



Community Assistance • Housing & Grants Administration

110 W. Rich Avenue; DeLand, FL 32720

(386) 736-5955 • [www.volusia.org/C19RA](http://www.volusia.org/C19RA)

### **COVID-19 Rental Assistance Application Package**

To begin the application process for rental assistance related to COVID-19 the following application package must be completed and submitted along with the applicable supporting documents. Applications are processed on a first-ready, first-served basis. For detailed information about the program and eligibility criteria, please refer to the program website at [www.volusia.org/C19RA](http://www.volusia.org/C19RA)

Volusia County Community Assistance will require documentation of all funds received related to COVID-19.

#### **When submitting the application package please include copies of the following as applicable:**

- Government issued picture id for all household members age 18 or older
- Social Security Card for all household members, regardless of age
- Copy of birth certificate for all household members age 17 or younger
- Relevant documents such as Dissolution of Marriage and/or Child Support Orders for all household members
- Documentation of earned income for the last 3 months for any household member (examples: pay stubs, profit and loss statement if self-employed)
- Benefit award letters for unearned income for any household member (examples: current year social security letter, pension letter, unemployment, cash assistance, etc...)
- Last 6 months bank statements or financial histories
- Rental Agreement or Lease Agreement
- Documentation of loss of income due to COVID-19
- Documentation of all State funds received related to COVID-19
- Documentation of all Federal funds received related to COVID-19
- Documentation of all other funds received related to COVID-19

It will take approximately 30 days to process your complete application package. A Community Assistance staff member will contact you by mail or email should additional information or documentation be needed. Incomplete applications will delay the review process and failure to provide required information and/or documents may result in denial.



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**Applicant Information:**

Applicant Name:

Current Physical Address:

Current Mailing Address:

Contact Numbers:

E-Mail Address:

*The following information is collected to ensure compliance with Federal Fair Housing & Equal Opportunity regulations:*

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander  
☐ White ☐ Black or African American ☐ Multi-Racial ☐ Other: \_\_\_\_\_

Ethnicity: ☐ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.  
☐ 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.

**Household Composition:**

Please list all persons, including yourself, who will live in the household over the next 12 months:

Legal Name	Birthdate	Social Security Number	Gender

Attach additional pages as necessary

**Household Monthly Income:**

Please indicate the type of income any household member is expected to receive monthly for the next 12 months, including the source and amount of the income. This can include, but is not limited to, employment, retirement, social security, child support, alimony and income from others.

Name	Income Source	Amount
Example: Joe Smith	Social Security	\$ 781.00

*Attach additional pages as necessary*

**Household Assets:**

Please indicate the number of account types any household member is named on:

Name	Checking	Savings/CD's	Retirement	401(k)/IRA/ Investments	Stocks/Bonds/ Real Estate
Example: Joe	2	1	0	0	1

*Attach additional pages as necessary*

**Current Rent:**

**Current Monthly rent  
amount:**

\$

If any portion of this rent is paid by anyone outside of your household, please provide complete the following:

Name of provider	Phone/E-mail of provider	Monthly amount being provided

Important Information:

**PENALTIES FOR FALSE OR FRAUDULENT STATEMENT:**

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.

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

**WRITTEN STATEMENT REGARDING TO COLLECTION AND USE OF SOCIAL SECURITY NUMBERS:**

This statement is being provided to you pursuant to Section 119.071(5), Florida Statutes. The Community Assistance Division is required by 24 CFR 5.210, to collect the social security number(s) of applicant(s) and their household members, if any. Social security numbers are unique numeric identities that are used by this office to identify, verify, track and search information in conjunction with an applicant's application for assistance. Community Assistance Division may disclose social security numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities.

**FLORIDA'S PUBLIC RECORDS LAW:**

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

**DUPLICATION OF BENEFITS:**

In the event the applicant received, receives or is scheduled to receive additional funds related to rental assistance as a result of COVID-19 not previously disclosed to Community Assistance, the applicant shall immediately notify Community Assistance who will determine if the funds or a portion of the funds are a duplication of benefits.

**Acknowledgments & Certification:**

- All household members age 18 or older must sign this form
- I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the COVID-19 Rental Assistance Program for the disaster.
- I/We hereby certify that all the information provided herein is true and correct.
- I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.
- I/We authorize the above-referenced County of Volusia 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.
- I/We understand an agreement, including a certification on Duplication of Benefits (DOB), must be executed
- I/We acknowledge in the event of DOB, repayment of funds will be determined by the County of Volusia.

Print Name	Signature	Date
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**COVID-19 Rental Assistance Application Package**

**Eligibility Release / Release of Information**

Your signature on this form, and the signatures of each member of your household who is 18 years of age or older, authorizes the state or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and participation in the COVID-19 rental Assistance Program. Each adult member of the household must sign this form.

Privacy Act Notice Statement: County of Volusia requires the collection of the information listed in this form to determine an applicant's eligibility for the Program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. County of Volusia is authorized to ask for this information under the National Affordable Housing Act of 1990.

Inquiries to the following sources may be needed to process this application:

Past and Present Employers	Agencies Providing Welfare or Assistance
Unemployment Agencies	Social Security Administration
Support and Alimony Providers	Retirement Systems
Dependent Income: Full-time Student	Veterans Administration
Banks and Financial Institutions	Assets (all sources)
All Volusia County Non-Profit Entities	Volusia/Flagler Coalition for the Homeless

Applicant's Authorization: I authorize the County of Volusia, 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 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 the County of Volusia and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the County of Volusia in the eligibility verification process.

Print Name	Signature	Date
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