



**MONROE COUNTY PLANNING DEPARTMENT  
AFFORDABLE HOUSING RENTAL APPLICATION  
FOR INCOME CERTIFICATION DETERMINATION**

Application Date: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

Rental Community Name: \_\_\_\_\_

Property Address of Rental Unit (Include Apt# if known): \_\_\_\_\_

Unit size requested (# of bedrooms) \_\_\_\_\_ Monthly Rental Rate \_\_\_\_\_

Is this property a Condo/HOA? Yes or No \_\_\_\_\_

**Household Composition:** List ***all*** persons who will live in your household. Head of household should be listed first. **List must include all occupants, dependents and children 17 or younger that will be living in unit.**

**Occupants age 18 or older**

*List all persons age 18 or older that will be living in the home, beginning with the head of household. Each box must be complete for each member. Each working adult may complete a separate application if desired.*

	Occupant(s) Name:	Birthdate	Employer Name	Marital Status	Relationship to Applicant	Full-time student (Yes or No)
<b>1</b>						__ Yes __ No
<b>2</b>						__ Yes __ No
<b>3</b>						__ Yes __ No
<b>4</b>						__ Yes __ No



### Occupants age 17 or younger

*List all children who will be living in the home, oldest to youngest.*

	Occupant(s) Name:	Legal Relationship to Head of Household	Birthdate	School Name	Dependent (Yes or No)
<b>1</b>					__ Yes __ No
<b>2</b>					__ Yes __ No
<b>3</b>					__ Yes __ No
<b>4</b>					__ Yes __ No

#### Applicant/Co-Applicant Employment Information:

Employee Name:	Employer Name:
Position:	Supervisor:
Work Address/Phone:	How long Employed:
Pay Rate:	How often paid:
Annual Income (gross salary): \$	

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**NOTE: Attach additional sheets as necessary for all household members 18 years and over**



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**OFFICE USE ONLY**

- **Verified Household Annual Income:** \$ \_\_\_\_\_
  - **Certified Income Category:** (VL, L, Median, Moderate) \_\_\_\_\_
  - **Reviewer's Signature/Date** \_\_\_\_\_
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**NOTICE:**

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

1) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Print Name of Applicant above)

2) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Print Name of Applicant above)

3) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Print Name of Applicant above)

4) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Print Name of Applicant above)



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## **Application Instructions:**

- Answer all questions on the application form. Do not leave any questions blank. If the question does not apply to you write “none”, “N/A” or “unknown at this time”. All yes/no questions must be checked to indicate whether your response is a “yes” or “no”.
- Staple all the pages of your application together before submitting.
- Incomplete applications will not be processed and will be returned to the applicant. If you make a mistake on your application, please fill out another form. Application with any information crossed out or altered will not be accepted. Only original applications are accepted. Please make sure all information is legible.
- If there is not enough space to answer a particular question or to provide any additional explanation, then attach a separate sheet and label as “Attachment A”.
- Use full legal names of applicants.
- The legal head of household and spouse/co-head (if any) including any other family members 18 years old and over must sign and date the application form.
- The information you provide on this application must be true and complete. It is a violation of law to make false statements.

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## **Submit the following information with your application:**

- 1) Copy of driver's license or other officially-issued proof of identification
- 2) Pay stubs: provide copies of the most recent pay stubs from all sources of income showing your total income for the one month prior to your application, and your most recent W2.
- 3) For instance, if you are paid weekly you will submit 4 pay stubs, if you are paid bi-weekly you will submit 2 pay stubs, if you are paid monthly you will submit 1 stub.
- 4) If self-employed provide your most recent tax return with all schedules and the current 3 months of bank statements for the business. If you own the company and are paid as an employee of that company, provide the payroll check stubs, three months personal bank statements and 1099 or W2.
- 5) NOTE: Other documents may be requested to clarify questions in review, including but not limited to your most recent IRS tax return, additional bank statements, additional pay stubs/income documentation, corporate entity documentation, etc.

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## **Additional Info:**

Employment verification will be required. Obtain and provide a letter of employment from your employer. Your employer may also be contacted by our office directly.

## The Income Certification Process

Once you have submitted your complete application with all requested documentation and we have received your employer verification documents, etc., it typically takes up to 14 business days to inform you of the determination on your income certification status.

A delay in receiving documentation will increase the time needed to complete the review.

If for any reason it takes you more than 120 days from the time you first submit your documentation to complete all file document requirements, you will be required to resubmit updated information that is dated within a new 120-day review cycle.

You will receive an official response indicating the status of your application for Income Certification from our office via the email you provided on your application and or at your current address as listed on the application.

If approved, you may be required to visit our office in person to sit with the reviewer and sign the certification documents. All other adults in the household will be required to sign the same document but may do so in front of a notary public if necessary.

The letter of income certification will be active for 12 months from the date of the letter.

If you are determined not qualified for an income-based program, you can submit a new application and new documentation if your circumstances change in the future. A minimum of six months must lapse prior to reapplication.

All applications will be processed according to Monroe County Code Section 139-1(a), 6, j

If you have questions at any point during the process, please contact us at:

**305-289-2500**

**Planning & Environmental Resources Department**

**Marathon Government Center**

**2978 Overseas Highway, 2<sup>nd</sup> Fl**

**Marathon, FL 33050**