

## **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 four 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 March 1, 2021 to March 15, 2021. Completed applications must be dropped off by 5:00 p.m. on March 15, 2021.

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 March 1, 2021 to 5:00 p.m. March 15, 2021.

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 (March 1, 2021, 9:00 a.m., till March 15, 2021, 5:00 p.m.) landlords can and are encouraged to refer cases by contacting [LandlordsERAP@miamidade.gov](mailto: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. Residents that reside in the City of Miami and Hialeah must apply directly with their respective cities for rental assistance. The City of Miami and the City of Hialeah have received separate funding from the U.S. Government for the rental assistance program.
- 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.

**2020 Income Limit Categories**

Persons in Household	1	2	3	4	5	6	7	8
Annual Income at 80% AMI	\$51,200	\$58,500	\$65,800	\$73,100	\$78,950	\$84,800	\$90,650	\$95,500
Annual Income at 50% AMI	\$32,000	\$36,600	\$41,150	\$45,700	\$49,400	\$53,050	\$56,700	\$60,350

- 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.

- Your current government issued photo ID for all household members (e.g., driver's license, passport, birth certificate.)
- 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

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(Please print clearly and legibly on each page)

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last name: \_\_\_\_\_

Gender (Optional): \_\_\_\_\_ Female \_\_\_\_\_ Male

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Race (Optional): \_\_\_\_\_

Ethnicity (Optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

# Miami-Dade County ERAP 2.3 Application

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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: \_\_\_\_\_

# Miami-Dade County ERAP 2.3 Application



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	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

# Miami-Dade County ERAP 2.3 Application



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

# Miami-Dade County ERAP 2.3 Application



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

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## 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