



**City of Opa-locka/Opa-locka Community Redevelopment Agency (CRA)
RENT AND MORTGAGE ASSISTANCE PROGRAM**

Rent

Mortgage

Eviction

SIGN AND DATE ALL FORMS AS INDICATED

Application Checklist

- ___ Intake Application (signed & dated)
- ___ Notice of Collecting Social Security Numbers
- ___ Conflict of Interest Disclosure
- ___ Proof of Homeownership (Property Appraisal record, Warranty Deed)
- ___ Proof of financial hardship – employment termination letter, unemployment verification, furlough letter or other proof which demonstrates a hardship occurred on or after October 1, 2022
- ___ Proof of Income – Four (4) most recent paystubs if paid bi-weekly, eight (8) most recent paystubs if paid weekly; social security, unemployment, alimony and/or child support letter; letter of support
- ___ Document showing rent past due (indicating month/s amount owed) or Eviction Notice
- ___ Current Mortgage Statement showing monthly payment amount
- ___ Mortgage Verification showing amount past due
- ___ Public Housing and Community Development Housing Assistance Payment Form showing tenant’s subsidized housing rent responsibility (if applicable)
- ___ Form W-9 completed by the landlord or Mortgage Company. If landlord is not willing to provide W-9 to applicant, the landlord may send completed form to: Opa-locka Community Redevelopment Agency, 780 Fisherman Street, Opa-locka, FL 33054 or email OCRA@Opalockafl.gov. Please indicate name of tenant.
- ___ Household Members’ Identification: Driver's License or Passport, State of Florida ID, Certificate of Naturalization, Residency Card; Social Security Card for all persons 18 years of age residing in the household
- ___ Under age 18: Birth Certificate with name of parent(s) or Passport, Certificate of Naturalization, Residency Card, School Record, Court-ordered Letter of Guardianship, or Letter of Adoption
- ___ Authorization to Verify Information
- ___ Resides within OCRA Boundaries
- ___ Current lease signed by renter and landlord

GENERAL INSTRUCTIONS: Type or use BLUE or BLACK pen. Print clearly. Complete all sections or show N/A. Submit application and documentation to: **City of Opa-locka, OCRA, 780 Fisherman Street, 4th floor, Opa-locka, FL 33054.**

ASSISTANCE AMOUNT: Rent/Mortgage assistance will not exceed three (3) months arrears or maximum \$3,000, whichever is the lesser. Eviction assistance will not exceed first, last and deposit or maximum of \$6,000, whichever is the lesser. Mortgage assistance will not exceed \$6,000 maximum or amount due, whichever is the lesser.

MAXIMUM INCOME LIMIT: Household must meet gross annual income requirement, not exceeding 120% of the Area Median Income (AMI) limits established by the US Department of Housing and Urban Development for the jurisdiction of Opa-locka, Florida. Low-income limits for determining program eligibility are published by HUD in the Federal Register and are updated annually. (Effective 4/1/2020; subject to change)

Household Size	Maximum Income Limit	Household Size	Maximum Income Limit
1	\$75,960	5	\$117,240
2	\$86,880	6	\$125,880
3	\$97,680	7	\$134,520
4	\$108,480	8	\$143,280

- A. Household (HH) Size: In the first column, circle the total number of people in your household
 B. Household Income: Check the box that corresponds to your household's total annual income

Check here if your income does not fall into any of the income ranges below.

HH/Size	80%	120%	140%
1	<input type="checkbox"/> \$50,640 or less (ELI)	<input type="checkbox"/> \$75,960 or less (VLI)	<input type="checkbox"/> \$88,620 or less (LI)
2	<input type="checkbox"/> \$57,920 or less	<input type="checkbox"/> \$86,880 or less	<input type="checkbox"/> \$101,360 or less
3	<input type="checkbox"/> \$65,120 or less	<input type="checkbox"/> \$97,680 or less	<input type="checkbox"/> \$113,960 or less
4	<input type="checkbox"/> \$72,320 or less	<input type="checkbox"/> \$108,480 or less	<input type="checkbox"/> \$126,560 or less
5	<input type="checkbox"/> \$78,160 or less	<input type="checkbox"/> \$117,240 or less	<input type="checkbox"/> \$136,780 or less
6	<input type="checkbox"/> \$83,920 or less	<input type="checkbox"/> \$125,880 or less	<input type="checkbox"/> \$146,860 or less
7	<input type="checkbox"/> \$89,680 or less	<input type="checkbox"/> \$134,520 or less	<input type="checkbox"/> \$156,940 or less
8 or more	<input type="checkbox"/> \$95,520 or less	<input type="checkbox"/> \$143,280 or less	<input type="checkbox"/> \$167,160 or less

1. Do you receive income from any of the following sources?

- Unemployment General Assistance/Welfare Social Security
 Food Stamps Medicaid Other: _____

2. Race (Check only one):

- American Indian/Alaskan Native Asian White Native Hawaiian/Pacific Islander
 Asian & White Black/African American American Indian/Alaskan Native & White
 Black/African American & White American Indian/Alaskan Native & Black/African American
 Other Multi-Racial (specify) _____
 Hispanic Ethnicity (you must also check one of the racial categories above if you select this category)

3. Gender/Age:

- Male Female Prefer Not to Answer 62 years or older

4. Please provide information about your hardship.

CONFLICT OF INTEREST DISCLOSURE

As an applicant of the City of Opa-locka/Opa-locka CRA's Rent and Mortgage Assistance Program, I understand that I must disclose my relationship with persons who I may be associated with in the City of Opa-locka and/or the Opa-locka CRA. I, therefore, attest to the following: Place your initials next to your answer.

___ **I am not** a current Opa-locka CRA/City of Opa-locka official, employee, board member, commissioner, agent and/or representative of the OCRA/City.

___ **I am** a current Opa-locka CRA/City of Opa-locka official, employee, board member, commissioner, agent and/or representative of the OCRA/City. Position/Title _____

___ **I am** a former Opa-locka CRA/City of Opa-locka official, employee, board member, commissioner, agent and/or representative of the OCRA/City. Position/Title _____

Date of Employment or Date Term Ended _____

___ My landlord IS or IS NOT an Opa-locka CRA/City of Opa-locka official, employee, board member, commissioner, agent and/or representative.

___ To the best of my knowledge, **I am not** aware of any current Opa-locka CRA/City of Opa-locka official, employee, board member, commissioner, agent and/or other representative of the OCRA/City who is related to me or with whom I am a business associate.

___ **I am** related to or have a business relationship with a current Opa-locka CRA/City of Opa-locka official, employee, board member, commissioner, agent and/or representative.

His/her name is _____. This person is associated with the OCRA or City of Opa-locka in the capacity of _____.

Applicant Name/Signature _____ **Date** _____

AGREEMENT AND AUTHORIZATION TO VERIFY INFORMATION

The undersigned provides authorization for the Opa-locka CRA/City of Opa-locka as follows: 1) to verify information submitted in this application and 2) to make copies of this application as required to receive assistance. The applicant understands that all information and documents provided and in association with this application are public records and are subject to the State of Florida’s public records laws.

I certify that the information provided in this application is true and correct. Any intentionally false or fraudulent statement or supporting document will constitute cancellation of this application and liability in any legal action brought against me by the Opa-locka CRA/City of Opa-locka. The Opa-locka CRA/City of Opa-locka is hereby authorized to inspect the property prior to approval or later, if warranted. I agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the Opa-locka CRA/City of Opa-locka.

NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

State law requires that notice be given to persons when requesting their Social Security Number (SSN). Opa-locka CRA/City of Opa-locka collects your social security number for purposes of identification verification and may share the information with other agencies for the same purpose. The request for your SSN is authorized by state law, §119.071(5)(a), F.S. 2007.

PENALTY FOR FALSE OR FRADULENT STATEMENT

Federal law, U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

PRIVACY ACT NOTICE

This information is to be used by the agency collecting it, or its assignees, in determining your eligibility for assistance. The information will not be disclosed outside the agency except as required and permitted by law. Failure to provide this information may delay or result in rejection of your application. All information you provide is subject to Florida’s public records laws.

Applicant Signature _____

Date _____

OFFICIAL USE ONLY

CRA/City Approval

CRA/City Denial

Date _____

Approval Amount _____

Month(s) Approved _____

Staff Signature _____

Notes:

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Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
[] [] [] - [] [] - [] [] [] [] [] []	
or	
Employer identification number	
[] [] - [] [] [] [] [] [] [] [] [] [] [] []	

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)