CITY OF FORT LAUDERDALE

HOUSING & COMMUNITY DEVELOPMENT 101 NE 3rd Ave, Suite 200 Fort Lauderdale, Florida 33301

MUNICIPAL SERVICES AFFORDABILITY PROGRAM

The City of Fort Lauderdale's Municipal Services Affordability (MSA) Program will assist financially burdened households with paying for their water, sewer, and sanitation services. This program aims to maintain uninterrupted access to essential services for low-income households, enhancing housing stability, safety, and overall quality of life. If approved under this program, the financial assistance will be directly distributed into the utility billing account.

To qualify for the Municipal Services Affordability Program, an applicant must meet all of the following requirements:

- The total household income cannot exceed 120% of the current Area Median Income (AMI), based on family size, as determined by the U.S. Department of Housing and Urban Development (HUD).
- The applicant must be a resident of the City of Fort Lauderdale and must be either the Head of Household or the party legally responsible for paying the municipal service bill.
- The property receiving service must be within the official city limits of Fort Lauderdale.
- A single household may not receive more than $2,000 in assistance within any rolling twelve-month period.

HOUSEHOLDS MUST MEET THE INCOME LIMITS BELOW:

Fort Lauderdale, Florida
FY 2026 Income Limits

HH Size	Max Income	HH Size	Max Income
1	$71,000	5	$109,550
2	$81,150	6	$117,650
3	$91,300	7	$125,750
4	$101,400	8	$133,850

CITY OF FORT LAUDERDALE MUNICIPAL SERVICES AFFORDABILITY PROGRAM

- **Submit a fully completed application with no blank sections. Incomplete applications will not be accepted.**

- **The application must include the total income of all adult household members (18 years of age and older).**

REQUIRED DOCUMENTS (copies only)

Copy of current photo ID (driver's license or state ID) for every household member over the age of 18.

Income Verification:

- If employed: Copies of the four most recent and consecutive paycheck stubs (if paid weekly) or the two most recent paycheck stubs (if paid bi-weekly). Paycheck stubs must show the employer's name, address, and contact information.
- If receiving benefits (Social Security, disability, unemployment, or pension): Provide the most recent benefit statement.
- *Note: Income documentation must be submitted for every adult member of your household.*

____ Copy of current lease agreement or most recent Mortgage Statement.

____ Copy of most recent municipal utility bill. Must be past due.

____ Copies of all pages of two months of most recent checking and savings account statements.

Additional information may be required.

To qualify for this program, you must submit all required documents along with your complete application to our office. City staff will review your submission to determine completeness. Please note that staff acceptance of your application is only for processing and does not constitute approval or guarantee your participation in the program. Participation is always subject to funding availability.

PLEASE CHECK TO BE SURE YOU HAVE ALL THE DOCUMENTS ABOVE

CITY OF FORT LAUDERDALE HOUSING AND COMMUNITY DEVELOPMENT

101 NE 3rd Ave, Suite 200, Fort Lauderdale, Florida 33301
Telephone 954-828-4527 - Fax 954-847-3754
MSAPROGRAM@fortlauderdale.gov

Municipal Services Affordability Program Application

This application and all documents submitted to the City of Fort Lauderdale are subject to Chapter 119 of Florida's" Public Records Law."

PLEASE PRINT / USE ONLY BLACK OR BLUE INK

PLEASE INITIAL ANY CROSS OUTS/CORRECTIONS. WHITE OUT IS NOT PERMITTED ON APPLICATION.

TENANT INFORMATION

Last Name:	First Name:	SSN#:
Address	City: **Fort Lauderdale**	Zip: **333**____
Phone:	Email Address:	

Household:
Number of Adults: _____ Number of Children under 18: _____

How is your household experiencing financial hardship which may include, but not limited to:
☐ Unemployment: ☐ Sickness: ☐ Death: ☐ Other: _____

Has Anyone in the houshold recevied Federally Funded rental assistance in the past 12 Months:
☐ Yes ☐ No

Citizenship:
☐ US Citizen ☐ Permanent Resident ☐ Temporary Resident: ☐ Refugee:

Race (check all that apply):
☐ Black or African American ☐ White ☐ Asian ☐ Hispanic
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander ☐ Other: _____

Gender: ☐ Male ☐ Female

1. Are you currently enrolled in The Housing Choice Voucher Program (Section 8 Housing): ☐ YES ☐ NO
   * If yes, do you receive utility allowance? ☐ Yes ☐ No
2. Are you currently enrolled in Public Housing: ☐ YES ☐ NO
   If yes, do you receive utility allowance? ☐ Yes ☐ No
3. Do you or your co-applicant owe the City of Fort Lauderdale any money? ☐ YES ☐ NO
   * If yes, please explain _____

EMPLOYMENT INFORMATION: APPLICANT

Employee Name:	Employer Name:
Position:	Supervisor:

Address/Phone:	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): $	Pay Rate: $
Number of hours worked ☐ 0-15 ☐ 16-30 ☐ 31-40	Last Date of Employment

List Every Person Living at Your Residence (Including Yourself)						
Name		Age	Date of Birth	Social Security Number	Relations to Applicant
1					Applicant
2					
3					
4					

ASSETS & ASSET INCOME			
List EVERY checking account, savings account, IRA, CD, bond, stock, life insurance policy, equity in properties, money market account, retirement account or any other income for EVERY household member.			
	Company Name	Type of Asset	Asset Value/Balance
1			
2			
3			
4			

OTHER SOURCES OF INCOME						
List ALL employment, child support, alimony, social security, disability, pension, unemployment, workers compensation, or any other source of income for EVERY household member 18 and over						
	Name	Wage/Salary (Include Tips, Commission and Bonuses)	Benefits, Pension	Public Assistance	Other Income	Annual Income
1						
2						
3						
4						

LANDLORD OR PROPERTY MANAGER INFORMATION		
Property Management Company (if applicable):		
Last Name:	First Name:	Tax id or SSN#:
Address:	City:	Zip:
Phone:	Email Address:	

CONFLICT OF INTEREST FORM

CONFLICT OF INTEREST QUESTIONS:

Are you or anyone living in your household a City of Fort Lauderdale employee? ☐ YES ☐ NO

If you answered YES, list the household member(s) name and the Department they work for:

Name:_____ Department:_____

Name:_____ Department:_____

Name: _____ Department: _____

Are you or anyone living in your household related to a City of Fort Lauderdale employee (s)? ☐ YES ☐ NO

If you answered YES, list each employee name and the Department they work for:

Name:_____ Department:_____

Name:_____ Department:_____

Name: _____ Department: _____

Are you or anyone living in your household an elected official or appointed official serving on any City Board? ☐ YES ☐ NO

If you answered YES, list each name and the name of the City Board.

Name:_____ Elected Official Title or City Board: _____

Name:_____ Elected Official Title or City Board:_____

Name: _____ Elected Official Title or City Board: _____

The City will adhere to its employee code of conduct and Conflict of Interest Policy.

A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official, appointed official of the City of Fort Lauderdale or its subrecipients, and if within the past 12 months, any of the following statements applies to any of the applicants:

1. Exercises or has exercised any functions or responsibilities with respect to funds for this program.
2. Participates or has participated in the decision-making process related to funds for this program.
3. Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the City's program.

When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge and disclose that conflict. If a conflict of interest exists (or the perception of one), the City is required to seek a legal opinion and make the potential conflict known to the public by applying by newspaper or before the City Commission.

The process is mandatory for all City of Fort Lauderdale employees and any time a conflict or the perception of one exists.

AUTHORIZATION TO VERIFY INFORMATION

This is authorization for the City of Fort Lauderdale to verify previous or current information regarding me/us. The undersigned specifically acknowledge(s) that: (1) verification or re-verification of any information contained in this application may be made by the City of Fort Lauderdale from any source named in this application, as well as, banks, credit unions, a credit reporting agency and other sources not specifically identified here; (2) the City of Fort Lauderdale may make copies of this letter for distribution to any party with which I (we) have a financial or credit relationship and that any party may treat such copy, including a faxed copy, as an original; (3) the property must be occupied as the applicant's primary residence.

AGREEMENT

The undersigned understands that the intent of this application is for purposes of pre-qualifying only and does not guarantee acceptance or approval and no commitment is hereby made on the part of either the applicant or the City of Fort Lauderdale. We further understand that all information and documents provided with, and in association with this application, are public records and as such are subject to the State of Florida's public record laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my signature on this application.

Any intentionally false or fraudulent statement, supporting document or information will constitute cancellation of this application and liability in any legal action brought against me/us by the City. The City of Fort Lauderdale is hereby authorized to verify any of the above information. I/we agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the City of Fort Lauderdale.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: Federal law, U.S.C. Title 18, Sec. 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies … or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than $10,000 or imprisoned for not more than five years, or both.

PRIVACY ACT NOTICE

This information is to be used by the agency collecting it, or its assignees, in determining whether you qualify as a participant under its Program. It will not be disclosed outside the agency except as required and permitted by law. Failure to provide this information may delay or result in rejection of your application. All information you provide is subject to Florida's public records laws.

Applicant's Name (Print) ***X***	Applicant's Signature ***X***	Date
Co-Applicant's Name (Print) ***X***	Co-Applicant's Signature ***X***	Date
Other Adult's Name (Print) ***X***	Other Adult's Signature ***X***	Date
Other Adult's Name (Print) ***X***	Other Adult's Signature ***X***	Date
To be completed by Interviewer		
This application was taken by: ☐ Face-to-face interview ☐ Mail ☐ Internet	Interviewer's Name (Print) Interviewer's Signature Interviewer's Phone Number	

OFFICIAL USE ONLY (HOUSING AND COMMUNITY DEVELOPMENT)

Review by:_____ ☐ Approved ☐ Denied Date: _____

Review & Approved by:

_____ _____ _____ _____

Housing & Community Development Assistant Manager Date Housing & Community Development Manager Date

Household Income Level: **(2023 Income Limits** ☐ Does not exceed 30 percent of the area median income for the household

☐ Exceeds 30 percent but does not exceed 50 percent of the area median income for the household.

☐ Exceeds 50 percent but does not exceed 80 percent of area median income for the household