized random selection process. (Applications will NOT be reviewed based on the date and time of submission of the application during the application acceptance period).

During the same period (June 14, 2021, 9:00 a.m., till June 25, 2021, 5:00 p.m., except holidays) landlords can and are encouraged to refer cases by contacting LandlordsERAP@miamidade.gov or calling 786-688-2440. Once received, landlord and tenant will be contacted on next steps.

Amount of Rental Assistance

The amount of rental assistance you receive will depend on the amount of unpaid rent. The Rental assistance will be based on the lesser of the monthly lease rent or up to \$3,000 per month.

Eligible households may receive up to twelve (12) months of assistance to address back rent, and an additional 3 month of rental assistance for future rent to ensure housing stability if funds are available.

Eligibility Requirements

To be eligible to participate in ERAP 2.3 applicants must meet the following conditions:

- Your place of residence must be in Miami-Dade County.
- You are unable to pay your full rent as a result of a COVID-19 caused financial hardship
- Your current annual household income must not exceed 80% of annual Area Median Income (AMI) for Miami-Dade County at the time of application, with preference given to those earning less than 50% of annual AMI. These are requirements set by the federal government under the Consolidated Appropriations act for Federal Fiscal Year 2021.

2021 Income Limit Categories

Persons in Household	1	2	3	4	5	6	7	8
Annual Income at 80% AMI	\$50,650	\$57,850	\$65,100	\$72,300	\$78,100	\$83,900	\$89,700	\$95,450
Annual Income at 50% AMI	\$31,650	\$36,200	\$40,700	\$45,200	\$48,850	\$52,450	\$56,050	\$59,700

- There must be an executed lease between you and the property owner or landlord.
- You must certify that your household does not receive any other rental subsidy that is not wholly covered by a subsidized housing program, (for example: Section 8 Housing Choice Voucher, Family Unification Voucher (FUP), Veteran Affairs Supportive Housing (VASH), Mainstream Voucher, Project Based Section 8, Project-Based Rental Assistance, Public Housing, HOME Tenant Based Rental Assistance, Continuum of Care rent subsidy, Emergency Solutions Grant/HAND, other government rental assistance programs related to COVID-19, etc.) In other words: no duplication of assistance.

Tenant Documents: You will be contacted by a case manager and advised on how and what to submit for documentation:

- Proof of being financially impacted by the COVID-19 (e.g., layoff letter, unemployment claim, etc.)
- Your current lease or pages of current lease showing address of home, amount of lease rent, term of lease or if your lease is on a month-to-month basis, and signature of you and landlord.
- Identification for all household members (e.g., driver's license, passport, birth certificate utility bill, credit card bill, bank statement, etc. School enrollment records are acceptable for minors).

- Proof of current income for all household members (e.g., recent pay stubs, layoff letter, unemployment benefits letter, etc.)
- If applicable, supporting information for additional months of assistance (landlord ledger showing amount of rent currently owed, rent statement, or rent due notice showing the balance of rent owed, etc.)
- A form (affidavit) that the county will provide must be signed by all adult household members certifying that the information in the application is true to the best of your knowledge and that the request for assistance is not a duplication of assistance. The affidavit also serves as an authorization to release information, obtain information, and places you on notice that except for personal information parts of the application are subject to the State of Florida public records disclosure laws.

Owner/Landlord Documentation: Your owner/landlord will be contacted by a case manager on how to submit this documentation

- Owner W9 form
- An agreement that the County will provide to the landlords accepting rental assistance containing certain program conditions.

You and your landlord will be contacted by email or phone if you have been selected for rental assistance under ERAP 2.3. The assistance from ERAP 2.3 will be mailed directly to your landlord.

Miami-Dade County will seek to prosecute you to the fullest extent of the law and take other actions to recover funds should you misrepresent any information on your application, knowingly accept funds for which you are not entitled, or otherwise attempt to defraud or abuse ERAP 2.3.

Public Housing & Community Development – Miami-Dade County does not discriminate on the basis of race, sex, color, religion, marital status, familial status, national origin, age, pregnancy, disability, ancestry, or sexual orientation in the access to, admission into, or employment in, housing programs or activities.

Miami-Dade County ERAP 2 Application



(Please print clearly and legibly on each page)

First Name: _____

Middle Name: _____

Last name: _____

Gender (Optional): _____ Female _____ Male

Social Security Number (Optional): _____

Birth Date: _____

Race (Optional): _____

Ethnicity (Optional): _____

Phone Number: _____

E-mail address: _____

Miami-Dade County ERAP 2.3 Application



Please complete the following questions

(Please print clearly and legibly on each page)

How many family members (NOT including yourself) will be on this application?
(please check one)

_____ 0 family members _____ 1 family member _____ 2 family members

_____ 3 family members _____ 4 family members _____ 5 family members

_____ 6 family members

Street Address:

Suite/Apartment:

City: _____

State: _____

Zip Code: _____

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Household Information: Include all household members (Please print clearly and legibly on each page)

Member	Full Name	Gender (optional)	Relationship to Head	Social Security Number (optional)	Date of Birth	Race (Optional)	Ethnicity (Optional)
1	HEAD						
2							
3							
4							
5							
6							
7							
8							

Relation Codes:

H = head
 S = spouse
 K = co-head
 F = foster child/foster Adult
 Y = other youth under 18
 E = full-time student 18+
 L = live-in aide
 A = other adult

Race codes:

1 = White
 2 = Black/African American
 3 = American Indian/Alaska Native
 4 = Asian
 5 = Native Hawaiian/Other Pacific Islander

Ethnicity codes:

1 = Hispanic or Latino
 2 = Not Hispanic or Latino

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Income and Asset Information (Please print clearly and legibly on each page)				
Member	Full Name	Type of Income or Asset	Source of Income (Who do you receive it from?)	Amount of Monthly Income
1				
2				
3				
4				
5				
6				
7				
8				

Income Codes:

Wages

B = Own business
 F = Federal wages
 HA = PHA wage
 M = Military pay
 W = Wages

SS/SSI/Pension

P = Pension
 S = SSI
 SS = Social Security

Welfare Assistance

TANF = Temp. assistance for needy families
 GA = General assistance

Other Income Sources:

C = Child support
 E = Medical reimbursement
 I = Indian trust/per capita
 N = Nonwage sources
 U = Unemployment benefits
 O = Other

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Landlord Information (Please print clearly and legibly on each page)

The following questions pertain to your landlord. This information is necessary as the Emergency Rental Assistance Payments 2.3 (ERAP 2.3) will be made directly to your landlord to be applied to your account. As the applicant, you will need to contact your landlord.

What is your landlord's name? _____

What is your landlord's phone number? _____

What is your landlord's e-mail address? (optional)

What is your landlord's street address?

What amount is your current monthly rent? _____

What is the amount of your past due rent? _____

Is anyone in your household unemployed? ____Yes ____No

If yes, the date unemployment began? _____

Have you been served with a court issued Summons for Eviction?

____Yes ____No

Have you received a court issued Writ of Possession for the property that you currently rent? ____Yes ____No

Miami-Dade County ERAP 2.3 Application



Program Certification Questions

Please complete the following questions

I certify that I have a current rental lease within the boundaries of Miami-Dade County

☐ Yes ☐ No

I certify that I am not able to pay my full rent due to a reduction in income resulting from my employer or source of income reducing my work hours, laying off staff, making a reduction in the business's workforce, or other actions due to COVID-19.

☐ Yes ☐ No

I certify that I currently DO NOT receive government assistance that pays for all of my rent. (examples: Housing Choice Voucher program (Section 8), VASH, FUP, Mainstream, Project-based Section 8, HOME-TBRA, Continuum of Care, Public Housing).

☐ Yes ☐ No

I understand that I am applying for Emergency Rental Assistance from Miami-Dade County. I certify to Miami-Dade County that I am qualified to receive Emergency Rental Assistance Program 2.3 (ERAP 2.3) funds and I understand the guidelines for the program. I further understand that Miami-Dade County will seek to prosecute me to the fullest extent of the law and take other actions to recover all funds and penalties should I misrepresent any information on my application, knowingly accept funds for which I am not entitled, or otherwise attempt to defraud or abuse the ERAP 2.3 program.

☐ Yes ☐ No

I understand that I must provide all my verification documents if contacted by the caseworker for the application to be considered for assistance.

☐ Yes ☐ No