



**MARTIN COUNTY HUMAN SERVICES
Tenant Based Rental Assistance (TBRA) Program**

Documentation Checklist

Copies of the following items must be submitted to determine program eligibility. Please make sure all documentation submitted is current.

- Photo ID's (over 18) and birth certificates (under 18) of all household members.
- Completed and signed TBRA application.
- A letter from your previous or current landlord documenting on time rental payments.
- Current Lease Agreement (if applicable)
- Six to twelve months of monthly utilities invoices

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

**TENANT BASED RENTAL ASSISTANCE (TBRA)
APPLICATION FOR RENTAL ASSISTANCE**

APPLICANT NAME: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

HOUSEHOLD COMPOSITION

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

Member's Full Name	Relationship	Birthdate	Age	Sex	Social Security No.

Race of Head of Household (Check One) - Optional

(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

- White Black Asian/Pacific Islander
 Native American/Alaskan Native Hispanic

INCOME INFORMATION

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)

Member's Full Name	Source of Income	Annual Amount	Payment Basis (weekly, monthly, etc.)

Employment application INFORMATION

Employer Name	Employer Contact	Email Address	Phone #/ Fax #

ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Member's Full Name	Name of Financial Institution (e.g.bank accounts, investments)	Cash Value of Asset	Account Number

EXPENSE INFORMATION

- Yes No Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?
- Yes No Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?
- Yes No Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

APPLICANT/S' CERTIFICATION: I/we consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. I/we understand that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. I/we also agree to provide any other documentation needed to verify eligibility. I/we understand that the lending institution and Martin County Human Services, Housing Office must be notified of any information changes. This information will be maintained by the Martin County Human Services and is subject to public disclosure. If approved, I/we agree to allow Martin County Human Services to communicate with any party involved in the assistance.

The information on this form is to be used to determine maximum income for eligibility. I/We have provided for each person set forth in the above acceptable verification of current anticipated annual income. I/We certify that the statements are true and complete to the best of my/our knowledge and belief under penalty of perjury.

WARNING: 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 S77.082 or 772.083.

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entries, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.

Applicant Signature	Print Name	Date

Co-Applicant Signature	Print Name	Date

Signature/Household Member 18 years or older	Print Name	Date

Signature/Household Member 18 years or older	Print Name	Date

Signature/Household Member 18 years or older	Print Name	Date