

## Emergency Rental and Utility Assistance Renter Application

### Part 1: Primary Applicant Information

#### Basic Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Birthdate (dd/mm/yy): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

#### Primary Address:

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Is this your primary residence?  Yes  No

*Note: The unit must be the applicant's primary residence at the time of application and the unit must be in Florida. The renter does not have to have been in the unit prior to the pandemic.*

#### Mailing Address, if different than primary address.

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Referrals and Public Record Exemption

Would you like the Department of Children and Families to contact you about other support programs you may qualify for based on the information you have provided in this application? Standard Messaging and data rates may apply to text messages.

Yes  No How would you like to be contacted?  Text  Email  Phone

What is your preferred language?  English  Spanish  Haitian Creole

It is the policy of the State of Florida that all State, County and Municipal records are open for personal inspection and copying by any person. There are exemptions for certain persons in qualifying categories, e.g. active or former sworn or civilian law enforcement personnel; current or former firefighters certified in compliance with s. 633.408; current or former justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges; current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors.

Do you qualify as exempt from Florida's Public Records Law?  Yes  No

If yes, write in your qualifying exemption status: \_\_\_\_\_

### Part 2: Primary Applicant Demographics Information

Race (Select all that apply):			Ethnicity (Select one):	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Multiple races	<input type="checkbox"/> Not Hispanic or Latino	
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Choose not to respond	
As what gender do you identify?: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to respond				
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond				

### Part 3: Primary Applicant Income Information

1. Do you have income?  Yes  No

1.1. If you do not have income, have you been unemployed for more than 90 days?  Yes  No

2. Have you filed income tax for 2020 and do you have access to your IRS 1040?  Yes  No

2.1. If you answered "Yes", enter your Adjusted Gross Income from your 2020 federal income tax return: \_\_\_\_\_

Note: Your AGI can be found on page 1, line 11 of your Form 1040 or 1040-SR.

If you answered "No", follow the instructions to provide your income information in box 3.

**Skip box 3 if you have entered your 2020 AGI into box 2.1**

3. Provide income information for every source of income you currently receive. Do not report income received by another household member in this section. Include all incomes from sources such as wages, salaries, tips, child support, social security, and unemployment insurance. Do not include income from other public assistance benefits such as SNAP or TANF cash assistance. If you have additional income sources, please attach supplemental forms.

**Primary Income:**

How often do you get paid?  Monthly  2x per month  Every other week  Weekly

Income amount: \_\_\_\_\_

**Other Income:**

How often do you get paid?  Monthly  2x per month  Every other week  Weekly  N/A

Income amount: \_\_\_\_\_

**Other Income:**

How often do you get paid?  Monthly  2x per month  Every other week  Weekly  N/A

Income amount: \_\_\_\_\_

**Other Income:**

How often do you get paid?  Monthly  2x per month  Every other week  Weekly  N/A

Income amount: \_\_\_\_\_

### Part 4: Household Composition

4. Do you rent your home?  Yes  No

5. Do you currently live in a hotel/motel?  Yes  No

5.1. If yes, do you have a primary residence elsewhere?  Yes  No

5.2. If no, have you had to stay in a hotel/motel since March 13, 2020 because you were displaced from your primary residence?  Yes  No

6. Do you or a household member have an ownership interest in the property in which you reside (e.g., rent-to-own, lease purchase agreements, land contracts)?  Yes  No

7. Does any of the following apply to you or any member of your household? (Please check all that apply.)

Are a signor or co-signor to the mortgage on the property.

Hold the deed to title to the property.

Have exercised the option to purchase

8. Do you have a section 8 voucher or live in subsidized housing?  Yes  No

8.1. If yes, what portion of your rent do you pay? Amount: \_\_\_\_\_

9. Do you live on tribal land?  Yes  No

#### Eligibility Criteria: Financial Hardship

**Unemployment Benefits:** Renters who received unemployment benefits may be eligible for rental assistance from the OUR Florida program. If one or more members of the applicant's household qualified for unemployment benefits after March 13, 2020, check "Yes" in box 10 below. You will be asked to provide documentation, such as a notice of eligibility from the Department of Economic Opportunity, documentation of the payment of unemployment benefits or a screenshot of a household members account that indicates a claim is active. Applicants can obtain information through the Department of Economic Opportunity at UI Online ([myflorida.com](http://myflorida.com)).

10. Has anyone in your household qualified for any kind of unemployment benefits?  Yes  No

Mail to: OUR Florida  
2002 Old St. Augustine Road, Building C  
Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

10.1. If yes, have you or another member of your household been receiving benefits for longer than 90 days?  Yes  No

11. Did you or anyone in your household make less income as a result of the COVID-19 Public Health Emergency?  Yes  No

11.1. Approximately how much less are you earning per month due to the COVID-19 Public Health Emergency? Amount: \_\_\_\_\_

**If you answered "Yes" to Question 10 or 11, Skip this section.**

**Increase in Expenses due to COVID-19:** The State identifies costs related to COVID-19 broadly to include expenses reasonably related to changing circumstances caused by a member of the household requiring treatment for COVID-19, reasonable actions taken to prevent infection, the costs of relocation due to changed financial or health circumstances, purchases to support remote work or school, childcare needs due to school closure, cost of alternative transportation, increased utility costs due to increased time at home, as well as penalties and fees for late rent or utilities.

12. Has anyone in your household had a significant increase in expenses (costs) directly or indirectly related to the COVID-19 public health crisis?  Yes  No

12.1. If "Yes", provide the approximate total cost of additional expenses caused by COVID-19 Public Health Emergency. Amount: \_\_\_\_\_

**If you answered "Yes" to Question 10, 11, or 12, Skip this section.**

13. Has your household experienced any other financial hardship due to COVID-19 Public Health Emergency?  Yes  No

If you selected "Yes", describe your financial hardship below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Eligibility Criteria: Housing Instability**

14. Are you past due on rent or utilities?  Yes  No

15. Are you at risk of not paying your rent next month?  Yes  No

16. Have you or members of your household been notified that their right to occupy their current housing or living situation will be terminated?  Yes  No

17. Have you or members of your household had to move two or more times in the last 60 days?  Yes  No

18. Has your rental unit received any code violations or condemnation orders due to unsafe and unhealthy conditions?  Yes  No  Unknown

19. Do you live in unsafe or unhealthy living conditions due to domestic or repeat violence or have a current Order of Protection? *If you are in a crisis or need immediate help, dial 911 or call the Domestic Violence Hotline at 1-800-500-1119.*  Yes  No  Choose not to respond

**Other Rental Assistance**

**Other Rental Assistance:** Applicants who have received assistance from other rental assistance programs are eligible ONLY for months of assistance that were not covered by other assistance, including local funds or other federal programs.

20. Have you or anyone in your household received any rental or utility assistance since March 13, 2020?  Yes  No

21. Who provided the assistance that was received? Organization or Individual Name: \_\_\_\_\_

22. For what period of time did you receive assistance? Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

23. Was the assistance for rent, utilities, or both?  Rent  Utilities  Both

## Part 5: Household Composition

24. How many people live in your household? (Please include yourself, all other adults, and minor children)

1    2    3    4    5    6    7    8+

Provide demographic and income information for each member of your household. Do not repeat the primary applicant's information in this section. If you need additional space, please print a second copy of this page. Household members 18 and older must report their income in the space provided below. Household members under 18 are not required to provide income information if his/her earned income was less than \$12,400 and/or unearned income is less than \$1,100.

Household Member 1	
Name:	Date of Birth (mm/dd/yyyy):
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multiple races <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Choose not to respond	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Choose not to respond
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to respond	
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	
25. Is this person currently receiving income? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25.1. If "No", has the household member been employed for more than 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Has the household member filed federal income tax for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26.1. If "Yes", enter Adjusted Gross Income from your 2020 federal income tax return:   Amount: _____	
Note: Your AGI can be found on page 1, line 11 of your Form 1040 or 1040-SR	
<b>Skip this box if you have entered your 2020 AGI above</b>	
Provide income information for every source of income you currently receive. Do not report income received by another household member in this section. Include all incomes from sources such as wages, salaries, tips, child support, social security, and unemployment insurance. Do not include income from other public assistance benefits such as SNAP or TANF cash assistance. If you have additional income sources, please attach supplemental forms.	
<b>Primary Income:</b>	
How often do you get paid? <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per month <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A	
Income amount: _____	
<b>Other Income:</b>	
How often do you get paid? <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per month <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A	
Income amount: _____	
<b>Other Income:</b>	
How often do you get paid? <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per month <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A	
Income amount: _____	
<b>Other Income:</b>	
How often do you get paid? <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per month <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A	
Income amount: _____	

Mail to: OUR Florida  
2002 Old St. Augustine Road, Building C  
Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

Household Member 2	
Name: _____	Date of Birth (mm/dd/yyyy): _____
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multiple races <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Choose not to respond	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Choose not to respond
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to respond	
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond	
27. Is this person currently receiving income? <input type="checkbox"/> Yes <input type="checkbox"/> No 27.1. If "No", has the household member been employed for more than 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Has the household member filed federal income tax for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No 28.1. If "Yes", enter Adjusted Gross Income from your 2020 federal income tax return:    Amount: _____ Note: Your AGI can be found on page 1, line 11 of your Form 1040 or 1040-SR	
<b>Skip this box if you have entered your 2020 AGI above</b>	
Provide income information for every source of income you currently receive. Do not report income received by another household member in this section. Include all incomes from sources such as wages, salaries, tips, child support, social security, and unemployment insurance. Do not include income from other public assistance benefits such as SNAP or TANF cash assistance. If you have additional income sources, please attach supplemental forms.	
<b>Primary Income:</b> How often do you get paid? <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per month <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A Income amount: _____	
<b>Other Income:</b> How often do you get paid? <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per month <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A Income amount: _____	
<b>Other Income:</b> How often do you get paid? <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per month <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A Income amount: _____	
<b>Other Income:</b> How often do you get paid? <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per month <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A Income amount: _____	

Mail to: OUR Florida  
 2002 Old St. Augustine Road, Building C  
 Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

Household Member 3			
Name:		Date of Birth (mm/dd/yyyy):	
Race:		Ethnicity:	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Multiple races	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Choose not to respond
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to respond			
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond			
29. Is this person currently receiving income?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29.1. If "No", has the household member been employed for more than 90 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Has the household member filed federal income tax for 2020?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
30.1. If "Yes", enter Adjusted Gross Income from your 2020 federal income tax return:		Amount: _____	
Note: Your AGI can be found on page 1, line 11 of your Form 1040 or 1040-SR			
<b>Skip this box if you have entered your 2020 AGI above</b>			
Provide income information for every source of income you currently receive. Do not report income received by another household member in this section. Include all incomes from sources such as wages, salaries, tips, child support, social security, and unemployment insurance. Do not include income from other public assistance benefits such as SNAP or TANF cash assistance. If you have additional income sources, please attach supplemental forms.			
<b>Primary Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week
	<input type="checkbox"/> Weekly	<input type="checkbox"/> N/A	
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week
	<input type="checkbox"/> Weekly	<input type="checkbox"/> N/A	
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week
	<input type="checkbox"/> Weekly	<input type="checkbox"/> N/A	
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week
	<input type="checkbox"/> Weekly	<input type="checkbox"/> N/A	
Income amount: _____			

Mail to: OUR Florida  
 2002 Old St. Augustine Road, Building C  
 Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

Household Member 4			
Name:		Date of Birth (mm/dd/yyyy):	
Race:		Ethnicity:	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Multiple races	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Choose not to respond
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to respond			
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond			
31. Is this person currently receiving income?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
31.1. If "No", has the household member been employed for more than 90 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
32. Has the household member filed federal income tax for 2020?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
32.1. If "Yes", enter Adjusted Gross Income from your 2020 federal income tax return:		Amount: _____	
Note: Your AGI can be found on page 1, line 11 of your Form 1040 or 1040-SR			
<b>Skip this box if you have entered your 2020 AGI above</b>			
Provide income information for every source of income you currently receive. Do not report income received by another household member in this section. Include all incomes from sources such as wages, salaries, tips, child support, social security, and unemployment insurance. Do not include income from other public assistance benefits such as SNAP or TANF cash assistance. If you have additional income sources, please attach supplemental forms.			
<b>Primary Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			

Mail to: OUR Florida  
 2002 Old St. Augustine Road, Building C  
 Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

Household Member 5			
Name:		Date of Birth (mm/dd/yyyy):	
Race:		Ethnicity:	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Multiple races	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Choose not to respond
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to respond			
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond			
33. Is this person currently receiving income?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
33.1. If "No", has the household member been employed for more than 90 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Has the household member filed federal income tax for 2020?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
34.1. If "Yes", enter Adjusted Gross Income from your 2020 federal income tax return:		Amount: _____	
Note: Your AGI can be found on page 1, line 11 of your Form 1040 or 1040-SR			
<b>Skip this box if you have entered your 2020 AGI above</b>			
Provide income information for every source of income you currently receive. Do not report income received by another household member in this section. Include all incomes from sources such as wages, salaries, tips, child support, social security, and unemployment insurance. Do not include income from other public assistance benefits such as SNAP or TANF cash assistance. If you have additional income sources, please attach supplemental forms.			
<b>Primary Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			

Mail to: OUR Florida  
 2002 Old St. Augustine Road, Building C  
 Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>



Household Member 6			
Name:		Date of Birth (mm/dd/yyyy):	
Race:		Ethnicity:	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Multiple races	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Choose not to respond
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to respond			
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond			
35. Is this person currently receiving income?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
35.1. If "No", has the household member been employed for more than 90 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Has the household member filed federal income tax for 2020?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
36.1. If "Yes", enter Adjusted Gross Income from your 2020 federal income tax return:		Amount: _____	
Note: Your AGI can be found on page 1, line 11 of your Form 1040 or 1040-SR			
<b>Skip this box if you have entered your 2020 AGI above</b>			
Provide income information for every source of income you currently receive. Do not report income received by another household member in this section. Include all incomes from sources such as wages, salaries, tips, child support, social security, and unemployment insurance. Do not include income from other public assistance benefits such as SNAP or TANF cash assistance. If you have additional income sources, please attach supplemental forms.			
<b>Primary Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week
	<input type="checkbox"/> Weekly	<input type="checkbox"/> N/A	
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week
	<input type="checkbox"/> Weekly	<input type="checkbox"/> N/A	
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week
	<input type="checkbox"/> Weekly	<input type="checkbox"/> N/A	
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week
	<input type="checkbox"/> Weekly	<input type="checkbox"/> N/A	
Income amount: _____			

Mail to: OUR Florida  
 2002 Old St. Augustine Road, Building C  
 Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

Household Member 7			
Name:		Date of Birth (mm/dd/yyyy):	
Race:		Ethnicity:	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Multiple races	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Choose not to respond
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to respond			
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond			
37. Is this person currently receiving income?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
37.1. If "No", has the household member been employed for more than 90 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Has the household member filed federal income tax for 2020?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
38.1. If "Yes", enter Adjusted Gross Income from your 2020 federal income tax return:		Amount: _____	
Note: Your AGI can be found on page 1, line 11 of your Form 1040 or 1040-SR			
<b>Skip this box if you have entered your 2020 AGI above</b>			
Provide income information for every source of income you currently receive. Do not report income received by another household member in this section. Include all incomes from sources such as wages, salaries, tips, child support, social security, and unemployment insurance. Do not include income from other public assistance benefits such as SNAP or TANF cash assistance. If you have additional income sources, please attach supplemental forms.			
<b>Primary Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			

Mail to: OUR Florida  
 2002 Old St. Augustine Road, Building C  
 Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

Household Member 8			
Name:		Date of Birth (mm/dd/yyyy):	
Race:		Ethnicity:	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Multiple races	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Choose not to respond
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to respond			
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to respond			
39. Is this person currently receiving income?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
39.1. If "No", has the household member been employed for more than 90 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
40. Has the household member filed federal income tax for 2020?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
40.1. If "Yes", enter Adjusted Gross Income from your 2020 federal income tax return:		Amount: _____	
Note: Your AGI can be found on page 1, line 11 of your Form 1040 or 1040-SR			
<b>Skip this box if you have entered your 2020 AGI above</b>			
Provide income information for every source of income you currently receive. Do not report income received by another household member in this section. Include all incomes from sources such as wages, salaries, tips, child support, social security, and unemployment insurance. Do not include income from other public assistance benefits such as SNAP or TANF cash assistance. If you have additional income sources, please attach supplemental forms.			
<b>Primary Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			
<b>Other Income:</b>			
How often do you get paid?	<input type="checkbox"/> Monthly	<input type="checkbox"/> 2x per month	<input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> N/A
Income amount: _____			

Mail to: OUR Florida  
 2002 Old St. Augustine Road, Building C  
 Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

## Part 6: Rental and Utilities Information

Rent	
What is the amount of your monthly rent?	Amount: _____
41. Do you owe back rent for any month (s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41.1. If yes, how much rent do you owe?	Amount: _____
41.2. Months owed: _____ to _____ Year: _____	
42. Have you received an order to vacate your rental unit from you property manager/landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have you received an eviction notice from you property manager/landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Do you have ongoing need that will require future rent assistance?	
44.1. If yes, how many months? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Utilities	
Payments for electricity, gas, water, and sewer arrearages may be approved for funding but will only be paid directly to utility companies and must be supported by a current bill or invoice. Please provide all relevant information requested below for any past due utility payments for which you are requesting assistance.	
45. Do you owe back utilities for any month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Utility Type (Check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Water <input type="checkbox"/> Garbage	
Provider Name: _____	Account Number: _____
Months Past Due: _____	Start Date: _____
	End Date: _____
	Total Past Due Amount: _____
47. Utility Type (Check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Water <input type="checkbox"/> Garbage	
Provider Name: _____	Account Number: _____
Months Past Due: _____	Start Date: _____
	End Date: _____
	Total Past Due Amount: _____
48. Utility Type (Check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Water <input type="checkbox"/> Garbage	
Provider Name: _____	Account Number: _____
Months Past Due: _____	Start Date: _____
	End Date: _____
	Total Past Due Amount: _____
49. Utility Type (Check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Water <input type="checkbox"/> Garbage	
Provider Name: _____	Account Number: _____
Months Past Due: _____	Start Date: _____
	End Date: _____
	Total Past Due Amount: _____
50. Utility Type (Check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Water <input type="checkbox"/> Garbage	
Provider Name: _____	Account Number: _____
Months Past Due: _____	Start Date: _____
	End Date: _____
	Total Past Due Amount: _____

## Part 7: Landlord Contact Information

### Contact information:

Company Name: \_\_\_\_\_

Business E-mail Address: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Is this your primary residence?  Yes  No

*Note: The unit must be the applicant's primary residence at the time of application and the unit must be in Florida. The renter does not have to have been in the unit prior to the pandemic.*

Mail to: OUR Florida  
2002 Old St. Augustine Road, Building C  
Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

## Part 8: Tenant Documents Required for Submission

Use this guide to determine what proof documents you need to submit with your application. Do not mail original copies to the OUR Florida program.

<b>Identification Documents <i>You must provide at least one of the following:</i></b>	
<input type="checkbox"/>	<p>Preferred Identification Documents:</p> <ul style="list-style-type: none"> <li>• Driver's license</li> <li>• State identification</li> <li>• Passport</li> <li>• Military identification</li> </ul>
<input type="checkbox"/>	<p>If you do not have one of the documents above, you may provide one of the following documents:</p> <ul style="list-style-type: none"> <li>• College identification</li> <li>• Birth certificate</li> <li>• Voter registration card</li> <li>• Tribal identification</li> <li>• Employer identification</li> <li>• DHS issued immigration identification/documents</li> </ul>
<b>Rental Documents <i>You must provide at least one of the following:</i></b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Copy of your current lease or rental agreement</li> <li>• Receipts for rent payments</li> <li>• Current utility payments for the property in the name of the renter</li> <li>• Cancelled check stubs showing purpose and landlord</li> <li>• Bank records that demonstrate continuing rent payments</li> </ul>
<b>Documentation on Utility Information</b>	
<input type="checkbox"/>	<p>If you applied for utility assistance in Box 46, 47,48, 49, or 50 provide a copy of the corresponding utility bill.</p> <ul style="list-style-type: none"> <li>• Electricity Bill</li> <li>• Gas Bill</li> <li>• Water and Waste Water</li> <li>• Water Bill</li> <li>• Sewage Bill</li> <li>• Garbage Bill</li> <li>• Disconnection Notice (if any)</li> </ul>
<b>Documentation on Income</b>	
<input type="checkbox"/>	<p>If reported income for yourself or any household member provide one of the following documents:</p> <ul style="list-style-type: none"> <li>• Filed 1040 Tax Form</li> <li>• W2 Form</li> <li>• 1099 Form</li> <li>• Other</li> <li>• Income Documents</li> </ul>
<b>Documentation of Financial Hardship</b>	
<input type="checkbox"/>	<p>If reported a financial hardship in Box 10, 11, 12, or 13, provide one of the following documents:</p> <ul style="list-style-type: none"> <li>• Notice of past-due rent, Notice of past-due utilities</li> <li>• Written notice to vacate the dwelling for failure to pay rent, Eviction notice, Notice of termination of tenancy</li> <li>• Proof of residency at 3 or more different addresses in the past 60 days.</li> <li>• Proof of code violation or condemnation order (if available)</li> <li>• Verification of Unemployment Benefits</li> <li>• Verification of Income reduction due to the COVID-19 Public Health Emergency</li> <li>• Verification of significant increase in expenses(costs) due to the COVID-19 Public Health Emergency</li> <li>• Document demonstrating financial hardship due to the COVID-19 Public Health Emergency</li> <li>• Proof of Hotel Stay (Invoices, Receipts)</li> </ul>

Mail to: OUR Florida  
2002 Old St. Augustine Road, Building C  
Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

## Part 9: Tenant Attestations

### AFFIRMATION

---

My name is \_\_\_\_\_ and I reside at \_\_\_\_\_. This is my primary residence. I state that I pay \_\_\_\_\_ in rent for my residence at \_\_\_\_\_. The name of the landlord/management company I pay my rent to is \_\_\_\_\_. I send my rent to \_\_\_\_\_. The landlord/management company's telephone number is, \_\_\_\_\_.

### Tenant Attestation:

I attest the information I provided is true, accurate, and complete. I attest that I and the members of my household have occupied the unit for which I am seeking assistance as my primary residence (the home in which I usually live) and have occupied the unit during the period for which rental and/or utility assistance is requested. I attest I will occupy the unit as my primary residence throughout the remaining months for which the assistance is provided. I attest that I have not received assistance for the same expenses for the same months being requested in this application.

I understand that any misrepresentation of information or failure to disclose information requested on this form or creating a false or misleading record will disqualify me from being eligible for the OUR Florida Program. I also understand the information provided about my household is subject to further verification by the Florida Department of Children and Families, the Department of Treasury, the OUR Florida Program or any other State or Federal agency. By applying for this program I authorize verification, and may be required to provide supporting documents. **I understand if I knowingly make a false claim or statement to the Federal Government, I may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729 as well as Florida State civil and criminal penalties.**

I hereby state under the penalties provided by law that the statement provided above is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail to: OUR Florida  
2002 Old St. Augustine Road, Building C  
Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

	Attestation Type:	Attestation Verbiage	Question Reference:	Initial
1	Subsidized/Public Housing	I attest that I live in subsidized housing and I have only requested assistance from this Program for the tenant-portion of rent and/or utilities.	If you answered "Yes" to the question, "Do you have a section 8 voucher?"	
2	Hotel/Motels	I attest that I have been displaced from my primary residence due to the COVID-19 Public Health Emergency. Due to this displacement, I currently reside in a hotel or motel or have resided in a hotel/motel since March 13, 2020. I am only requesting assistance for the hotel rental costs; these costs do not include incidental expenses to the charge for the room.	If you answered "Yes" to the question, "Have you had to stay in a hotel/motel since March 13, 2020 because you were displaced from your primary residence?" AND If you answered "No" to "Do you have a primary residence elsewhere?"	
3	No Income	I attest that myself or a member(s) of my household do not have any income.	If you answered "No" to the question, "Do you have income?" for any household member added.	
4	Cash Payments Only	I attest that myself and all members of my household have divulged all income, including all cash payments, and any self-employment income.	Required attestation.	
5	Reduction in HH Income	I attest that myself, or members of my household, have experienced a reduction in income as a result of the COVID-19 Public Health Emergency.	If you answered "Yes" to the question, "Did you or anyone in your household make less income as a result of the COVID-19 Public Health Emergency?"	
6	Incurred Significant Costs	I attest that myself, or members of my household, have incurred significant increases in costs as a result of the COVID-19 Public Health Emergency.	If you answered "Yes" to the question, "Has anyone in your household had a significant increase in expenses (costs) due to the COVID-19 Public Health Emergency?"	
7	Experienced Financial Hardship	I attest that myself or members of my household have experienced a financial hardship as a result of the COVID-19 Public Health Emergency.	If you answered "Yes" to the question, "Has your household experienced any other financial hardship due to the COVID-19 Public Health Emergency?"	
8	Future Rent Risk	I attest that I am at risk of not paying my rent next month.	If you answered "Yes" to the question, "Are you at risk of not paying your rent next month?"	

Mail to: OUR Florida  
2002 Old St. Augustine Road, Building C  
Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>