

CORONAVIRUS RELIEF FUND (CRF) APPLICATION

INSTRUCTIONS FOR APPLICATION

General Instructions

Read the instructions for this application.

Please type **OR** use BLUE ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.

All household members 18 years of age or older must sign and date the application.

Submit **completed** application with all required documentation to the following:

US MAIL: 1100 Simonton Street #1-190, Key West, FL 33040

EMAIL to: MCSS@monroecounty-fl.gov

FAX to: 305-295-4359

IN-PERSON DROP BOXES: Gato Building, Key West, outside South entrance door, labeled Social Services Senior Center/Meal Site, Marathon, 535 33rd Street, Marathon, FL 33050
Tradewinds Shopping Center, Key Largo, Social Services Office, Near K-Mart

Itemized Instructions

- 1. APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail, e-mail address (if applicable), date of birth, marital status and all other fields. ***IMPORTANT NOTE: Dock fees/boat slip fees are not eligible for these funds. If you receive a Section 8 Voucher OR reside in Public Housing or other subsidized housing, you MAY not eligible for these funds.***
- 2. CO-APPLICANT/OTHER HOUSEHOLD MEMBER INFORMATION:** List all other members of the household residing in the unit/house. Attach additional sheets if necessary.
- 3. ALTERNATE CONTACTS INFORMATION:** This information is collected to assist us in the event that you move or are living temporarily in another location. List contacts who are able to help you through this process.
- 4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List current Head of Household and all other members of household. Indicate relationship of each member to the Head of Household, gender, date of birth and marital status. Indicate if any members are disabled and explain if there are any expected additions to the future household (i.e., birth of a child, adoption, legal custody ruling, etc.).
- 5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** Collected for reporting purposes only.
- 6. ELIGIBILITY INFORMATION:** Collected to determine eligibility related to emergency assistance. Provide information concerning eligibility on whether you or a household member was directly affected by COVID-19.
- 7. OTHER ASSISTANCE RECEIVED:** Provide all information on other types of assistance received (financial or otherwise), related to COVID-19.
- 8. INCOME INFORMATION:** Provide information on all household income sources. Income includes: Wages, salaries and tips, alimony, child support, military income, part-time or temporary income, TANF, Social Security, other benefits, income for all household members aged 18 years or older. Food Stamp (SNAP) benefits are NOT considered income.
- 9. ASSET INFORMATION:** Provide information on assets for all household members.
Typical assets include, but are not limited to:
 - Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
 - Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;

- Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;
- Mortgage or deeds of trust held by the applicant

Some items of personal property **NOT** counted as assets include:

- Automobiles;
- Jewelry; and/or
- Term life insurance policies

10. PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Your signature on this form, and the signatures of each member of your household who is 18 years of age or older, authorizes Monroe County Board of County Commissioners/Monroe County Social Services to obtain information regarding your eligibility and continued participation in the CRF Program. Each adult member of the household must sign this form.

11. ELIGIBILITY RELEASE and VERIFICATION AGAINST FALSE STATEMENTS FORM:

It is required that the applicant listed in section #1 of the application sign this ELIGIBILITY RELEASE and VERIFICATION AGAINST FALSE STATEMENTS form below, which allows the Monroe County Board of County Commissioners/Monroe County Social Services to request information concerning your eligibility and participation in this program. This ELIGIBILITY RELEASE and VERIFICATION AGAINST FALSE STATEMENTS form allows for income, assets, child support, etc. to be verified and documented. Additionally, all household members aged 18 or older must also sign this ELIGIBILITY RELEASE and VERIFICATION AGAINST FALSE STATEMENTS form.

Chapter 817 of the Florida Statutes provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

Applicant is hereby notified that by signing below and by all adults 18 or older in household signing below, 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.

Applicant's Signature

Date

Household Member Signature

Date

Household Member Signature

Date

Household Member Signature

Date

Household Member Signature

Date

Monroe County Board of County Commissioners
Monroe County Social Services
Monroe County, Florida
CRF Duplication of Benefits Agreement with Recipient

Whereas, _____ is receiving Florida Housing Finance Corporation
(Name of Applicant)
(FHFC) Coronavirus Relief Funds (CRF) in the amount of \$ _____ to provide funding to:
(Leave blank pending eligibility)
(___ pay rent or ___ pay mortgage or ___ other: _____)

for the property located at: _____
(Applicant's physical address)

Now, therefore, Monroe County Board of County Commissioners/Monroe County Social Services (MCSS) has an option to recoup/recover financial assistance used on the property listed above upon the terms and conditions listed below:

Federal Benefits and Charitable Donations

Recipient agrees that if he/she receives additional federal benefits or charitable donations to pay any of the items listed above in connection with the COVID-19 response, the recipient will report receiving benefits by emailing MCSS@monroecounty-fl.gov or calling 305-292-4585 within one (1) month of receipt of additional benefits. If recipient fails to report additional federal benefits or charitable donations, then MCSS may require immediate repayment in full of the entire amount of assistance provided.

Duplication of Benefits

Recipient agrees that if any COVID-19 benefits are received after the receipt of these CRF funds (i.e. federal benefits or charitable donations), the following shall apply:

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

Income Eligibility

Recipient certifies that he/she has provided complete, accurate, and current information regarding household income to demonstrate recipient’s eligibility to receive Coronavirus Relief Funds (CRF).

Enforcement

The Recipient and the Monroe County Board of County Commissioners/Monroe County Social Services (MCSS) acknowledge that MCSS has the right and responsibility to enforce this agreement.

Whereas, if the recipient does not violate any of the terms listed in this agreement, then this agreement will be considered released on the 31st day of March 2021.

IN WITNESS WHEREOF, the undersigned recipient(s) has/have affixed his/her signature(s) and seal(s) this

_____ day of _____, 2020.

Signed, sealed, and delivered in the presence of:

Witness Printed Name:

Recipient Printed Name:

Witness Signature:

Recipient Signature:

STATE OF FLORIDA
COUNTY OF MONROE

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on

_____ (date) by _____ (name of affiant). He/She is

personally known to me or has produced _____ (type of

identification) as identification.

NOTARY PUBLIC

SEAL

CORONAVIRUS RELIEF FUND (CRF) APPLICATION

Application Number: _____ Date/Time Application Received _____	
Application Rec'd By: _____	
Information Above This Line To Be Completed By Staff Only	
What type of housing assistance are you requesting? Circle all that apply	
Rent Mortgage HOA fees Electric Water Gas	
Other (Explain)	
1. TO BE COMPLETED BY APPLICANT: (Head of Household)	
Full Name:	
Current Address:	Apt#
City, State Zip:	
Daytime phone:	Mobile Phone:
E-mail Address:	Date of Birth:
Marital Status:	Age:
Employed? Yes No	Self Employed? Yes No
Landlord Name or Mortgage Co. Name	
Landlord Phone # or Mortgage Co. Phone #	
2. TO BE COMPLETED BY CO-APPLICANT:	
Full Name:	
Daytime phone:	Mobile Phone:
E-mail Address:	Date of Birth:
Marital Status:	Age:
Employed? Yes No	Self Employed? Yes No
3. Alternate Contact's Information	
Name:	Address:
Phone Number:	City, State, Zip

4. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILY STATUS: - As of today, list all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.) listed in Item #1. In addition, include any family members who will be added to the household within the next 60 days (i.e. newborn, adopted child, etc.).

Household Member Name	Relationship to Head of HH	Age	Date of Birth	Marital Status	Is household member listed disabled? Y/N	Employed	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one): -This information is being collected for reporting purposes only.

RACE (Check all that apply):

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Multi-Racial

ETHNICITY (Check one):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

6. ELIGIBILITY INFORMATION: - If the answer to this question is NO, you are NOT eligible for assistance:

Were you or a household member affected by COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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How many household members are/were affected by COVID-19?

For each Household member affected by COVID-19, provide the following information:

a. 1st household member affected by COVID-19

Name:

Are they unemployed or underemployed due to COVID-19? YES NO

Date the person became unemployed or under employed:

Name and address of employer prior to being impacted by COVID-19:

What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later?

Current employer (if any): Current wages (if any):
What was the projected annual gross income of this household after being affected by COVID-19?
Is the person receiving unemployment benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, how much are they receiving monthly \$
Additional information about Hardship:
b. 2nd household member affected by COVID-19
Name:
Are they unemployed or underemployed due to COVID-19? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date the person became unemployed or under employed
Name and address of employer prior to being impacted by COVID-19:
What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later?
Current employer (if any): Current wages (if any):
What was the projected annual gross income of this household after being affected by COVID-19?
Is the person receiving unemployment benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, how much are they receiving monthly \$
Additional information about Hardship:

For more household members, use additional sheets if necessary.

Property Information		
Circle type of unit you live in:	Mobile/Manufactured Home (pre-1994)	Mobile/Manufactured Home (post-1994)
Apartment	House	Other: _____
Please note that if you currently rent or own a manufactured or mobile home constructed before June 1994, a Housing Quality Standards Inspection (HQS) may be required at no expense to you.		
Are you past due on your rent or mortgage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you request a COVID-related mortgage forbearance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Was it approved? <input type="checkbox"/> YES <input type="checkbox"/> NO

What is your monthly rent payment?	_____
What is your monthly mortgage payment?	_____
What is your monthly lot rent?	_____
What are the penalties/late fees due, if any?	_____

How many months of rent are due/past due?	_____
How many mortgage payments are due/past due?	_____
How many months of HOA fees are due/past due?	_____
How many months of lot fees are due/past due?	_____

Is your primary residence currently in foreclosure? YES NO

7. Did you apply for COVID-19 assistance to any other program or organization (financial or goods)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Name the organization(s)

Have you received any COVID related assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Approved?	
Amount Received to date:	
List agency providing services	1 _____
	2 _____
	3 _____

8. INCOME INFORMATION: Income includes: Wages from employment, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, Unemployment Benefits, Disability Income, any other benefits for ALL household members. List ALL household members and their incomes. Attach a separate sheet if you need more space. **FOOD STAMPS ARE NOT CONSIDERED INCOME- Do NOT list food stamps.**

Household Member Name	Full Time Student? Y/N	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

9. ASSET INFORMATION: Provide the requested information on any property you may own or assets you may have.

Do you own any real estate other than your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, provide address, city, and state of property(s):

What is the tax roll value of the property(s)?	
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If yes, what is the current balance owed on the mortgage(s)?

Do you have income from the property(s)? (rental income)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is this real estate asset currently in foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.) Provide this information for all household members. **Use additional sheets if necessary.**

Household Member Name	Type & Source of Asset	Cash Value of Asset	Annual Income from Asset

10. PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT: Your signature on this Public Records Disclosure and Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes Monroe County Board of County Commissioners/Monroe County Social Services to obtain information regarding your eligibility and continued participation in the CRF Program. Each adult member of the household must sign this Eligibility Release.

11. ELIGIBILITY RELEASE and VERIFICATION AGAINST FALSE STATEMENTS: It is required that you sign this form, which allows Monroe County Board of County Commissioners/Monroe County Social Services to request information concerning your eligibility and participation in this program.

Information Covered: Inquiries may be made about anything on this application, including items initialed below by the applicant. Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

I certify that all the information in the application is true, to the best of my knowledge. By signing this application to verify the information contained, I, the applicant authorizes Monroe County Board of County Commissioners/Monroe County Social Services to verify the information listed herein.

APPLICANT MUST READ AND INITIAL EACH STATEMENT:

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the CRF program. _____

I/We hereby certify that all the information provided herein is true and correct, under penalty of perjury. _____

I/We understand that providing false statements or information for the purpose of obtaining assistance is grounds for termination of housing assistance and is punishable under Chapter 817 of the Florida Statutes as a first-degree misdemeanor. _____

I/We authorize the above-referenced County and any of its duly authorized representatives to verify all information provided in this application. _____

I/We understand that additional information will likely be required to move forward with this program. _____

Applicant's Authorization:

I authorize Monroe County Board of County Commissioners/Monroe County Social Services to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy, scanned copy or faxed copy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to Monroe County Board of County Commissioners/Monroe County Social Services and to request correction of any information I believe to be inaccurate; AND

MONROE COUNTY, FLORIDA
CRF ASSISTANCE SELF-CERTIFICATION OF INCOME FORM
To be completed by each adult household member

Household Member _____

Local Government _____

Address _____

Phone# _____ email _____

1. I hereby certify that I have been negatively impacted by the **COVID-19** pandemic and am underemployed or unemployed.
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 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; \$ _____
- Y N Interest or dividends from assets; \$ _____
- Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
\$ _____
- Y N Unemployment; \$ _____
- Y N Disability payments; \$ _____
- Y N Public assistance payments; \$ _____
- 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 will result in the termination of benefits. The information provided is subject to verification by the county.

Signature of Applicant

Printed Name of Applicant

Date:

FOR AN OATH OR AFFIRMATION:

STATE OF FLORIDA
COUNTY OF MONROE

Subscribed and sworn to (or affirmed) before me, by means of _____ physical presence or _____ online notarization, on this _____ day of _____, 2020 by _____ (name of affiant). He/She is personally known to me or has produced _____ (type of identification) as identification.

Notary Public