



# LAUDERDALE LAKES BUSINESS RENT/UTILITY ASSISTANCE PROGRAM

4300 NW 36<sup>th</sup> Street, Lauderdale Lakes, FL 33319  
(954) 535-2492-PH / (954) 731-5309-Fax/ [businessfirst@lauderdalelakes.org](mailto:businessfirst@lauderdalelakes.org)

## CHECKLIST

- Complete and sign application – must return with original signatures.
- Page that does not apply to you, please mark **“Not Applicable.”**
- Incomplete Applications cannot be processed.
- Attach copies of all required documentation listed below.

## MANDATORY DOCUMENTS

### RENTAL ASSISTANCE PROGRAM

- A signed rental agreement or lease in the business owner’s name
- Landlord agreement accepting terms and conditions of the program
- Account ledger from landlord
- W-9 completed and signed by landlord

### SUPPORTING DOCUMENTATION

- Valid driver’s license or state identification card for business owner(s)
- Proof of FEIN, Tax ID, or Social Security Number. If Social Security, please provide copy of the card for each business owner
- Proof of current City of Lauderdale Lakes Business Tax Receipt
- Business tax returns IRS Form 1120 or IRS Form 1120-S, or IRS Form 1040 Schedule C; IRS Form 1040 Schedule F; or IRS Form 1065 (including K-1s) for two most recent years.
- False Statements Disclosure and Acknowledgement Form – required for business owner(s)
- Conflict of Interest Disclosure – required for each business owner(s)
- Signed Public Disclosure Form signed by business owner(s)
- For nonprofit organizations, need to submit a copy of organization’s determination letter from IRS.
- Please note that in the process of reviewing supporting documentation additional information may be required**



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## APPLICATION

### General Information

	Business Owner (1)	Business Owner(2)
Company Name		
FEIN#, Tax ID#, SSN#		
Owner(s) Name		
E-mail		
Phone Number		
Business Address		
Mailing Address		

Your social Security Number is being collected for the purposes of certifying you for the City's Rental Assistance Program. In addition, this information may be collected to determine your eligibility for the program that is funded by local, State and/or Federal program dollars. Your social security number will not be used for any other intended purpose other than verifying your eligibility for the City's program.

### Business Type

Sole Proprietor  Corporation  S-Corporation  Partnership  Limited Liability Corp

### Description of Product/Services


Date Business established in Lauderdale Lakes, FL:	
Number of Employees:	
Lauderdale Lakes Business Tax Receipt #:	
Are you a City of Lauderdale Employee or have a family member working for the City?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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## Non-Profit Organization

Name of Board Members/Executive Director, Secretary, or Treasure	Address

## Assistance Needed

### Rent

Monthly Rent Payment \$ \_\_\_\_\_

Number of months owed \_\_\_\_\_

Total amount owed \$ \_\_\_\_\_

-AND-

### Rent (3 months payments)

Monthly Rent Payment \$ \_\_\_\_\_

3 Months advance payment \$ \_\_\_\_\_

Total amount \$ \_\_\_\_\_

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.

Further understand that my property may not be in foreclosure or listed for sale while requesting funding American Rescue Plan Act program. I understand that as the applicant and business owner, that neither my or myself is currently in bankruptcy.

\_\_\_\_\_  
Signature of Business Owner (1)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Business Owner (2)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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## PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you 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 making application for assistance for supplying any information, I/we agree to hold harmless and indemnify City of Lauderdale Lakes, any 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 of Lauderdale Lakes does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City of Lauderdale Lakes in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/we agree that City of Lauderdale Lakes 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 of Lauderdale Lakes, any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my /our funding received from the City of Lauderdale Lakes.

Applicant Initials



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## FALSE STATEMENTS DISCLOSURE AND ACKNOWLEDGEMENT

Federal Regulations provides that there are fines and imprisonment - \$10,000/5 years – for anyone who makes false, fictitious, or fraudulent statement or entries in any matter within the jurisdiction of the Federal government (18 U.S.C. 1001).

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 §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. I/We have read, understand and acknowledge the above disclosure.

Applicant Initials



\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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## Consent for Payment of Rent to Landlord

I, \_\_\_\_\_ as the tenant, give my consent for payment and authorize

City of Lauderdale Lakes, Florida to pay \$ \_\_\_\_\_ to \_\_\_\_\_, as the "Landlord", for the period(s) indicated below.

The rental unit is \_\_\_\_\_ and is located at: \_\_\_\_\_

I understand that the rent assistance funds for which I am eligible, if any, can be paid only to the Landlord, or Management Company authorized to collect same on behalf of the Landlord, and cannot be transferred to any other Landlord. Further, I understand that I am authorizing the City of Lauderdale Lakes to pay the landlord and, if I relocate or change my mind about staying at the rental unit after signing this Consent for Payment of Rent to Landlord, I will not have any claim to the rental assistance funds that are allocated to pay the Landlord.

**NOTE: PAYMENTS ARE MADE BASED ON SUPERVISORY APPROVAL, AVAILABILITY OF FUNDS, VERIFICATION OF PROPERTY OWNERSHIP AND BUSINESS REGISTRATION IF LANDLORD IS INCORPORATED, AND TIMELY SUBMISSION OF THE REQUIRED DOCUMENTS.**

In consideration of the amount authorized above for payment by Lauderdale Lakes to the Landlord, I agree to make a payment of \$ \_\_\_\_\_ to the Landlord to bring my account balance current.

\_\_\_\_\_

\_\_\_\_\_

**Tenant's Signature**

**Date**

### LANDLORD SECTION

I, \_\_\_\_\_, as the landlord, agree to accept the above referenced payment of \$ \_\_\_\_\_ from Lauderdale Lakes.

I agree NOT to proceed with any eviction proceeding for non-payment of rent if payment by Lauderdale Lakes is authorized and rendered to me within 60 business days from the date of my signature.

PERIOD OWED			TENANT OWES	PAYMENT
From		To		
From		To		
From		To		

\_\_\_\_\_

\_\_\_\_\_

**Landlord's Signature**

**Date**



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## AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby authorize \_\_\_\_\_ to release without liability, information regarding my rental history information, employment, income, and/or assets to **City of Lauderdale Lakes**, for the purposes of verifying information provided as part of determining eligibility for rent/mortgage/utilities assistance. 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: hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

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

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

### Agreement to Conditions:

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 Business Owner (1)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Business Owner (2)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



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## Conflict of Interest Attachment

**If you are not a City Employee or related to a City Employee, please check this box:**



**If you are a City Employee or related to a City Employee, please complete the relevant section(s) below:**

<b>Applicant (Employee's or Relative Name):</b>	
<b>Applicant's Relationship with the Employee</b>	<input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's family <input type="checkbox"/> Associated with an organization that employs or is about to employ Applicant <input type="checkbox"/> Has a financial or other interest in or with Applicant <input type="checkbox"/> Other:
<b>Employee's Relationship to the City of Lauderdale Lakes</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Elected official <input type="checkbox"/> Other:
<b>DESCRIBE RELATIONSHIPS CHECK ABOVE:</b>	

<b>Name of Business:</b>	
<b>Applicant's Relationship with the Business</b>	<input type="checkbox"/> Consultant or Advisor <input type="checkbox"/> Research Activities <input type="checkbox"/> Referrals <input type="checkbox"/> Realtor <input type="checkbox"/> Lender <input type="checkbox"/> Contractor <input type="checkbox"/> Other:

<b>Describe applicant or covered employee's business relationship with the City of Lauderdale Lakes for all checked boxes above to include disclosure of any type of complementation received if applicable:</b>

**Warning: knowingly and willingly making false or fraudulent statements to the City of Lauderdale Lakes may result in denial of assistance, civil penalties, and/or referral to law enforcement.**

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the City of Lauderdale Lakes to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

\_\_\_\_\_  
Signature of Business Owner (1)

\_\_\_\_\_  
Signature of Business Owner (2)