



State Housing Initiatives Partnership (SHIP)

Special Needs Rental Assistance Program Application Package

PLEASE BE AWARE THAT SOME APPLICATIONS MAY BE PLACED ON A WAITLIST DUE TO VERY LIMITED FUNDING AVAILABILITY. ASSISTANCE WILL BE PRIORITIZED FOR HOUSEHOLDS INCLUDING MEMBERS WITH SPECIAL NEEDS, ESSENTIAL SERVICES, VERY LOW AND LOW-INCOME HOUSEHOLDS.

Application Procedures

1. First, please read this application packet carefully. If you have any questions regarding eligibility, documentation, or submission requirements, call Planning, Zoning and Building Department at 561-791-4000. Complete and submit the application and supporting documentation as shown on the attached checklist. Place the application and all supporting documents in a sealed envelope or folder. Submissions must be mailed or hand delivered to:

Village of Wellington
Planning, Zoning and Building Department
12300 Forest Hill Blvd
Wellington, FL 33414

2. After all requested paperwork is received, a case number will be assigned to your file. Applicants may be placed on a waitlist based on funding available at the time a complete application is received. As funding becomes available, a letter will be sent to applicants on the waitinglist asking for updated income and asset documentation, if needed. Referrals for existing transactions may be considered on a case-by-case basis, pending mandatory set-aside requirements and funding availability.

Applications may be denied for any of the following reasons:

- If the application is faxed or incomplete. Only original, signed applications submissions will be accepted;
- If the application is incomplete or copies of all items listed on the attached checklist are not submitted.



Program Description

The Village of Wellington utilizes State Housing Initiatives Partnership (SHIP) funds to administer homeownership assistance by owner-occupied rehabilitation, emergency replacement, and rent assistance.

- The Rental Assistance provides rental payments to eligible special needs applicants in the form of a grant. Assistance is utilized to prevent evictions. Eligible applicants may receive a maximum grant amount of \$10,000, not to exceed 12-month period.
- The Security and/or Utility Deposit Assistance provides a security deposit payment to eligible special needs applicants with landlord consent. When awarded, payments are directly paid to the landlord. Utility Deposits assistance pays for electric deposit payments to FPL, and Comcast services needed for broadband, phone, cable deposits. When awarded, assistance will be provided directly to vendor. Maximum assistance is not to exceed \$2,500.

Eligibility Criteria

Rental Assistance applicants:

- Eligible households with special needs as defined by the Florida Statutes
- Rental property must be within Wellington’s jurisdiction
- Rental property must not exceed rent limits as shown below

Security and/or Utility Deposit applicants:

- Rental property must be within Wellington’s jurisdiction
- Eligible households with special needs as defined by the Florida Statutes
- Rental property must not exceed rent limits as shown below
- In the case if an eligible prospective tenant lives out of Wellington’s jurisdiction, then assistance will be given when staff determines the location of the rental property is within Wellington’s jurisdiction in order to receive financial assistance.

Income

Annual income limits and rent limits cannot exceed the amounts shown on the charts below. SHIP funds are awarded on the basis of need.

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low-Income 30% Median	\$19,350	\$22,100	\$24,850	\$27,600	\$29,850	\$32,050	\$34,250	\$36,450



Very Low- Income 50% Median	\$32,200	\$36,800	\$41,400	\$46,000	\$49,700	\$53,400	\$57,050	\$60,750
Low-Income 80% Median	\$51,550	\$58,900	\$66,250	\$73,600	\$79,500	\$85,400	\$91,300	\$97,200
Moderate Income 120% Median	\$77,280	\$88,320	\$99,360	\$110,400	\$119,280	\$128,160	\$136,920	\$145,800
Income 140% Median	\$90,160	\$103,040	\$115,920	\$128,800	\$139,160	\$149,520	\$159,740	\$170,100

Source: HUD Income Limits are adjusted annually. Palm Beach County Median Income = \$90,300 (updated 4/18/22)

Rent Limit by Number of Bedroom in Units

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Extremely Low- Income 30% Median	\$483	\$518	\$621	\$752	\$929	\$1,106
Very Low- Income 50% Median	\$805	\$862	\$1,035	\$1,196	\$1,335	\$1,472
Low-Income 80% Median	\$1,288	\$1,380	\$1,656	\$1,913	\$2,135	\$2,356
Moderate Income 140% Median	\$2,254	\$2,415	\$2,898	\$3,349	\$3,738	\$4,123

Source: HUD Palm Beach County 2022 Income Limits and Rent Limits. (updated 4/18/22)

Applicant Selection Criteria

Applications will be accepted in a first submitted, first qualified, first served basis, subject to funding availability. (**Note:** Acceptance of an application and/or approval of an application does not guarantee funding. Assistance is subject to funding availability.)



SPECIAL NEEDS APPLICANTS:

In accordance with program set-aside requirements, a portion of Wellington's SHIP funds must be set-aside for use by households including members with the following special needs as defined in Florida Statutes*:

- Developmental disabilities;
- Those aging out of foster care;
- Survivors of domestic violence;
- Disabling condition; and/or
- SSDI/SSI or VA disability recipients.

Priority review will be given to eligible households including members with developmental disabilities. Documentation in the form of a letter from a physician or service provider is required. Required information to be included in the letter is provided below. Please note the letter does not need to explain or detail the type of special need(s) but does need to indicate the classification of special need(s) as one of those listed above and be signed by the physician or service provider. The information should be submitted on the physician or service provider's letterhead, include the information listed on the draft letter and have all contact information (including name, address and phone number) of the physician or service provider included. Service providers includes, but is not limited to, a safety officer, case worker, treating physician, mental health care facility, law enforcement or similar professional service provider.

*** Florida Statute Citations:**

Section 393.063, F.S.: **"Developmental disability"** means a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

Section 420.0004(13), F.S.: **"Person with special needs"** means an adult person requiring independent living services in order to maintain housing or develop independent living skills and who has a disabling condition; a young adult formerly in foster care who is eligible for services under Section 409.1451(5), F.S.; a survivor of domestic violence as defined in Section 741.28, F.S.; or a person receiving benefits under the Social Security Disability Insurance (SSDI) program or the Supplemental Security Income (SSI) program or from veterans' disability benefits.

Section 420.0004(7), F.S.: **"Disabling condition"** means a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, or a co-occurrence of two or more of these conditions and a determination that the condition is: a) expected to be of long-continued and indefinite duration; and b) not expected to impair the ability of the person with special needs to live independently with appropriate supports.



SPECIAL NEEDS DOCUMENTATION LETTER

I am a physician or service provider for (INSERT NAME), who is a member of a household applying for housing assistance through the Village of Wellington's State Housing Initiatives Partnership (SHIP) program. The person named above qualifies as a special needs applicant under Florida Statutes as a person who:

- Is developmentally disabled
- Is aging out of foster care
- Is a survivor of domestic abuse
- Has a disabling condition
- Receives SSDI/SSI or VA disability benefits

Note: All drafted letters must contain a contact number and be on a company/organization letterhead.



State Housing Initiatives Partnership (SHIP)

Special Needs Rental Assistance Program Application

Incomplete applications or applications that do not include the required supporting and up-to-date documents will not be processed. This grant program is on a first come, first serve basis. Should you reapply, the application will be placed at the end queue.

Applicant Information
Name:
Rental Property Address:
Primary Phone Number:
Email Address:
Landlord Phone Number:
<i>If applicable, please provide co-applicant information:</i>
Name:
Address:
Phone Number:
Email Address:

- Have you been awarded a rental assistance grant in the past 12-month? Yes No
 - Any real estate owned in addition to rental property: Yes No
 - Are you a special needs applicant? Yes No
- *If you answered no then you are ineligible for this program*

Check type of assistance you are applying for:

- Rental Assistance to prevent eviction
- Security and/or Utility Deposit Assistance

Household Information	
Total number of persons currently residing in dwelling unit:	
Number of seniors (ages 62 and over) currently residing in dwelling unit:	
Number of children under the age of 18 residing in dwelling unit:	
Number of persons with disabilities currently residing in dwelling unit:	

Directions:

Provide all required and up-to-date documents.

✓	Rental Housing Verification
	Provide a signed copy of your lease.
	Provide valid forms of identification for <u>all household members residing in the household over the age of 18.</u>
	Provide special needs documentation letter.

✓	Income Tax Documentation
	Provide copies of the <u>most recent year</u> of signed income tax (IRS) documents (1040, 1098, all schedules) including W-2 forms and 1099 statements for <u>all household members residing in the household over the age of 18.</u>
	<ul style="list-style-type: none"> • <i>In the event a tax document is missing in part or in whole, a transcript or certified copy may be requested from the IRS.</i> • <i>If you do not file taxes, please provide written statement to explain.</i>

✓	Financial Institution Account Information
	Provide copies of the <u>three most recent months</u> of information for <u>all household members over the age of 18</u> (Checking, savings, IRA, stocks, bonds, etc.)
	Provide copies of interest/dividend income over \$100 annually

	Housing Expenses
--	------------------

Provide copies of the most recent statement	
	Rental Payment Amount
	Rental Insurance (If applicable)
	Water/Sewer/Trash <i>must be in the name of the applicant and/or co-applicant</i>
	Gas and/or Oil (if applicable)
	Electricity
	Other

✓	Verification of Income
Provide copies of the <u>last 30 days</u>	
	Payroll Stubs, Tips, Wages or a letter of unemployment (if applicable for any or all household members)
	Alimony (if applicable for any or all household members)
	Child Support (if applicable for any or all household members)
	Social Security (if applicable for any or all household members)

	Pension (if applicable for any or all household members)
	Social Security Disability Insurance (if applicable for any or all household members)
	Government Assistance (if applicable for any or all household members)
	Unemployment Benefits (if applicable for any or all household members)

Liabilities	
Provide copies of the most recent statement	
	Auto Loans/Lease (if applicable for any or all household members)
	Credit Cards (if applicable for any or all household members)
	Personal Loans (if applicable for any or all household members)
	Other:

Please fill in the amounts for the following application boxes. If item does not apply, please fill in with "N/A"

Total Household Income Information		
<i>List gross dollar amounts</i>	<i>Applicant</i>	<i>Co-Applicant</i>

Wages, salaries, tips	\$	\$
Business income (self-employed)	\$	\$
Social Security	\$	\$
Pension	\$	\$
Alimony	\$	\$
Dividends and interest	\$	\$
Non-taxable income	\$	\$
Social Security Disability Insurance	\$	\$
Other (Describe):	\$	\$

Housing Expenses			
	<i>Monthly</i>	<i>Quarterly</i>	<i>Annual</i>
Rent Amount	\$	\$	\$
Water/Sewer/Trash	\$	\$	\$
Gas and/or Oil	\$	\$	\$
Electricity	\$	\$	\$
Other	\$	\$	\$

For the following, please provide information for all household members' assets below. If item does not apply, please fill in with "N/A".

Assets	
Checking Account:	
Bank Name	Balance \$
Savings Account:	
Bank Name	Balance \$
Certificates of Deposit, mutual funds,/stocks/bonds/401(k)/403(b) and additional accounts: (Please attach additional sheet, if necessary)	
Name of Holder:	
Balance:	

Additional Assets	
Checking Account:	
Bank Name	Balance \$
Savings Account:	
Bank Name	Balance \$

Certificates of Deposit, mutual funds,/stocks/bonds/401(k)/403(b) and additional accounts: (Please attach additional sheet, if necessary)

Name of Holder:

Balance \$

Liabilities

List all credit accounts and loans

(Credit cards, home improvements, department stores, auto loans, personal loans, etc.)

If not applicable, please fill in with "N/A" to each box.

<i>Creditor</i>	<i>Balance Due</i>	<i>Monthly Payment</i>
1.	\$	\$
2.	\$	\$
3.	\$	\$

By signing below, Applicant(s) requests the Village of Wellington to review this application for determining eligibility to receive funding assistance through the State Housing Initiatives Partnership Program. The Applicant(s) acknowledges that such eligibility determination may include without limitation, the verification of income, assets, and deposits. Applicant(s) declares that they have read and understand the guidelines of the grant. Applicant(s) authorizes the Village of Wellington to use before and after photographs and/or videos of the repaired/restored property for promotional or informational purposes. Applicant(s) acknowledges and agrees that Applicant's statements are true, correct, that all documents are attached as required and the application is complete to the best of their knowledge.

Applicant Signature

Date

Co-Applicant Signature

Date