

Miami-Dade COVID-19 Municipality Housing Assistance Program

In November 2020, in response to the COVID-19 Pandemic and its subsequent economic impact, several municipalities within Miami-Dade County created the **Municipality Housing Assistance Program (HAP)** using CARES Act Funds. The Municipalities aim to relieve the financial burden of tenants and homeowners who have lost income due to COVID-19 and keep Miamians in their homes to support a strong recovery. The program is designed to support tenants and homeowners with up to six (6) months or \$6,000 of past due mortgage or rental assistance. Funds will be paid directly to the landlord or mortgage lender in the form of a grant by Miami-Dade County, which must be used solely to provide rent or mortgage forgiveness in the same amount to eligible tenants or homeowners. This program is separate from the Miami-Dade County Residential Landlord/Tenant Rental Assistance Program and the Emergency Rental Assistance Program (ERAP). Applicants can and should apply for both programs, but cannot receive duplicate aid for the same month(s). Additional details including eligibility requirements can be found below.

ELIGIBILITY

Any individual may be eligible for rental or mortgage assistance under the program if the following conditions are met:

- Have not received aid for the mortgage or rent payments for the same period covered by this program from any other source;
 - NOTE: Participation in the Emergency Rental Assistance Program (ERAP) created by Miami-Dade County does not exclude participation in this program, however it cannot fund the same rental period.
- Can document a loss or reduction of income due to the COVID-19 Pandemic;
- Current household income at or below 140% of Area Median Income (AMI) for Miami-Dade County. Current income refers to the household's income following any job loss or income reduction due to COVID-19;
- Proof of residency within Miami-Dade County in an participating municipality;
- Proof of paid in full status of rent or mortgage as of February 2020; and
- You are applying for your primary residence.

HOW TO APPLY

Applicants are strongly encouraged to apply online at www.miamidadecovidrelief.org to ensure prompt processing of their application and avoid the need to physically drop off the application and documentation. If the applicant is unable to apply online, a paper application is available below. A list of all required documents is provided on the application, and copies of the documents must be submitted with the application. Program staff will review the application materials and contact the applicant with any additional questions.

Apply online to save time: www.miamidadecovidrelief.org

Miami-Dade COVID-19 Municipality Housing Assistance Program

APPLICANT INFORMATION

| | | | | |
|---|------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| Full Name (as it appears on State ID): | | | | |
| | | | | |
| Applicant Street Address: | | | | Apartment / Unit #: |
| | | | | |
| City: | | State: | Zip Code: | |
| | | | | |
| Phone: | | Email: | | |
| () - - | | | | |
| Household Size (# of people): | Total Household Income: | | Monthly Rent or Mortgage Payment: | |
| | \$ | | \$ | |
| Applying for Rent or Mortgage Assistance: | | | | |
| <input type="checkbox"/> Rent | | <input type="checkbox"/> Mortgage | | |
| Household Member names and relationship to applicants: | | | | |
| Name: | | Relationship: | | |
| | | | | |
| Name: | | Relationship: | | |
| | | | | |
| Name: | | Relationship: | | |
| | | | | |
| Name: | | Relationship: | | |
| | | | | |
| Preferred Contact Language: | | | | |
| <input type="checkbox"/> English | | <input type="checkbox"/> Spanish | | <input type="checkbox"/> Kreyol |
| Months rent or mortgage assistance being requested for: (Up to 6) | | | | |
| <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June | <input type="checkbox"/> July |
| <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | |

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REQUIRED DOCUMENTS FOR ALL APPLICANTS

Do not submit any original documents. Only submit copies of original documents as no documents will be returned to the applicant. All applicants will need to provide the following documentation as part of the application process:

- Proof of financial hardship due to COVID-19, which may include:
 - Layoff or Furlough Notice
 - PUA Eligibility Letter or equivalent also acceptable
 - Evidence of lost wages (partial or full)
 - Bank statements;
 - Paycheck records.
 - Proof of Current Income at or below 140% of AMI - If your 2019 income was higher, you can submit proof of loss of income to still qualify.
 - 2019 Tax Return; OR
 - Bank statements; OR
 - Paycheck records.

MORTGAGE ASSISTANCE

If you are applying for RENTAL ASSISTANCE, skip this section.

| | | |
|--------------------------------------|--------|----------------------------|
| Name of Lending Institution | | |
| | | |
| Lending Institution Mailing Address: | | Floor or Suite# |
| | | |
| City: | State: | Zip Code: |
| | | |
| Lending Institution Phone: | | Lending Institution Email: |
| ()- - | | |

REQUIRED DOCUMENTS FOR MORTGAGE ASSISTANCE

If you are applying for RENTAL ASSISTANCE, skip this section.

- For Mortgage Assistance:
 - Mortgage Statement showing paid in full status as of February, 2020.
 - Current statement showing outstanding payment and/or arrears.
 - Payment instructions for mortgage holder (lender) and any necessary account numbers.
 - *Checks will be written in the name of the lender but mailed to the applicant who will be responsible for ensuring they are forwarded to the lender appropriately.*

RENTAL ASSISTANCE

Do not complete this section if you are applying for MORTGAGE ASSISTANCE.

Landlord Information

| | | |
|-------------------------------|--------|---------------------|
| Full Name: (or business name) | | |
| | | |
| Street Address: | | Apartment / Unit #: |
| | | |
| City: | State: | Zip Code: |
| | | |
| Phone: | Email: | |
| ()- - | | |

| | | |
|--------------------------------------|----------------------------------|---------------------------------|
| Landlord Preferred Contact Language: | | |
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Kreyol |

REQUIRED DOCUMENTS FOR RENTAL ASSISTANCE

- Signed Lease
- Government ID with matching address AND Utility Bills if ID address does not match ID
- Receipts showing rent was current as of February 2020
- Contact information for Landlord, including business address and phone number.
 - Grant awards will be paid via paper check in the name of the landlord and mailed directly to the landlord address listed on the application. Please ensure this information is entered correctly above.
 - An IRS Form W-9 from your landlord including their name (and business name if applicable), mailing address, Social Security Number (SSN) OR Tax Identification Number (TIN). If your landlord does not want to provide it to you, it can be sent to the program directly after your application is received.

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CERTIFICATION OF ADHERENCE

By signing this document, I confirm that all information provided, to the best of my knowledge, is true and adheres to the guidelines set by the Miami-Dade COVID-19 Municipality Housing Assistance Program. If approved to receive Municipality Housing Assistance Program funds, I will be obligated to use this award to make rental or mortgage payments for the months specified in the application. By signing below, you certify that all information provided in this application is true to the best of your knowledge, and that you meet all the eligibility criteria:

- Your household experienced a loss or reduction of income due to the COVID-19 Pandemic;
- Your current household income is at or below 140% of Area Median Income (AMI) for Miami-Dade County. (Current income refers to the household's income following any job loss or income reduction due to COVID-19);
- You reside within Miami-Dade County;
- You are applying for your primary residence
- You have not received aid for rent payments for the same period covered by this program from any other source;
 - NOTE: Participation in the Emergency Rental Assistance Program (ERAP) created by Miami-Dade County does not exclude participation in this program, however it cannot fund the same rental period.

You also understand that any attempt to defraud the County or misuse these funds will result in prosecution to the fullest extent of the law.

_____/_____/_____
Signature Date



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INSTRUCTIONS FOR APPLICATION SUBMISSION

Once all required fields have been filled and the necessary documents have been obtained, please paperclip all documents and place inside a large yellow manila envelope. Write COVID-19 MUNICIPALITY PROGRAM in large letters on the outside of the envelope.

The envelope can be dropped in the book drop at any of the libraries listed below. We will confirm receipt of your application by email and/or phone once it is received. This may take up to 7 business days.

Drop-off Locations:

- **North Dade Regional Library**
2455 NW 183rd Street
Miami Gardens, FL
33056
- **South Dade Regional Library**
10750 SW 211 Street
Cutler Bay, FL 33189
- **Main Library**
101 West Flagler Street
Miami, FL 33130
- **Westchester Regional Library**
9445 Coral Way
Miami, FL 33165

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. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | |
| | 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. | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | |
| | <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 | Exempt payee code (if any) _____ |
| | <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ | | | | | Exemption from FATCA reporting code (if any) _____ |
| | 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. | | | | | (Applies to accounts maintained outside the U.S.) |
| | <input type="checkbox"/> Other (see instructions) ▶ _____ | | | | | |
| 5 Address (number, street, and apt. or suite no.) See instructions. | | | | Requester's name and address (optional) | | |
| 6 City, state, and ZIP code | | | | | | |
| 7 List account number(s) here (optional) | | | | | | |

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.

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.

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | | | | | | | | | | | | | | | | | | |
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| or | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 ▶ |
|------------------|----------------------------|--------|

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 taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- 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)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.