

## COVID-19 RENTAL ASSISTANCE ELIGIBILITY CRITERIA & REQUIRED DOCUMENTS

Neighborhood Renaissance is a nonprofit, community-based organization dedicated to building and supporting strong economies and diverse communities in Palm Beach County.

We focus on helping renters in Palm Beach County avoid eviction and create a financial plan for the future.

### Eligibility

- ✓ You are a Palm Beach County resident, having lived in the county for at least 6 of the past 12 months.
- ✓ You experienced a certifiable loss of income due to the Covid-19 pandemic.
- ✓ You are at least one-month delinquent on your rent.
- ✓ You are not currently receiving a housing voucher or other housing/rental assistance.
- ✓ Your household income does not exceed 120% AMI (Area Median Income) shown in the chart below:

# Persons in Household	(120%) Area Median Income
1	\$72,000
2	\$82,200
3	\$92,250
4	\$102,720
5	\$111,000

# Persons in Household	(120%) Area Median Income
6	\$119,160
7	\$127,440
8	\$135,600
9	\$143,808
10	\$152,026

### Required Documents

- ✓ Completed Neighborhood Renaissance Covid-19 Rental Assistance Application
- ✓ Copy of your lease
- ✓ Copy of valid ID: Florida Driver's License, Florida Photo ID, or passport
- ✓ Proof of income: pay stubs, assistance payments, SSI, etc.
- ✓ Letter or notice from your landlord/property mgmt. showing at least one month of delinquency.

### Process

Step 1: Reach out to a Neighborhood Renaissance staff member via phone, email, or in-person.

Step 2: Complete and return your application.

Step 3: Submit copies of required documents to our office, via mail, or email.

Step 4: Attend the Financial Literacy Training program or complete one (1) financial counseling session.

*Please note the Neighborhood Renaissance Covid-19 Rental Assistance is not a loan and does not have to be repaid. However, if we discover that the applicant has provided falsified documents or defrauded the program, the funds must be returned.*

**COVID-19 RELIEF PROGRAM  
RENTAL ASSISTANCE APPLICATION**

---

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

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

How long have you lived at this address? \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

---

**COVID-19 RELIEF PROGRAM  
RENTAL ASSISTANCE APPLICATION**

---

Co-applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

---

Landlord Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Monthly Contract Rent: \$**

**Amount requested: \$**

---

## COVID-19 RELIEF PROGRAM RENTAL ASSISTANCE APPLICATION

### Household Information

	Name	Age	Sex/Gender	Relationship to Applicant
1				
2				
3				
4				
5				
6				
7				

Please provide all income (including wages) for household members over the age of 18

Wages/Salary/Overtime/Bonus/Commission \$ \_\_\_\_\_ Name: \_\_\_\_\_

Wages/Salary/Overtime/Bonus/Commission \$ \_\_\_\_\_ Name: \_\_\_\_\_

Wages/Salary/Overtime/Bonus/Commission \$ \_\_\_\_\_ Name: \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_ Name: \_\_\_\_\_

Child Support or Alimony \$ \_\_\_\_\_ Name: \_\_\_\_\_

Self-Employment \$ \_\_\_\_\_ Name: \_\_\_\_\_

Social Security Benefits \$ \_\_\_\_\_ Name: \_\_\_\_\_

Pension or Disability Benefits \$ \_\_\_\_\_ Name: \_\_\_\_\_

Assets (Bank Account) \$ \_\_\_\_\_ Name: \_\_\_\_\_

Other (please describe below): \$ \_\_\_\_\_ Name: \_\_\_\_\_

**COVID-19 RELIEF PROGRAM  
RENTAL ASSISTANCE APPLICATION**

Please use the space below to explain how you were affected by Covid-19?

---

---

**The information I/We have provided herein is accurate to the best of my/our knowledge. I/We understand that this application does not guarantee rental assistance and that any falsified information will result in repayment of the grant.**

Applicant Signature    X \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant Signature X \_\_\_\_\_

Date \_\_\_\_\_