

Applicant's Checklist:

Name: _____ Phone #: _____

Address: _____

Applicant Checklist:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Application |
| <input type="checkbox"/> | Copy of ID (All household members over 18) |
| <input type="checkbox"/> | Most Recent Mortgage Statement |
| <input type="checkbox"/> | Most Recent Utility Bill(s) |
| <input type="checkbox"/> | Bank statements (all accounts-all pages) |
| <input type="checkbox"/> | 2 months most recent Bank Statements (All Banks, All Accounts) |
| <input type="checkbox"/> | 2 months most recent Pay Stubs, Award Letters, Child Support, etc. |
| <input type="checkbox"/> | Self Employed? Most recent tax returns AND Year To Date Profit & Loss Statement |
| <input type="checkbox"/> | Zero Income Affidavit (<i>Only if you have \$0 income</i>) |
| <input type="checkbox"/> | Privacy Policy |
| <input type="checkbox"/> | Release of Information Authorization |
| <input type="checkbox"/> | Duplication of Benefits |
| <input type="checkbox"/> | Self Certification |
| <input type="checkbox"/> | |

(Office Use Only)

Income:	_____
AMI:	_____
Age:	_____
Race:	_____
Hispanic?	_____

Please return application, along with **ALL** documents required, to one of the following: **NO PIECE MAIL!**

EMAIL: TampaRelief5@reach4housing.org
 Facsimile: 813-435-2269 OR 813-331-0430.
 In-Person: 4006 S MacDill Ave, Tampa, FL 33611

***Will only accept copies of documents in sealed envelope.~DROP OFF ONLY~**



ONE TAMPA: RELIEF NOW; RISE TOGETHER - Phase 5

City of Tampa in partnership with other agencies is accepting applications for the City of Tampa – ONE TAMPA: RELIEF NOW; RISE TOGETHER - Phase 5 Program. This program is designed to provide funds to homeowners residing in City of Tampa limits who are delinquent on mortgage and/or utility payments due to COVID-19 impacts. Funds will be provided as a grant for delinquent mortgage and utility payments for approved applicants. Applicants will be assisted on a first- eligible, first served basis. Assistance through City of Tampa is limited to no more than 5 months of past due payments per household. Program will end once all funds have been committed.

Pre-Eligibility Criteria

Applicant name: <hr/> Address: <hr/> <hr/> <hr/>	Phone: <hr/> E-mail: <hr/>
---	-------------------------------------

1. Is your household income below the 80% area median income level? YES NO

Household Size	1	2	3	4	5	6	7	8
Income Limits	\$41,350	\$47,250	\$53,150	\$59,050	\$63,800	\$68,500	\$73,250	\$77,950

2. Are you delinquent on your mortgage and/or utility payments? YES NO

(utilities include electric, natural gas, water, sewer, and trash).

Please note – Documented evidence required.

3. Are you a resident living within City of Tampa limits? YES NO

4. Has your household been impacted by COVID-19 and Caused financial hardship? YES NO

Applicant signature: _____ Date: _____



IF YOU ANSWERED NO; TO ANY OF THESE QUESTIONS, YOU ARE NOT BE ELIGIBLE FOR ONE TAMPA: RELIEF NOW; RISE TOGETHER - PHASE 5 PROGRAM ASSISTANCE.

Eligibility

1. Identify any of the following situations that apply to you or to other members of the household 18 years or older. *(Check all that apply, Documented evidence may need to be requested)*

- I was terminated from my job because my employer closed due to COVID-19
- My former employer is not re-opening after closing for COVID-19
- My work hours were reduced due to COVID-19
- I was laid off from my job due to COVID-19
- I was furloughed due to COVID-19
- A wage earner left my household due to COVID-19 impact
- Loss of Child Support due to COVID-19 impact
- I have a pending Unemployment Application or currently receiving Unemployment due to COVID-19
- Employer Industry closed due to COVID-19 related Executive Orders (bar, nightclub, hair salon, vacation rentals, etc.)
- Other:

(please explain) _____

2. Have you received any COVID related assistance? If so, answer these 3 questions:

What agency provided the services? _____

How much was approved? _____

When was it received? _____

3. Type of relief requested:

Mortgage Assistance ONLY Utilities ONLY Mortgage AND Utilities

4. What is the utility you are requesting payment for?

Electric Gas City of Tampa Utilities

5. If requesting mortgage assistance:

Is your mortgage account current? YES NO

What is your monthly mortgage amount? \$ _____

What is your mortgage account number? _____

What is the name of your mortgage company? _____

What is your mortgage company's phone number? _____

Mortgage company mailing address: _____

Household

Property address: _____

Household Members

Name	Age	Relationship to Head of Household	Annual Income	Student? (Y/N)	Veteran? (Y/N)
		Head of Household	\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

Household Employment Information

Name	Employer	Employer Address	Employer Phone:

Household Income - Circle applicable household size/income

Household Size	1	2	3	4	5	6	7	8
Income Limits	\$41,350	\$47,250	\$53,150	\$59,050	\$63,800	\$68,500	\$73,250	\$77,950

Race/Ethnicity – For head of household, check one.

	Non-Hispanic	Hispanic
White		
Black/African American		
Asian		
Native Hawaiian/Pacific Islander		
American Indian/Alaska Native		
American Indian/Alaska Nat & White		
Other Multi-Racial		

1. I/We understand that Title 18, Section 1001 of the U.S. Code and Florida Statute Chapter 817 makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds and is punishable by fines and imprisonment provided under sections 775.082 and 775.083, Florida Statutes. I/we further understand that any willful misstatement of information will be grounds for disqualification. Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement. Applicant represents that all statements and representations made by applicant regarding proceeds received by applicant have been and shall be true and correct.

Failure to agree will deem your application ineligible.

I agree I disagree

2. I certify that the application information provided is true and complete to the best of my/our knowledge.

Failure to agree will deem your application ineligible.

I agree I disagree

3. I agree to provide any documentation needed to assist in determining eligibility and am aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record

Failure to agree will deem your application ineligible.

I agree I disagree

Applicant signature: _____ Date: _____

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members who are claiming zero income from any source, if appropriate)

Name of Applicant: _____

Name of Household Member: _____

Present Address: _____

1. I hereby certify that I do not receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - e. Unemployment or disability payments;
 - f. Public assistance payments;
 - g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - h. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - i. Any other source not named above.

2. Choose one:
 - I did not file taxes last year because my income was below the IRS threshold.
 - I did not file taxes last year and my income was above the IRS threshold.
 - I filed taxes last year.

3. Choose one:
 - Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
 - Currently, I have no income of any kind and I will not be seeking employment at this time.

I use the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the application.

Signature of Household Member

Date



City of Tampa

Jane Castor, Mayor

Planning & Development Development and Growth Management

4900 W. Lemon St.
Tampa, FL 33609

Office: (813) 274-7940
Fax: (813) 274-7941

Privacy Policy

The City of Tampa is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations.

Additionally, we want you to understand how we use the personal information we collect about you. The type of information that we collect about you is:

- Information we receive from you orally, on applications, or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balances, payment history, parties to transactions and credit card usage, tax statements, bank statements, etc.
- Information we receive from a credit reporting agency, such as your credit history.

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes and/or any other pre-authorized individuals and/or organization. The types of information we disclose is as follows:

- Information you provide on application/forms or other forms of communication. This may include your name, address, social security number, employer, occupation, account numbers, assets, expensed, and income.
- Information about your transactions with us, our affiliates, or others: such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency: such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

Florida’s Public Records Law

Florida’s Public Records Law provides a right to access the records of the state and local governments as well as private entities acting on their behalf. The information you provide to the City of Tampa and its contracted third parties, through writing and email, is considered public record. This information may be disclosed in response to a public records request. **Fl. Stat. 119.07(1)**. Although this information is public record, Chapter 119 of the Florida Statutes provides several disclosure exemptions. The information provided below will not become public record and will remain confidential.

- Social Security numbers - Fl. Stat 119.071(5)(a)(5)
- Medical history records - Fl. Stat. 119.071(5)(f)
- Bank account numbers - Fl. Stat. 119.071(5)(b)
- Debit/Credit card numbers - Fl. Stat. 119.071(5)(b)
- Information related to health and property insurances - Fl. Stat. 119.071(5)(f)

You must notify the City of Tampa if you qualify for additional public record exemptions provided in the Florida Statutes.

How is your personal information secured?

We restrict access to your nonpublic personal information provided to the City of Tampa employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Opting-Out of Certain Disclosures

You may direct the City of Tampa to not disclose your nonpublic personal information to third parties (such as your creditors). However, if you choose to “opt-out” we will not be able to answer any questions from your creditors, which may limit the City of Tampa’s ability to provide services. If you choose to “opt-out” please check the box next to the “Opt-Out” clause. If you choose to release your information as stipulated in this Privacy Policy, please check the box next to the “Release” clause. You may change your decision any time by contacting our office in writing at the City of Tampa, Housing & Community Development, 4900 W. Lemon St., Tampa, FL 33609. The “Opt-Out” clause does not include information that is public record under Fl. Stat. 119.011.

OPT-OUT: I request that the City of Tampa, make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that the City of Tampa will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting the City of Tampa.

Applicant:

Date

Applicant/Household Member:

Date

RELEASE: I hereby authorize the City of Tampa to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Applicant:

Date

Applicant/Household Member:

Date



Consent for City of Tampa COVID-19 Assistance

I consent to allow the City of Tampa, R.E.A.C.H to request and obtain employment, income, credit history, and/or assets to for the purpose of verifying information provided, as part of determining eligibility for assistance under the One Tampa: Relief Now, Rise Together Individual Relief Program. I understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: personal identity; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposit (CD), payment from Social Security, annuities, insurance policies, retirement funds, pension, disability or death benefits; unemployment, disability and/or worker's compensation; welfare assistance; net income from the operation of a business; and, alimony or child support payments, etc.

Organization/Individuals that may be asked to provide written/oral verification are but not limited to:

Past /Present Employers
Banks or Financial Institutions
State Unemployment Agency
Welfare Agency

Alimony/Child/Other Support Providers
Social Security Administration
Veteran's Administration
Other _____

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purpose stated above. I understand that my authorization will remain effective from the date of my signature until, and that the information will be handled confidentially in compliance with all applicable federal laws.

Social Security number

DOB (mm/dd/yyyy)

Signature of Applicant

Print Name

Date

**CITY OF TAMPA CARES: HOUSING ASSISTANCE PROGRAM
ACKNOWLEDGMENT AND AGREEMENT REGARDING DUPLICATION OF BENEFITS**

The undersigned individual(s) (hereinafter and, if more than one party, jointly and severally, the "Recipient"), in consideration of the City of Tampa, Florida ("City") evaluating Recipient's eligibility to receive assistance through the **CITY OF TAMPA CARES: HOUSING ASSISTANCE PROGRAM** ("Program") in the amount of not more than \$ _____ ("Award") to provide assistance, depending on Recipient's situation and eligibility, to directly on Recipient's behalf pay Recipient's lender and/or utility company Recipient's, mortgage payments, and/or utilities for _____ months with regard to the property located at:

Street Address: _____, Tampa, FL _____

Now, therefore, the City has an option to recoup assistance used on the above described property ("Property") upon the terms, conditions and contingencies herein set forth:

Federal Benefits and Charitable Donations

Recipient agrees that if Recipient receives or has received benefits and/or proceeds not previously disclosed to the City ("Subsequent Proceeds"), then the Recipient will report receiving such Subsequent Proceeds to the City and the City will determine in its sole discretion the amount, if any, of such Subsequent Proceeds that are a duplication of benefits ("Subsequent DOB Proceeds"). Specifically, Recipient shall email HCDinfo@tampagov.net within one (1) month of Recipient's receipt of such Subsequent Proceeds. If Recipient fails to report any Subsequent Proceeds, then the City may require immediate repayment in full of the entire amount of assistance provided by the City.

Duplication of Benefits

Recipient agrees that Subsequent DOB Proceeds shall be disbursed as follows:

1. If the Award has been fully expended by the City, then any Subsequent DOB Proceeds shall be repaid by Recipient to the City up to the amount of the Award.
2. If no portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be paid by Recipient to the City and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, then all Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City shall be returned to the Recipient, and this Agreement shall terminate.
3. If some portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by Recipient to the City to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to the expended portion of the Award and retained by the City; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the Recipient, and this Agreement shall terminate.
4. If the City makes the determination that the Recipient does not qualify to participate in the Program or the Recipient decides not to participate in the Program, then the Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City that have not been used or obligated by the Program shall be returned to the Recipient, and this Agreement shall terminate.
5. Once the City has recovered an amount equal to the Award, the City will reassign to Recipient any rights assigned to the City pursuant to this Agreement.

Income Eligibility

Recipient certifies that Recipient has provided complete, accurate, and current information regarding household income to demonstrate Recipient's eligibility to receive assistance.

Enforcement

The Recipient acknowledges that City has the right and responsibility to enforce Recipient's obligations under this agreement. Recipient has read and understood this Agreement and taken what opportunities Recipient deems necessary to review with Recipient's legal and financial advisors. Recipient agrees any action must be brought in Hillsborough County, Florida and adjudicated pursuant to Florida law and any applicable federal law without giving effect to conflict of law provision. **RECIPIENT WAIVES THE RIGHT TO HAVE ANY JUDICIAL PROCEEDING ARISING OUT OF THIS AGREEMENT TRIED BY A JURY.** Recipient shall be entitled to sign and transmit an electronic or digital signature of this Agreement (whether by facsimile, PDF, email, or other digital or electronic transmission), which signature shall be binding on Recipient. If Recipient provides an electronic or digital signature, Respondent shall upon the City's request promptly execute and deliver an original (wet) signed Agreement upon request.

This binding, legal agreement has been signed by Recipient and delivered to the City on or as of this _____ day of _____, 20_____.

RECIPIENT:

Print Name: _____

Print Name: _____

Recipient address and primary residence: _____ Tampa, FL _____

CDBG ASSISTANCE SELF-CERTIFICATION OF INCOME FORM
 To be completed by each adult household member

Name _____ Local Government _____

Address _____ Phone # _____

_____ E-mail _____
 City, State, Zip

1. I hereby certify that I have been negatively impacted by the **COVID-19** pandemic.
2. I am underemployed or unemployed.

Explain your COVID-19 related hardship:

2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):

- | | | | |
|---|---|---|-------------------------|
| Y | N | Gross wages from employment (including commissions, tips, bonuses, fees, etc.) \$ _____ | |
| Y | N | Net income from operation of a business \$ _____ | |
| Y | N | Rental income from real or personal property \$ _____ | Property Value \$ _____ |
| Y | N | Cash value of all assets (checking, savings, CD, stocks, bonds) | |
| Y | N | Value of whole life insurance policies \$ _____ | |
| Y | N | Interest or dividends from all assets \$ _____ | |
| Y | N | Social Security payments, annuities, retirement funds, pensions, or death benefits \$ _____ | |
| Y | N | Unemployment Benefits \$ _____ | |

- Y N Disability payments \$_____
- Y N Public assistance payments \$_____
- Y N Temporary Assistance for needy Families (TANF) \$ _____
- Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household \$_____
- Y N Sales from self-employed resources \$_____
- Y N Any other source not named above \$_____
- Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

I certify my anticipated gross annual income for the next 12 months to be (Total of section 2): \$_____.

I will inform local government staff if my income changes during the period when I am receiving assistance.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

Signature of Applicant

Printed Name of Applicant

Date

**One Tampa Relief
Phase 5
Mortgage Remit to Address Confirmation**

I _____ (*applicant name*), have contacted my mortgage company on
_____/_____/2021 and confirmed that the remit to information for my mortgage payment is as
follows:

Mortgage company name: _____

Department name (if any): _____

Remit to address: _____

Applicant signature

____/____/____
Date