Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

Housing Opportunities Program, Tenant-Based Rental Assistance

Dear Landlord:

The Housing Opportunities Program is a federally funded program assisting individuals with disabilities seeking long-term housing placement. The goals of the program are to help alleviate financial burden related to housing and reduce the risk of homelessness. The program agrees to support the tenant for 12 months or longer by providing direct payments to landlord based on the tenant's income and needs assessment.

Important details about the program:

- Unit must be **Rent Reasonable** landlords cannot charge more for a unit than other comparable unassisted units
- Unit will need to meet basic **Habitability Standards** someone from our team will check for adequate safety, space, smoke detectors, and lead based paint (verify built date) etc.
- Rental Assistance Agreement Form- someone from our team will send you a form to verify the rent amount and Tax Id number needed to authorize monthly payments
- Assigned, ongoing Case Management- clients are required to be compliant and participate in case management for the entirety of the lease agreement

For the tenant's rent portion or to further inquire about the Housing Opportunities program, please contact us at (386) 281-6547. Thank you.

Sincerely,

Akisia German, MPH Community Housing Coordinator



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Landlord Signature



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I, _____ certify that the rent being charged for the HUD assisted unit located at _____ is equivalent to rents charged for other comparable unassisted units owned by the landlord. Previous rent for the assisted unit: \$_____. Current rent for the comparable unassisted/ vacant unit: \$_____.

Date

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Housing Opportunities Program

Rental Assistance Agreement

This is $\underline{\textbf{NOT}}$ a Section 8 or subsidized housing program

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED FOR PAYMENT						
This is to verify that		is or will be renting a unit at:				
Address	City	Zip Code				
Monthly Rent Amount: \$	Application I	⁷ ee: \$				
Security Deposit: \$						
This security deposit is \square refundable	□ non-refundable _	Landlord Initials				
	en paid remains the respo	the voucher. Further, I understand that any balance due onsibility of the tenant(s). The tenant shall be solely the security deposit Landlord Initials.				
Please print clearly:						
Make check payable to:						
Address:						
Name of landlord:	_					
Telephone #:	Fax #:					
Landlord Signature	Date	_				
Tax ID # or Social Security #:						
FOR OFFICE USE ONLY AUTHORIZED LINE ITEM: Tenant Portion: Start Date:						
Housing Coordinator Signature The monies paid by the Housing Opportunities P must match payee exactly.	rogram will be reported to	Date the IRS on form 1099, the Tax ID or social Security number				



PHONE: 386-281-6547 • FAX: 386-265-6505





Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

	sor's Disclo						
(a)		f lead-based paint and/or lead-l					
		nown lead-based paint and/or l xplain).	lead-based paint hazard:	s are present in the housing			
		essor has no knowledge of lead	I-based paint and/or lead	d-based paint hazards in the			
(b)	Records an	d reports available to the lessor	r (check (i) or (ii) below):				
	(i) Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).						
Loc	(ii) Le pa	essor has no reports or records aint hazards in the housing. wledgment (initial)	,	paint and/or lead-based			
		essee has received copies of all	information listed above	1			
		essee has received the pamphle	Section and the section of the secti				
			.,				
_		wledgment (initial)					
(e)	A	gent has informed the lessor of aware of his/her responsibility	the lessor's obligations to ensure compliance.	under 42 U.S.C. 4852(d) and			
Cer	tification of	Accuracy		. *			
		rties have reviewed the informatio	on above and certify, to the	best of their knowledge, that			
the	Information t	hey have provided is true and acc	urate.	0,			
Less	or	Date	Lessor	Date			
Less	ee	Date	Lessee	Date			
		ot.					

(Rev. October 2018)

Request for Taxpayer **Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Interna	Revenue Service	► Go to www.irs.gov/FormW9 for instructions and the lates	st inforn	nation.					
	1 Name (as showr	on your income tax return). Name is required on this line; do not leave this line blank.							
Print or type. Specific Instructions on page 3.	2 Business name/	disregarded entity name, if different from above							
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	single-member LLC			Exempt payee code (if any)					
ic it	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶			_					
Print or type.	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			Exemption from FATCA reporting code (if any)					
Scif	Other (see instructions)			(Applies to accounts maintained outside the U.S.)					
See Spe	5 Address (number	r, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)						
	6 City, state, and 2	IP code							
	7 List account number(s) here (optional)								
Par	t Taxpa	yer Identification Number (TIN)							
		propriate box. The TIN provided must match the name given on line 1 to avo		Social sec	curity n	number			
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>] -]-		
TIN, later.									
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.		Employer identification number							
				-					
Par	10/25/25/10/2020/10/								
	penalties of perju	The second secon							
2. I an Ser	n not subject to ba vice (IRS) that I an	n this form is my correct taxpayer identification number (or I am waiting for a ackup withholding because: (a) I am exempt from backup withholding, or (b) in subject to backup withholding as a result of a failure to report all interest or backup withholding; and	I have n	ot been n	otified	by the	Inter		
3. I an	n a U.S. citizen or	other U.S. person (defined below); and							
4. The	FATCA code(s) e	ntered on this form (if any) indicating that I am exempt from FATCA reporting	g is corre	ect.					
you ha	ave failed to report sition or abandonm	s. You must cross out item 2 above if you have been notified by the IRS that you all interest and dividends on your tax return. For real estate transactions, item 2 cent of secured property, cancellation of debt, contributions to an individual retire vidends, you are not required to sign the certification, but you must provide your	does not	apply. Fo	r mort	gage in	terest	paid,	nents
Sign Here			Pate ►						

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- · Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,