

# Miami-Dade COVID-19 Residential Landlord and Tenant Assistance Program

In response to the COVID-19 Pandemic and its subsequent economic fallout, Miami-Dade County has created two rental assistance programs using CARES Act Funds: one aimed towards helping residential landlords, and one for assistance to veterans and active duty military service members.

This application form is for the COVID-19 Residential Landlord and Tenant Assistance Program. This program assists landlords that own five (5) or fewer properties. It can provide up to three (3) months of past due rental assistance per unit, with a maximum of \$5,000 per unit. Funds will be paid directly to approved landlords in the form of a grant by Miami-Dade County, which must be used solely to provide rent forgiveness in the same amount to eligible tenants. Additional details on the Program can be found in the Program Guide.

## ELIGIBILITY

Landlords with tenants in Miami-Dade County facing financial hardship due to the COVID-19 Pandemic who have missed or are in danger missing rental payments can apply on their tenant's behalf if the following conditions are met:

- The landlord owns five or fewer rental properties in total, including properties within and outside Miami-Dade;
- Outstanding rent that is requested through this Program, has not been paid or reimbursed by any other source (County, City, State or Federal);
  - NOTE: Participation in the Emergency Rental Assistance Program (ERAP) created by Miami-Dade County does not exclude participation in this program, however it cannot fund the same rental period.
- Eligible properties are located within Miami-Dade County;
- Landlord will provide rental forgiveness to the tenant for the months covered by this program;
- To be eligible, the current income of the tenant household must be at or below 120% Area Median Income (AMI). Current income refers to the household's income following any job loss or income reduction due to COVID-19;
- Demonstrate financial hardship due to the COVID-19 Pandemic;
- Provide proof rent was current as of February 2020.

## HOW TO APPLY

Applicants are strongly encouraged to apply online at [www.miamidadecovidrelief.org](http://www.miamidadecovidrelief.org) to ensure prompt processing of their application and avoid the need to physically drop off the application and documentation. If the applicant is unable to apply online, a paper application is included below. A list of all required documents is provided on the application, and copies of the documents must be submitted with the application. Program staff will review the application materials and contact the applicant with any additional questions.

Apply online to save time: [www.miamidadecovidrelief.org](http://www.miamidadecovidrelief.org)

# Miami-Dade COVID-19 Residential Landlord Rental Assistance Program Paper Application

## LANDLORD INFORMATION

Full Name:	
Business Address:	Business Name:

City:	State:	Zip Code:
Phone:	Email:	Total # of Owned Units:
(     ) -     -		

# TENANT INFORMATION

## Tenant 1

Name(s) on Lease:	
Tenant Street Address:	Apartment / Unit #:
City:	Zip Code:
Tenant Phone:	Tenant Email Address:
(    ) -    -	

Household Size: (# of people)	Total Household Income:	Monthly Rent:
	\$	\$
Other Household Members (with Relationship to Head of Household)		

Preferred Contact Language:		
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Kreyol

Choose up to 3 months rent is being requested for:				
<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July
<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

## Tenant 2

Name(s) on Lease:	
Tenant Street Address:	Apartment / Unit #:
City:	Zip Code:
Tenant Phone:	Tenant Email Address:
(   ) -   -	

Household Size (# of people):	Total Household Income:	Monthly Rent
	\$	\$
Other Household Members (with Relationship to Head of Household)		

Preferred Contact Language:		
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Kreyol

Choose up to 3 months rent is being requested for:				
<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July
<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

## Tenant 3

Name(s) on Lease:	
Tenant Street Address:	Apartment / Unit #:
City:	Zip Code:
Tenant Phone:	Tenant Email Address:
(    ) -    -	

Household Size (# of people):	Total Household Income:	Monthly Rent
	\$	\$
Other Household Members (with Relationship to Head of Household)		

Preferred Contact Language:		
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Kreyol

Choose up to 3 months rent is being requested for:				
<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July
<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

## Tenant 4

Name(s) on Lease:	
Tenant Street Address:	Apartment / Unit #:
City:	Zip Code:
Tenant Phone:	Tenant Email Address:
(   ) -   -	

Household Size: (# of people)	Total Household Income:	Monthly Rent
	\$	\$
Other Household Members (with Relationship to Head of Household)		

Preferred Contact Language:		
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Kreyol

Choose up to 3 months rent is being requested for:				
<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July
<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

## Tenant 5

Name(s) on Lease:	
Tenant Street Address:	Apartment / Unit #:
City:	Zip Code:
Tenant Phone:	Tenant Email Address:
(    ) -    -	

Household Size: (# of people)	Total Household Income:	Monthly Rent
	\$	\$
Other Household Members (with Relationship to Head of Household)		

Preferred Contact Language:		
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Kreyol

Choose up to 3 months rent is being requested for:				
<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July
<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

## REQUIRED DOCUMENTS

Do not submit any original documents. Only submit copies of original documents as no documents will be returned to the applicant.

Landlords will need to provide the following documentation as part of the application process:

- Proof of ownership of the rental property or properties, with a maximum of five units owned by the landlord
  - Copy of Deed OR Property Tax Receipts
  - 2019 Tax Return
- Tenant proof of residence (for each tenant)
  - Lease
  - State ID with matching address or Utility Bills if ID address does not match)
- Tenant Proof of Economic Hardship due to COVID-19 (for each tenant):
  - Layoff or Furlough Notice; OR
  - Evidence of lost wages (partial or full); OR
  - Bank statements; OR
  - Paycheck records
- Evidence tenant rent payments were current as of February 2020 (for each tenant)

## CERTIFICATION OF ADHERENCE

Landlords must certify that they will forgive rent owed for any months for which funds are granted by Miami-Dade County, and will not hold tenants liable for these funds at any time in the future. If funding is provided for a partial month, the landlord must agree to give the tenant credit for the full month of rent. Further, landlords certify that they have not received, nor will they apply for any other source of relief for the same months covered under the program. Landlords commit to not seek eviction for nonpayment by tenants for at least 3 months after the date when eviction moratoriums have expired and evictions may otherwise legally proceed.

By signing below, I certify that all information provided in this application is true to the best of my knowledge, and that I meet all the eligibility criteria, including:

- I own no more than 5 rental properties;
- Outstanding rent that is requested through this Program has not been paid or reimbursed by any other source (County, City, State or Federal);
  - NOTE: Participation in the Emergency Rental Assistance Program (ERAP) created by Miami-Dade County does not exclude participation in this program, however it cannot fund the same rental period.
- Properties listed in this application are located within Miami-Dade County;

I also understand that any attempt to defraud the County or misuse these funds will result in prosecution to the fullest extent of the law.

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Signature

/ /  
Date





# INSTRUCTIONS FOR APPLICATION SUBMISSION

Once all required fields have been filled and the necessary documents have been obtained, please paperclip all documents and place inside a large yellow manila envelope, and write LANDLORD COVID RELIEF in large letters on the outside.

The envelope can be dropped in the book drop at any of the libraries listed below. We will confirm receipt of your application by email and/or phone once it is received. This may take up to 7 business days.

- **North Dade Regional Library**  
2455 NW 183rd Street  
Miami Gardens, FL 33056
- **South Dade Regional Library**  
10750 SW 211 Street  
Cutler Bay, FL 33189
- **Main Library**  
101 West Flagler Street  
Miami, FL 33130
- **Westchester Regional Library**  
9445 Coral Way  
Miami, FL 33165