



**DOCUMENTS REQUIRED TO BE SUBMITTED AT TIME OF
APPLICATION FOR
RAPID RE-HOUSING PROGRAM**

Application Package	Notes:
Program Application	
False Statements and Public Record Disclosure	
Authority to Verify Credit Information	
Authorization to Release Information	
Notice of Collecting Social Security	
“Things You Should Know Before Participating in the SHIP Rapid Re-Housing Program of The City of Boynton Beach” Disclosure	
Income Limits Table	
Personal Documents	
Social Security Card (all household members)	
Valid Florida Driver’s License or Florida Identification Card (all adult household members – 18 years and over)	
U.S. Birth Certificate (all US citizens), or valid U.S. Passport, or Naturalization Certificate or valid Permanent Resident Card	
Court Order Child Support or Non-Child Support	
Student Transcript/ Enrollment on School/College Letterhead (full time students 18 years and older)	
Legal Adoption	
Divorcee Degree and Settlement	
Two most Recent years of Tax Returns including W2s and 1099’s (all adult household members – 18 years and over)	
Most recent 30 days of Pay Stubs (all adult household members – 18 years and over)	
Most recent Social Security Annual Award Letter (all adult household members – 18 years and over)	
Most recent Pension and/or Annuity Statement (all adult household members – 18 years and over)	
Most recent Investment Account Statement (all adult household members – 18 years and over)	
Most recent quarterly Profit and Loss Statement (if self-employed)	
Most recent two (2) Months Bank Statement – All pages of each statement for all Accounts (all adult household members – 18 years and over)	
Retirement Account Statements (401K, IRA 403B etc.) (all adult household members – 18 years and over)	
Additional documents will be required after application has been approved for assistance (as applicable).	
Rental Lease Agreement and Landlord Contact Information	
Utility Company Agreement and Contact information	





**CITY OF BOYNTON BEACH
COMMUNITY IMPROVEMENT DIVISION
FINANCIAL ASSISTANCE APPLICATION**

INFORMATION CONTAINED HEREIN SHALL BE USED ONLY FOR DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE THROUGH ONE OF THE CITY'S PROGRAMS.

PLEASE PRINT ALL INFORMATION

Applicant's Name: _____

First

Middle

Last

Date of Birth: _____ Social Security #: _____ EMAIL: _____

Current Address: _____

Street

City, State, Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status: Married Unmarried Divorced Widow/Widower Separated

U.S. Citizen? Yes No If No, Valid Permanent Resident Cardholder: Yes No

Do you Rent Other Explain: _____

If renting, how long have you lived at this address? _____ Monthly Payment: _____

Landlord/Lender Name & Address: _____

Co-Applicant/Spouse Name: _____

First

Middle

Last

Date of Birth: _____ Social Security #: _____ EMAIL: _____

Current Address: _____

Street

City, State, Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status: Married Unmarried Divorced Widow/Widower Separated

U.S. Citizen? Yes No If No, Valid Permanent Resident Cardholder: Yes No

Do you Rent Other Explain: _____

How long have you lived at this address? _____ Monthly Payment: _____

Landlord/Lender Name & Address: _____

Applicant's Employer: _____ Address: _____

Salary: _____ How Long? _____ Job Title: _____ Main Phone # _____

Other Employers: _____



Co-Applicant/Spouse Employer: _____ **Address:** _____

Salary: _____ How Long? _____ Job Title: _____ Main Phone # _____

Other Employers: _____

LIST ALL PERSONS WHO WILL RESIDE WITH YOU AND CO-APPLICANT.

Definition of homeless per Florida Statutes 420.621(5):
This is a household that lacks a fixed, regular and adequate night time residence.

ARE YOU AND/OR THE CO-APPLICANT HOMELESS AS DEFINED BY F.S. 420.621(5)? Yes No

Please check all that apply:

- living in an emergency or transitional shelter
- Has a primary night time residence that is a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings
- living in a car, park, public space, abandoned building, bus or train station, or similar setting
- living in a motel, hotel, travel trailer park or camping ground due to a lack of alternative adequate accommodations
- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason
- A migratory individual who qualifies as homeless because he or she is living in circumstances described above
- None of the above

Please explain:



Does any member of your household meet the following definition of special need? Yes No

Definition of Persons with Special Needs per Florida Statutes 420.0004:

An adult person requiring independent living services in order to maintain housing or develop independent living skills and has a disabling condition 420.0004 (7) Florida Statutes.

- A young adult formerly in foster care who is eligible for services under S.409.1451 (5);
- A survivor of domestic violence as defined in F.S.741.28; or
- A person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security or from Veterans' Disability Benefits.

HOUSEHOLD INCOME (MUST PROVIDE DOCUMENTATION AND/OR SELF DECLARATION STATEMENT)

<u>SOURCE</u>	<u>GROSS AMOUNT</u>	<u>ADDITIONAL COMMENTS</u>
WAGES/SALARIES	PER _____	_____
OVERTIME	PER _____	_____
BONUS	PER _____	_____
COMMISSION	PER _____	_____
CHILD SUPPORT/ALIMONY	PER _____	_____
UNEMPLOYMENT	PER _____	_____
OTHER REGULAR CONTRIBUTIONS	PER _____	_____
OTHER INCOME	PER _____	_____
SOCIAL SECURITY	PER _____	_____
DISABILITY	PER _____	_____
PENSION	PER _____	_____
VETERANS BENEFITS	PER _____	_____
RETIREMENT/PENSION	PER _____	_____

ASSETS (MUST PROVIDE DOCUMENTATION AND/OR SELF DECLARATION STATEMENT)

CHECKING ACCOUNT 1: YES NO BANK/INSTITUTION: _____

CHECKING ACCOUNT 2: YES NO BANK/INSTITUTION: _____

CHECKING ACCOUNT 3: YES NO BANK/INSTITUTION: _____

SAVINGS ACCOUNT 1: YES NO BANK/INSTITUTION: _____

SAVINGS ACCOUNT 2: YES NO BANK/INSTITUTION: _____

SAVINGS ACCOUNT 3: YES NO BANK/INSTITUTION: _____

CREDIT UNION: YES NO NAME/BRANCH: _____

DEBIT CARD(S): YES NO BANK/INSTITUTION: _____

INVESTMENTS: YES NO FIRM/INSTITUTION: _____

RETIREMENT: YES NO FIRM/INSTITUTION: _____

LIABILITIES**SOURCE** **MONTHLY PAYMENT**

ELECTRIC	\$ _____
TELEPHONE	\$ _____
WATER	\$ _____
GAS	\$ _____
CABLE	\$ _____
CHILD CARE	\$ _____
MEDICAL	\$ _____
INSURANCE(S)	\$ _____

LOAN(S) /CAR LOAN\$ _____

DO YOU AND/OR THE CO-APPLICANT OWN PROPERTY IN ANY OTHER COUNTY WITHIN THE UNITED STATES? YES NO

HAVE YOU PREVIOUSLY RECEIVED ASSISTANCE FROM THE CITY OF BOYNTON BEACH? YES NO

IF YES, PLEASE DESCRIBE ASSISTANCE: _____

FINANCIAL AID REQUESTED

BRIEFLY DESCRIBE TYPE OF ASSISTANCE YOU ARE REQUESTING. USE THE BACK OF THIS PAGE IF NEEDED.

The following information is requested in order to monitor compliance with Equal Credit Opportunity and Fair Housing Laws. You are not required to furnish this information. If you do not wish to furnish the information below, please check the appropriate box.

APPLICANT

Male Female

ETHNICITY

HISPANIC OR LATINO

NOT HISPANIC OR LATINO

I DO NOT WISH TO FURNISH INFORMATION

RACE

ALASKA NATIVE

AMERICAN INDIAN

ASIAN

BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN

OTHER PACIFIC ISLANDER

WHITE

OTHER _____

I DO NOT WISH TO FURNISH INFORMATION

CO-APPLICANT/SPOUSE

Male Female

ETHNICITY

HISPANIC OR LATINO

NOT HISPANIC OR LATINO

I DO NOT WISH TO FURNISH INFORMATION

RACE

ALASKA NATIVE

AMERICAN INDIAN

ASIAN

BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN

OTHER PACIFIC ISLANDER

WHITE

OTHER _____

I DO NOT WISH TO FURNISH INFORMATION

AGREEMENT/UNDERSTANDING (IMPORTANT – READ BEFORE SIGNING)

It is your responsibility to complete the application and provide all the information requested. Failure to do so will result in the cancellation of your application.

I/We understand that providing false information on this application regarding marital status, household size and income will result in automatic denial of the application for funding.

I/We understand the Florida Statute 814 provides that willful false statements or misrepresentation concerning income, asset, or liability information relating to financial conditions is a misdemeanor of the first degree, punishable by fines and imprisonment provided under FL Statutes 775.082 or 775.083.

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

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.

I/We consent to disclose all information for the purposes of income verification related to making a determination of my/our eligibility for program assistance.

I/We understand that the city reserves the right to check any information provided as a part of this application.

CO-APPLICANT/SPOUSE SIGNATURE



STATEMENT OF HOUSEHOLD SIZE

This is to certify that _____ person(s) is/are residing in the property that is going to be awarded down payment assistance, rehabilitated, rented, which is located at _____

By signing below, Applicant(s) requests that the City of Boynton Beach review and verify this application for the purpose of determining eligibility to receive funding assistance through the City of Boynton Beach's Housing Program. The Applicant acknowledges that such eligibility determination may include without limitation, the verification of income and assets, including deposits. The Applicant declares that he/she has read and understands the guidelines of the Program. Applicant authorizes City of Boynton Beach to use before and after photographs and/or videos of the property for promotional or information purposes. Applicant acknowledges and agrees that Applicant's statements are true, correct, and complete to the best of his/her knowledge.

WARNING: Title 18, Section 1001 of the US. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to a department of the United States Government.

WARNING: Florida Statute 817 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 S 775.082 or 775.083.

Printed Name of Applicant	Signature Name of Applicant	Date
Printed Name of Co-Head	Signature of Co-Head	Date
Print Name of Member (Over 18 Years)	Signature of Member (Over 18 Years)	Date
Print Name of Member (Over 18 Years)	Signature of Member (Over 18 Years)	Date
Print Name of Member (Over 18 Years)	Signature of Member (Over 18 Years)	Date
Print Name of Member (Over 18 Years)	Signature of Member (Over 18 Years)	Date



FALSE STATEMENTS AND PUBLIC RECORD DISCLOSURE

FALSE STATEMENTS

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 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.

PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify the City, or any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that the City does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City or any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

ELIGIBILITY RELEASE: It is required that you sign this form, which allows the City of Boynton Beach to request information from Third Parties if it chooses to do so, concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

Applicant Signature

Date

Co-Applicant Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date



**CITY OF BOYNTON BEACH
COMMUNITY IMPROVEMENT DIVISION
AFFORDABLE HOUSING PROGRAMS**

**AUTHORITY TO VERIFY CREDIT INFORMATION
CITY OF BOYNTON BEACH TIN: 59-6000282**

THIS IS YOUR AUTHORITY TO VERIFY MY BANK ACCOUNTS, EMPLOYMENT, OUTSTANDING DEBTS, INCLUDING ANY PRESENT OR PREVIOUS MORTGAGES, TO ORDER A CONSUMER CREDIT REPORT, AND TO MAKE ANY OTHER INQUIRIES PERTAINING TO MY QUALIFICATION FOR A GRANT FROM YOU. YOU MAY MAKE COPIES OF THIS LETTER FOR DISTRIBUTION TO ANY PARTY WITH WHICH I HAVE A FINANCIAL OR CREDIT RELATIONSHIP AND THAT PARTY MAY TREAT SUCH COPY AS AN ORIGINAL.

Privacy Act Notice: THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY FOR THE PROGRAM. IT WILL NOT BE DISCLOSED OUTSIDE THE AGENCY EXCEPT AS REQUIRED AND PERMITTED BY LAW. YOU DO NOT HAVE TO PROVIDE THIS INFORMATION, BUT IF YOU DO NOT, YOUR APPLICATION FOR APPROVAL MAY BE DELAYED OR REJECTED.

Warning: Section 1001 of title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

APPLICANT'S SIGNATURE

DATE

PRINT FULL NAME

DATE OF BIRTH

SOCIAL SECURITY #

ADDRESS

CITY

STATE

ZIP

CO-APPLICANT'S SIGNATURE

DATE

PRINT FULL NAME

DATE OF BIRTH

SOCIAL SECURITY #

ADDRESS

CITY

STATE

ZIP

ADULT HOUSEHOLD MEMBER

DATE

ADULT HOUSEHOLD MEMBER

DATE



**CITY OF BOYNTON BEACH
COMMUNITY IMPROVEMENT DIVISION**

AUTHORIZATION TO RELEASE INFORMATION

I, _____, the undersigned, hereby, authorize to release and verify without liability, information regarding my employment, income, and/or assets to the City of Boynton Beach Community Development Division, for the purposes of verifying information provided. 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, certificate of deposits (CD), individual Retirement Accounts (IRA), interest, dividends, etc., payments from Social Security, annuities, insurance policies, retirement funds, pensions, 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.

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

Past/Present Employers Alimony/Child/Other Support Providers
 Banks, Financial or Retirement Institutions Social Security Administration
 State Unemployment Agency Veteran's Administration
 Welfare Agency Other: _____

Agreement:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant	Print Name	Date
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Co-Signature of Applicant	Print Name	Date
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Signature Adult Household Member	Print Name	Date
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Signature Adult Household Member	Print Name	Date
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NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

24 CFR Part 5 (General HUD Program Requirements; Waivers) §5.216 specifically states the following:

(b) Disclosure required of assistance applicants. Each assistance applicant must submit the following information to the processing entity when the assistance applicant's eligibility under the program involved is being determined.

- (1) The complete and accurate SSN assigned to the assistance applicant and to each member of the assistance applicant's household; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(c) Disclosure required of individual owner applicants. Each individual owner applicant must submit the following information to the processing entity when the individual owner applicant's eligibility under the program involved is being determined:

- (1) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

The social security number is needed to determine eligibility under federal and state programs such as HOME, CDBG and SHIP that are determined eligible using 24 CFR part 5.

The applicant and household member hereby agree to allow the City to use the SS number to verify the following information:

- Employment
- Unemployment
- Pension
- Benefits
- Social Security
- Assets
- Child support

paragraph g) Required documentation –

(1) SSN. The documentation necessary to verify the SSN of an individual who is required to disclose his or her SSN under paragraphs (a) through (e) of this section is:

- (i) A valid SSN card issued by the SSA;
- (ii) An original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or
- (iii) Such other evidence of the SSN as HUD may prescribe in administrative instructions

Signed by all adult household members

RECEIVED BY (City Staff): _____
Print Name

DATE: _____

Applicant Signature

Applicant Signature



Things you Should Know Before Participating in the SHIP Rapid Re-Housing Program



The Rapid Rehousing Strategy is created to assist individuals or families who are homeless as defined by F.S. 420.621(5). This is a household that lacks a fixed, regular and adequate night time residence and includes a household that:

- Is living in an emergency or transitional shelter;
- Has a primary night time residence that is a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings;
- Is living in a car, park, public space, abandoned building, bus or train station, or similar setting;
- Is living in a motel, hotel, travel trailer park or camping ground due to a lack of alternative adequate accommodations;
- Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
- A migratory individual who qualifies as homeless because he or she is living in circumstances described above.

The program will offer a grant, to homeless individuals or families residing in the City of Boynton Beach, that do not have sufficient available resources to obtain or support existing housing, and no other sources of assistance have been identified, and the household lacks an existing support network to provide housing assistance. The Income eligible applicant(s) will receive rental assistance (e.g. first month, last month and security deposit) and/or utility deposit. Assistance will be provided directly to the housing provider and/or utility company on behalf on the applicant(s). Eligible household receiving assistance through this program are limited once per lifetime. Applicant must be seeking employment and/or other means to self-sustain. Applicant(s) must be able to search for and obtain its own apartment, and be able to secure a lease. Eligible applicant(s) will be assisted based on funding availability. Applicant(s) will be selected on a first-qualified, first-served basis. Only completed applications, with all applicable supporting documentation will be processed.

ELIGIBLE APPLICANTS

Applicant's gross household income (income from all sources before taxes for every household member, age 18 and over) may not exceed 50% of the area median income (see attached Income Limits table below), as determined by the U.S. Department of Housing and Urban Development. Gross annual household income included but is not limited to the gross annual projected income of all household members age 18 and over before taxes or withholdings. The following income sources must be included in the income calculation:

- Salaries, overtime earnings, commissions, bonuses, full-time and part-time earnings, seasonal employee earnings, tips
- Unemployment compensation
- Social Security benefits
- Public assistance
- Pensions
- Alimony and child support
- Net income from business activities
- Interest and dividend income
- Capital gains
- Imputed income
- Partnership income
- Bank accounts (i.e. checking, savings and CDs)
- Prepaid debits cards (i.e. Green Dot, Prepaidify, Payoneer, Bluebird)
- Brokerage accounts (i.e. stocks, bonds)
- IRAs, 401-Ks, 457s

APPLICANT – TYPE OR PRINT NAME

DATE

CO-APPLICANT - TYPE OR PRINT NAME

DATE

PALM BEACH COUNTY INCOME GUIDELINES
Palm Beach County Median Income = \$111,800
2025 INCOME LIMITS

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low-Income 30% Median	24,550	28,050	31,550	35,050	37,900	43,150	48,650	54,150
Very Low-Income 50% Median	40,950	46,800	52,600	58,450	63,150	67,850	72,500	77,200

Source: HUD Income Limits (*subject to change annually*)
Fiscal Year 2025

Palm Beach County Median Income = \$111,800

HUD Released: 4/1/2025
FHFC Posted: 4/8/2025
Effective: 4/1/2025

In Accordance with the Provisions of the Americans with Disabilities Act, this document can be requested in an alternate format. Contact 561-742-6276 for assistance.