



Martin County Board of County Commissioners
ATTN: Human Services Department
Housing 435 SE Flagler Ave., Stuart, FL 34994
(772)-288-5456 • (772) 288-5960 FAX

MARTIN COUNTY RENTAL ASSISTANCE APPLICATION

Dear Applicant,

Martin County Rental Assistance is designed to assist renters that are either in arrears with their rental payment(s) or to obtain a lease on a rental unit. The assistance provides funding for the first and last month's rent, plus a security deposit for a new rental. Assistance for clients in arrears shall consist of no more than three (3) months of rental payments.

A list of all strategies SHIP funding can be used for can be found in the County's Local Housing Assistance Plan located at www.martin.fl.us/SHIP.

It is important to note program funding is limited and subject to availability on a first-come, first-served basis. Please call to set up an appointment to drop off your completed application and copies of the required items listed above at the Human Services Department, 435 SE Flagler Avenue, Stuart, FL 34994.

Incomplete applications will not be accepted or processed until all documentation is received. Once your application has been reviewed, you will receive a letter with further instructions. If you have any questions, please call Human Services at 772-288-5456. You will receive a call back within 48 hours.

Thank you,

Housing Program Coordinator

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Rental Assistance Intake Form

Name: _____ Date: _____

Address: _____

Monthly Rent \$: _____ Amount Past Due \$: _____

Annual Income \$: _____

HUD release: 5/15/2023
Effective: 5/15/2023

2023 Income Limits and Rent Limits Florida Housing Finance Corporation SHIP and HHRP Programs

County (Metro)	Percentage Category	Income Limit by Number of Persons in Household										Rent Limit by Number of Bedrooms in Unit					
		1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5
Martin County (Port Saint Lucie MSA)	30%	17,800	20,350	24,860	30,000	35,140	40,280	45,420	50,560	Refer to HUD		445	476	621	814	1,007	1,199
	50%	29,650	33,900	38,150	42,350	45,750	49,150	52,550	55,950	59,290	62,678	741	794	953	1,101	1,228	1,356
	80%	47,450	54,200	61,000	67,750	73,200	78,600	84,050	89,450	94,864	100,285	1,186	1,270	1,525	1,761	1,965	2,168
Median: 84,800	120%	71,160	81,360	91,560	101,640	109,800	117,960	126,120	134,280	142,296	150,427	1,779	1,906	2,289	2,643	2,949	3,255
	140%	83,020	94,920	106,820	118,580	128,100	137,620	147,140	156,660	166,012	175,498	2,075	2,224	2,670	3,083	3,440	3,797

Hardship: _____

Date Approved: _____ Rent Request (months): _____

Document List:

Completed Application:

Photo ID's (over 18) and birth certificates (under 18) of all household members:

Lease Agreement:

One month's bank statement:

One month's paystubs:

Hardship Letter:

Completed W-9 from Landlord

Please note that additional documentation related to the household's specific circumstances may be requested.

APPLICATION FOR RENTAL ASSISTANCE

Type of Assistance: _____

Annual Income: \$ _____
Income Category (VL, LI, MI): _____

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Name:		
Social Security #:		
Date of Birth/Age:		
Street Address:		Phone:
City:		State/Zip:
Mailing Address:		Phone:
City:		State/Zip:

Other Household Members:

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student? If yes, please list: _____

Does Applicant/Co-Applicant own a home? Yes ___ No ___ Monthly rent: \$ _____

Assistance Type _____ Security Deposit or _____ Overdue rent payment(s)

Assistance Amount \$: _____

Applicant/Co-Applicant Employment Information:

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ _____	

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ _____	

NOTE: Attach additional sheets as necessary for all household members 18 years and over

Other Sources of Income (For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

	<u>Name</u>	<u>Type of Income</u>	<u>Gross Annual Amount</u>
1.			
2.			
3.			
4.			
			Total: \$ _____

Assets and Asset Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

	<u>Type of Asset</u>	<u>Asset Value</u>	<u>Bank/Account #</u>	<u>Annual Asset Income</u>
1.				
2.				
3.				
4.				
		Total: \$ _____		Total: \$ _____

Ethnicity/Special Needs (For reporting purposes only, please check all that apply for Head of Household Only): White ___ Black ___ Hispanic ___ Asian/Pacific Islander ___
 Native American ___ Farmworker ___ Disabled or Disabled Minor ___ Elderly ___
 Homeless ___ Other: _____

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.

Applicant Signature	Date	Co-Applicant Signature	Date
_____	_____	_____	_____

Martin County Approval:

Signature: _____ Date: _____

