



Emergency Rental Assistance Program (ERAP) Eviction Mediation Tenant

Broward County government is working to reduce the number of Broward citizens facing evictions. We are partnering with the Courts to implement the Emergency Rental Assistance Mediation program for residential eviction cases. To move these cases quickly and possibly prevent homelessness, we are offering Tenants and Landlords the opportunity to resolve the case through the Mediation Program with financial assistance from Broward County.

This rental assistance may cover rent beginning from April 2020 to what you currently owe for up to 12 months of payments. The **landlord must agree** to accept the rent at a discounted rate. Payments will only be mailed directly to the landlord.

TENANT DOCUMENTS REQUIRED

In order to determine if the **Tenant** is eligible for this financial assistance, your loss or reduction in income must be COVID-related and you must provide the following:

- Copy of Government issued ID for the tenant and IDs for all household members
- Two (2) months of the most recent bank statements for all household members
- Copies of all sources of income for all household members for the most recent two months (*this would also include paycheck stubs, interest statements, unemployment compensation, social security benefits and/or disability benefits, veteran's benefits, child support, etc.*)
- Proof that the loss of income is COVID-19 related, unemployment letter stating Pandemic Unemployment Assistance (PUA) if received, proof of unemployment application (*if laid off but did not receive unemployment benefits*) and/or letter from employer stating job loss or reduced work schedule and hours AND paycheck stubs before and after COVID showing reduced hours/pay
- For any Tenants in the household that may be self-employed, they must provide last year's signed tax return and a year-to-date (YTD) profit and loss statement
- ERAP Written Agreement (this form will be provided to you for signature after eligibility has been determined)

All requested forms must be received from the Tenant and Landlord to determine eligibility for this program.

The Landlord and the Tenant will be contacted by a Broward County representative before your scheduled mediation date. You will have three (3) business days to submit all of the required documentation to the representative. Your eligibility must be determined before your scheduled mediation.

Documents should be emailed to FSAD-ERAP@broward.org When emailing any documents, please include your case number in the subject line of the email.

If you have questions about documentation prior to being contacted by your representative, you may contact the Broward County Call Center at 954-357-5025.

TENANT PACKET

REQUIRED TENANT DOCUMENTS
FAMILY SUCCESS ADMINISTRATION DIVISION
Emergency Rental Assistance Program (ERAP) Tenant **only Checklist**

Landlord's Name

Tenant's Name (Last Name, First Name)

NOTE: The following documents are needed to establish eligibility. All applicable documents must be provided prior to mediation and with sufficient time to process prior to the mediation.

- Two Months of recent Statements for all Bank Accounts** (checking and savings)
- Authorization for Release of Confidential Information from Employer**
- Authorization for Release of Confidential Information from Landlord**
- Government Issued IDs** (Driver's License, birth certificate, School ID, Passport, etc.)
Applicant (Picture ID required)
AND
IDs for all household members
- Copies of all sources of Income for all household members for the most recent two months**
(paycheck stubs, interest statements, unemployment compensation, social security benefits, disability benefits, VA benefits, child support, etc.)
- Proof that Loss is COVID-19 Related**
Unemployment Letter stating PUA (Pandemic Unemployment Assistance) related,
proof of Unemployment Application submission (if laid off)
and/or Letter from employer stating job loss or reduced work schedule and hours
AND
Paycheck stubs before COVID and current pay stubs showing reduced hours
or Completed Income Verification Form
OR
For self-employed applicants – last years signed tax return plus current profit and loss statement
(if applicable)
- This signed form is to be returned with all of the above applicable documents.**

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- ERAP Written Agreement** (Duplication of Benefits, Income Eligibility & Enforcement)

NOTE: The form above will be emailed to the Tenant for signature once all of the above required documents have been received and processed.

Submitted by:

Print Name

Date:

Signature of Above

Board of County Commissioners, Broward County, Florida
Human Services Department
FAMILY SUCCESS ADMINISTRATION DIVISION
Emergency Rental Assistance Program (ERAP)

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION FROM EMPLOYER

I, _____ hereby authorize _____
(Tenant Name) (Employer Name)

located at _____
(Employer Address)

phone _____ email _____
(Employer Phone #) (Employer Email Address)

To release information pertaining to my current or prior employment.

Send all pertinent information to FAMILY SUCCESS ADMINISTRATION DIVISION at the following email address:
FSAD-ERAP@broward.org.

NOTE: Your records become public upon applying for services with Family Success Administration Division. You have a right to review and approve any information exchanged between Family Success Administration Division and another provider giving service to you. You must sign a release for any such information exchange.

You have the right to review your case records at reasonable times upon prior written request with adequate notice. We request a minimum of three (3) business days notice.

Family Success Administration Division reserves the right to share information among agencies that use SSN to identify customer records needed to establish eligibility and provide services to customer.

Information to be Released: Employment History

Reason for Request: Establish eligibility for the Emergency Rental Assistance Program (ERAP)

This authorization shall automatically expire eighteen (18) months from the date of my signature. I may revoke this authorization at any time with written notice to the above FSAD email address.

TO RECEIVING AGENCY: If this information has been disclosed to you from records where confidentiality is protected, then any further re-disclosure is prohibited.

Signature of Tenant

Print Name of Tenant

Date

Signature of Witness

Print Name of Witness

Board of County Commissioners, Broward County, Florida
Human Services Department
FAMILY SUCCESS ADMINISTRATION DIVISION
Emergency Rental Assistance Program (ERAP)

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION FROM LANDLORD

I, _____ hereby authorize _____
(Tenant Name) (Landlord Name)

located at _____
(Landlord Address)

phone _____ email _____
(Landlord Phone #) (Landlord Email Address)

To release information pertaining to my housing.

Send all pertinent information to FAMILY SUCCESS ADMINISTRATION DIVISION at the following email address:
FSAD-ERAP@broward.org.

NOTE: Your records become public upon applying for services with Family Success Administration Division. You have a right to review and approve any information exchanged between Family Success Administration Division and another provider giving service to you. You must sign a release for any such information exchange.

You have the right to review your case records at reasonable times upon prior written request with adequate notice. We request a minimum of three (3) business days notice.

Family Success Administration Division reserves the right to share information among agencies that use SSN to identify customer records needed to establish eligibility and provide services to customer.

Information to be Released: Rental Payment History

Reason for Request: Establish eligibility for the Emergency Rental Assistance Program (ERAP)

This authorization shall automatically expire eighteen (18) months from the date of my signature. I may revoke this authorization at any time with written notice to the above FSAD email address.

TO RECEIVING AGENCY: If this information has been disclosed to you from records where confidentiality is protected, then any further re-disclosure is prohibited.

Signature of Tenant

Print Name of Tenant

Date

Signature of Witness

Print Name of Witness