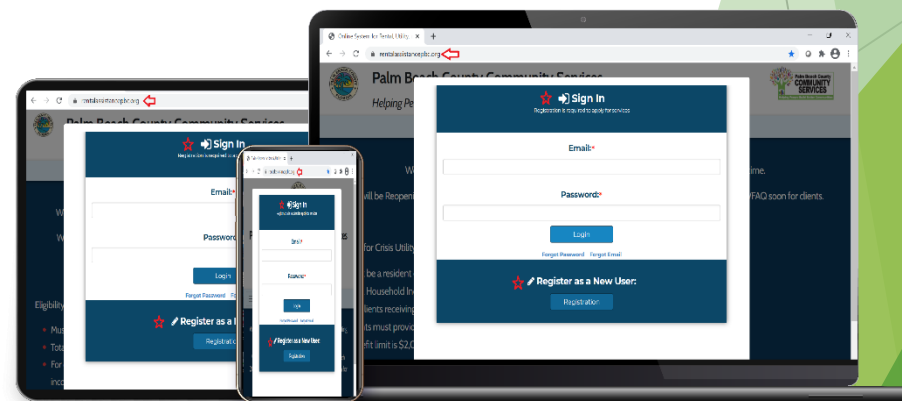


# How to Apply for U.S. Treasury Emergency Rental Assistance



Using OSCARSS



# Log in to OSCARSS application portal for Community Services

If unable to log in, select “Forgot Password” and the password will be emailed to the registrant.

Select “Forgot Email” to find out the email account paired with the applicant’s personal information.

**Palm Beach County Community Services**  
*Helping People Build Better Communities*

To Apply for COVID-19 Services you must be a Registered User  
Sign-In or Register as a New User Here

English Spanish Creole

**Important!** Please do not email /mail your application. Applications must be submitted through the Application Portal. Due to the widespread impact of the pandemic on our local community, the County anticipates a high volume of calls. We provide a significant amount of information on line - please make sure you read all available materials before reaching out directly.

If you have any questions, you may call our Contact Centre at **(561) 355-4792** during business hours.

Monday thru Friday - 8:00am - 4:30pm

Check your Services Here: [www.pbcgov.com/clientservicessearch](http://www.pbcgov.com/clientservicessearch)

**Community Services Mission**  
*To enhance and improve the health, welfare and quality of life in Palm Beach County by investing in the*

**COVID-19 FAQ**

**Sign In**  
Registration is required to apply for services

Email:\*

Password:\*

**Login**

[Forgot Password](#) [Forgot Email](#)

# The login page has resources to assist with the application.

The screenshot shows the login page for PBCgov.org. At the top, there's a navigation bar with 'English', 'Spanish', and 'Creole' language options. Below this, a large box contains an 'Important!' notice about application submission. To the right, there's a 'Registration is required to apply for services' section with fields for 'Email' and 'Password', and a 'Login' button. Below the login section, there's a 'COVID-19 FAQ' button, a 'PBC Resource Guide' button, and a 'Service Eligibility Quick Glance' button. At the bottom, there's a 'Report a Technical Problem' button. On the left side, there's a 'Community Services Mission' box. On the right side, there's a 'New User' section with a 'Registration' button. Arrows point from callout boxes to various elements: 'Choose the language' points to the language bar; 'See questions about eligibility and the program benefits' points to the 'COVID-19 FAQ' button; 'View the tutorial and see how to apply' points to the 'Applying for CARES Act - OSCARSS Tutorial' link; 'New users can register for an account' points to the 'Registration' button; and 'Get help with technical issues' points to the 'Report a Technical Problem' button.

English Spanish Creole

**Important!** Please do not email /mail your application. Applications must be submitted through the Application Portal. Due to the widespread impact of the pandemic on our local community, the County anticipates a high volume of calls. We provide a significant amount of information on line - please make sure you read all available materials before reaching out directly.

If you have any questions, you may call our Contact Centre at (561) 355-4792 during business hours.

Monday thru Friday - 8:00am - 4:30pm

Check your Services Here: [www.pbcgov.com/client-services-search](http://www.pbcgov.com/client-services-search)

**COVID-19 FAQ**

COVID-19 Frequently Asked Questions

**PBC Resource Guide**

Find the location of available services in Palm Beach County on a map

**Service Eligibility Quick Glance**

Service Eligibility Quick Glance tells you about the requirements necessary to be eligible for services provided No Registration is required

**Report a Technical Problem**

**Applying for CARES Act - OSCARSS Tutorial**

**New User**

Don't Have an Account? Register as a New User Here

**Registration**

This is only to report technical issues related to OSCARSS website. Please refer to <http://discover.pbcgov.org/communityservices/Pages/default.aspx> for eligibility or other questions.

Note: This application is supported in IE9 and higher versions of IE

©2015 Palm Beach County ISS. All Rights Reserved.

Choose the language

See questions about eligibility and the program benefits

View the tutorial and see how to apply

New users can register for an account

Get help with technical issues

# Review the Informed Consent and Release of Information

CMIS Informed Consent and ...

## Palm Beach County Continuum of Care Informed Consent and Release of Information

The Client Management Information System (CMIS) allows sharing of client information for the provision of services in Palm Beach County through the networked infrastructure that establishes electronic communication among Member Agencies. Participation in the CMIS enables the collection and sharing of unduplicated countywide aggregated data on homeless service delivery. The CMIS provides a standardized assessment of client needs, supports the creation of individualized service plans, and records the use of housing and other related services.

I understand that my data will be shared with the Partnering Agencies of the CMIS network.

- CMIS is a database which allows partnering agencies to capture and share information about the individuals they serve
- This information will help you access the appropriate resources to better meet your needs
- It will help you save time should you access services from another member agency
- Only authorized Staff in the CMIS System can access your data
- All information entered into this database is stored securely to protect your data from unauthorized access
- Non Identifying information is used to provide reports for various funding agencies
- All information entered into the database will be maintained for an indefinite timeframe
- I may request an oral or written explanation of this information prior to accepting these terms
- The acceptance of this Agreement will be good for One Year from Date of Acceptance unless terminated by me

☐ I  hereby grant permission for and authorize the release of any information regarding myself and all household members entered into this database to CMIS Agencies

Agree

# Review the Notice Regarding Collection of Social Security Numbers

## Palm Beach County Notice Regarding Collection of Social Security Numbers

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under grants and programs operated by Palm Beach County, Community Services Department.

Used To:

1. Verify an applicant's identity.
2. Verify household size.
3. Verify household income.


A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and Palm Beach County Community Services Department for the purposes specified above.



- I may request an oral or written explanation of this information prior to accepting these terms
- The acceptance of this Agreement will be good for One Year from Date of Acceptance unless terminated by me

☐ I  hereby grant permission for and authorize the release of Social Security Numbers regarding myself and all household members entered into this database to Palm Beach County Community Services

Start a new application by selecting “Apply for Services”. Any existing applications will show with an option to “Edit”.

Home



 **Palm Beach County Community Services**  
Helping People Build Better Communities

Doris Davis   Logout

Apply for services

**Apply for Services**

Search

From \* 2/28/20 To \* 02/28/20  

Clients

# Answer questions related to the impact experienced by COVID

Special Funding Determination x

## Special Funding Determination

### ERA Funding Eligibility Requirements Details

**Palm Beach County Rental Households with one or more individuals who meet the following criteria may be eligible for funding.**  
**Select all that apply to your crisis - Supporting documents will be required.**

Please Enter your Residence ZIP Code: \*

Are you currently a Client of Community Services? \*

Are you an Employee of the Board of County Commissioners of Palm Beach County? \*

Have you received any subsidy or assistance for Rental or Utilities from another Entity? \*

Do you live in Section 8 or Public Subsidized Housing? \*

How many Days has the Qualifying Household Member been Unemployed? \*

Do you Own or Rent the home you live in? \*

Were you referred by "Rebuild Florida"? \*

# These questions are asked to determine eligibility for ERA funding.

Special Funding Determination ^

## Crisis is due to Direct or Indirect causes from COVID-19: \*

- ☒ Reduction or Loss of Income
- ☒ Lost Employment
- ☒ Qualified for Unemployment

- ☐ Increase in Expenses Due to COVID-19
- ☐ Caring for or being a High Risk Individual
- ☐ Responsible for Caring for Children / Grandchildren at Home

## At Risk of Homelessness or Housing Instability: \*

- ☒ Rental Eviction Notice
- ☐ Utility Disconnection Notice

- ☐ Past Due Rent Notice
- ☒ Past Due Utility Notice

## Total household income must be at or below 80% of Area Median Income (AMI) \*

Enter Total Number of Household Members \*

4

Enter Total Household income for 2020 \*

23000

Enter total household income for last 2 months \*

2200

Calculate

You may be Eligible for ERA Funding, please click Next to Continue.



ERA funding is only for households that rent.  
Refer to the website for other available  
funding sources.

	<input checked="" type="checkbox"/> Income <input checked="" type="checkbox"/> Lost Employment <input checked="" type="checkbox"/> Qualified for Unemployment	<input type="checkbox"/> Caring for or being a High Risk Individual <input type="checkbox"/> Responsible for Caring for Children / Grandchildren at Home
<b>At Risk of Homelessness or Housing Instability: *</b>	<input checked="" type="checkbox"/> Rental Eviction Notice <input type="checkbox"/> Utility Disconnection Notice	<input type="checkbox"/> Past Due Rent Notice <input type="checkbox"/> Past Due Utility Notice
<b>Total household income must be at or below 80% of Area Median Income (AMI) *</b>		
Enter Total Number of Household Members *	<input type="text" value="3"/>	
Enter Total Household income for 2020 *	<input type="text" value="63000"/>	
Enter total household income for last 2 months *	<input type="text" value="10500"/>	
<input type="button" value="Calculate"/>		
<div>Not eligible. Only Rent Application is eligible for ERA funding..</div>		

# Request assistance for the services needed. Explain the situation and review and accept acknowledgements.

**DeKalb County Community Services**  
People Build Better Communities

Doris Davis 1 (ddavis1@davis.com)

ERA Assistance for Rent and Utilities

**Client Details**

Name: **Doris Davis 1** Date of Birth: **02/01/1981** Gender: **Female** SSN: **\*\*\*-\*\*-1981**

**Service(s) Requested \***

☐ Gas Bill ☐ Electric Bill ☐ Rental Payment ☐ Water Bill

**Additional Questions - Self Attestation**

Crisis is due to Direct or Indirect causes from COVID-19: \*

☒ Reduction or Loss of Income ☒ Increase in Expenses Due to COVID-19  
☐ Lost Employment ☐ Caring for or being a High Risk Individual  
☐ Qualified for Unemployment ☐ Responsible for Caring for Children / Grandchildren at Home

At Risk of Homelessness or Housing Instability: \*

☐ Rental Eviction Notice ☒ Past Due Rent Notice  
☐ Utility Disconnection Notice ☒ Past Due Utility Notice

Declaration of Crisis (Please explain the reason for your Crisis Situation below): \*

Narrative

**Acknowledgement**

Print Name: \* **Doris Davis 1**

- I hereby certify that I participated in completion of the above Application for Services.
- I understand that this is a first come first served assistance and will end once the funding is no longer available.
- I understand that this application will be denied if I do not submit all required documentation.
- I certify I have not received benefits for the same services and same time periods from any other funding sources or other entities.
- I further certify that I have read the above information and, to the best of my knowledge and belief, the information is accurate and has been properly recorded. Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining my eligibility for services. I also understand that any falsification or misrepresentation of this information is just cause for denial of services and prosecution for fraud.
- I attest that the answers on this form are true and reflect my current finances and household information. I understand that a material misstatement fraudulently or negligently made in this form or any

Check the boxes for services requesting. Explain the impact experienced from COVID pandemic. You cannot leave this area blank.

# Provide details about the requested services.

each County Community Services

People Build Better Communities

Doris Davis 1 (ddavis1@davis.com)

Home

Logout

Service(s) Requested

☐ Gas Bill

☒ Electric Bill

☒ Rental Payment

☐ Water Bill

Additional Questions - Rent

Landlord's Name?

Landlord Larry

What is your Landlord's Address?

123 Any Street

Landlord's Email Address?

landlordlarry@gmail.com

Landlord's Phone Number?

561-999-9999

Monthly Rent Amount?

\$1,000.00

Are you currently receiving section 8 or any federal housing subsidies?

No

Did you receive a Rental Late or Eviction Notice?

No

Have you received an eviction notice (issued after 3/15/2020) caused by the COVID-19 pandemic?

Yes

Rental Months Requested?

Jun-2020

May-2020

Apr-2020

Rental Amount Requested?

\$3,000.00

Late Fees Amount Requested?

\$300.00

Total Requested Amount?

\$3,300.00

Additional Questions - Electricity

Electric Bill Due Date?

03/10/2021

Electric Company's Name?

FLORIDA POWER AND LIGHT (FLORIDA)

Electric Company Account Number?

12345-67891

Did you receive an Electric Bill Late Notice?

Yes

Electric Bill Due Date Start Date?

# Application Details requested by Service

## Rental Assistance

- ▶ Eviction Notice
- ▶ Current lease agreement (cannot be expired)
- ▶ Landlord name, address, phone number, and email address
- ▶ Rental amount and late charges
- ▶ Amount of rent due; Balance statement must be submitted by the landlord
- ▶ Months covered for rental assistance
- ▶ Section 8/Subsidized housing information
  - ▶ Proof of assistance received from such programs (tenant portion identified)
  - ▶ Proof of rental reduction request to its Housing Authority

## Utility Assistance

- ▶ Utility bill late notice
- ▶ Name of Utility company
- ▶ Utility bill with service address and service dates
- ▶ Utility service due date
- ▶ Utility account number
- ▶ Name on the account (must be in a household member's name)

After completing service details and providing an explanation, review acknowledgements and accept acknowledgements, then select Next.

**Palm Beach County Community Services**  
Helping People Build Better Communities

Doris Davis 1 (ddavis1@davis.com) Home Logout

☐ Lost Employment  
☐ Qualified for Unemployment  
☐ Caring for or Being a High Risk Individual  
☐ Responsible for Caring for Children / Grandchildren at Home

At Risk of Homelessness or Housing Instability: \*

☐ Rental Eviction Notice  
☐ Utility Disconnection Notice  
☒ Past Due Rent Notice  
☒ Past Due Utility Notice

Declaration of Crisis (Please explain the reason for your Crisis Situation below): \*

My job reduced the amount of hours we could work after April 2020 so I have not been able to get 40 hours per week. Additionally, with my children home, my utilities have increased and I had to increase my internet usage.

**Acknowledgement**

Print Name: \* Doris Davis 1

- I hereby certify that I participated in completion of the above Application for Services.
- I understand that this is a first come first served assistance and will end once the funding is no longer available.
- I understand that this application will be denied if I do not submit all required documentation.
- I certify I have not received benefits for the same services and same time periods from any other funding sources or other entities.
- I further certify that I have read the above information and, to the best of my knowledge and belief, the information is accurate and has been properly recorded. Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining my eligibility for services. I also understand that any falsification or misrepresentation of this information is just cause for denial of services and prosecution for fraud.
- I attest that the answers on this form are true and reflect my current finances and household information. I understand that a material misstatement fraudulently or negligently made in this form or any other statement made by me (us) in connection with an application may constitute a federal violation punishable by a fine and/or denial of my (our) application for assistance, and/or penalties including disqualification from future Palm Beach County assistance benefits, or, if funds have been released prior to discovery of the false statement, immediate recalling of the assistance, which may be in addition to any criminal penalty imposed by law. I authorize the County to obtain records of information pertaining to my financial or employment status from any source in order to verify the information provided by me.
- I will return any funds made on behalf by Palm Beach County to Palm Beach County as a result of misstatement on application, or for any change in circumstances that impacts my eligibility for services.

\* ☒ I understand that I am applying for Emergency Assistance

Cancel Next

# The application then proceeds with information regarding the applicant and the household.

Information Information Relationship Outcome Application

### Personal Detail

Details

First Name: \* Doris

Middle Initial [Edit Details](#)

Last Name: \* Davis 1

DOB: \* 02/01/1981

Gender: \* Female

SSN(Nine Digits): \* [REDACTED]

Primary Contact Phone: \*

Cell Phone: 561-999-9999

I would like to receive communications through text message: ☐

Primary Language: English

Education Level: Professional Degree

Race: \* African American

Ethnicity(Hispanic): \* ☒ Yes ☐ No

Migrant Worker: ☐ Yes ☒ No

Foster Care: ☐ Yes ☒ No

Marital Status: Single

Family Type: Single Parent Female

## Personal Details

- Ensure that the Social Security number is correct and has not been used in another household
- Check that Date of Birth is correct.

## Documents Required

- Government issued ID or Passport
- Social Security Card

# Complete Address Information

**Palm Beach County Community Services**  
Helping People Build Better Communities

Application #: 32168 | Doris Davis 1 (ddavis1@davis.com)

Address Information | Household Information | Household Relationship | Income | Eligibility Outcome | Documents | Review Application

### Address Information

#### Residential Address

Homeless: ☐ [Palm Beach County Property Appraiser](#)

Address:  City:

Apt/Unit:  Unit No:  Bldg/Firm:

State:  ZIP Code:

#### Mailing Address

☒ Same as Residential Address

Address:  City:

Apt/Unit:  Unit No:  Bldg/Firm:

State:  ZIP Code:

#### Emergency Contact

First Name:  Last Name:


Phone:

[Previous](#) [Next](#)

## Address Information


- Ensure that the address is correct
- Be sure to include apartment numbers
- Don't forget an emergency contact just in case!
- Proof of residency is required.

# Provide information on the other household members

 **Palm Beach County Community Services**  
Helping People Build Better Communities



Application #: 32168 | Doris Davis 1 (ddavis1@davis.com) | Home | Logout

Personal Information | Address Information | **Household Information** | Household Relationship | Income | Eligibility Outcome | Documents | Review Application

 **Household Details (Additional Household Members - Exclude Yourself)**

Doris Davis 1 DOB:02/01/1981 is already in system.

**Details**

First Name*	M.I.	Last Name*	DOB*	Undoc.Member	SSN*		Gender*	Education*	Delete
Icela		Davis	03/25/2006	<input type="checkbox"/>	*****		Female	9-12 Non Grad	

[Previous](#) [Next](#)

## Household Details

- Ensure that the Social Security number is correct and has not been used in another household
- Check that Date of Birth is correct.
- Social Security cards may be requested to clear any discrepancies



# Describe the Relationship of Family Members to the Head of Household

**Palm Beach County Community Services**  
Helping People Build Better Communities

Application #: 32168 | Doris Davis 1 (ddavis1@davis)

Application Information | Address Information | Household Information | **Household Relationship** | Income | Eligibility Outcome | Documents | Review Application

### Relationship to Head of Household

Details						
Name	Age	US Citizen Legal Alien *	Relationship*	Head of Household	Veteran	Disabled
Doris Davis 1	40	<input type="text" value="No"/>	<input type="text" value="Self"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Icela Davis	14	<input type="text" value="Yes"/>	<input type="text" value="Daughter"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrique Davis	11	<input type="text" value="Yes"/>	<input type="text" value="Son"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Previous](#) [Next](#)

## Relationship to Head of Household

- Mark if the household member is a veteran or disabled
- Answer questions regarding citizenship

# Add income for the adults in the household

Palm Beach County Community Services  
Helping People Build Better Communities

Application #: 32168 | Doris Davis 1 (dd

Address Information

Household Information

Household Relationship

Income

Eligibility Outcome

Documents

Review Application

Household Income

Important Note: We have added the Last 2 Months to our income collection for your Benefit. We have Multiple Funds with specific requirements for providing specific types of help to Palm Beach County Residents. Your recent income may be affected by this change. Collecting the Last 2 Months of your household income will open more opportunities for our Case Managers to help your Family.

Household Income

Name	Annual	Last 2 Months	
Doris Davis 1	\$0.00	\$0.00	<a href="#">View/Edit Income</a>
Icela Davis	\$0.00	\$0.00	<a href="#">View/Edit Income</a>
Enrique Davis	\$0.00	\$0.00	<a href="#">View/Edit Income</a>
Total Household Income:	\$0.00	\$0.00	

☐ I certify that the household has no income

Previous

Next

## Household Income

- Income is required for each adult in the household or any other member receiving income

# Allowable Sources of Income

- ▶ Last Pay Stubs
- ▶ Bank Statements Prior to COVID-19 Crisis
- ▶ -Last filed Tax Return if Self-Employed
- ▶ -Total household income for 2020 (adjusted gross -Income under IRS form 1040 series)
- ▶ -Total household income for the two months prior to the submission of the application
- ▶ -**Categorical Eligibility:** *Determination letter from the government agency that verified the applicant's household income at or below 80% AMI on or after January 1, 2020 are automatically eligible.*
- ▶ Note: Additional information may be required by Case Manager during eligibility review.

# Input annual income and last two months of income.

**Important Note:** Last 2 Months Income is **REQUIRED** when Annual Gross Amount is greater than 0 and vice versa.

## Income for Doris Davis 1

Description	Annual Gross Amount	Last 2 Months Amount
Annual Income Prior to COVID-19 Crisis	<input type="text"/>	<input type="text"/>
Current Reduced Monthly Wages	<input type="text"/>	<input type="text"/>
Checking Account Balance	<input type="text"/>	<input type="text"/>
Savings Account Balance	<input type="text"/>	<input type="text"/>
Unemployment Wages	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Tax Return	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Fixed Income – Social Security, Pension, Disability, etc	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Wages (2 Months) – Employment, Self-Employment, etc	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
<b>Total Income:</b>	<b>\$0.00</b>	<b>\$0.00</b>

Use the calculator to assist in calculating income

# The calculator function works for Fixed Income and/or Variable Income

Income Conversion: Unemployment Wages Close

*This calculator assumes 52 working weeks per year in its calculations.*

☒ Fixed Income ☐ Variable Income

**Fixed Income ?**

Gross Amount	per	Frequency	Annual Income
<input type="text"/>		Select Frequency ▾	\$0.00
Hours per Week		<input type="text" value="40"/>	
Days per Week		<input type="text" value="5"/>	

Calculate Clear Add

## Fixed Income

- Input gross amount of income
- Select frequency
- Include hours per week and days per week if applicable
- Select “calculate” to calculate the income
- Select “Add” to add it to the application.

# Variable Income

Income Conversion: Unemployment Wages

Close

This calculator assumes 52 working weeks per year in its calculations.

Fixed Income

Variable Income

Variable Income ?

Income Amount	Frequency	Annual Income
<input type="text"/>	Select Frequency ▾	\$0.00
<input type="text"/>	Select Frequency ▾	\$0.00
<input type="text"/>	Select Frequency ▾	\$0.00
<input type="text"/>	Select Frequency ▾	\$0.00
<input type="text"/>	Select Frequency ▾	\$0.00
<input type="text"/>	Select Frequency ▾	\$0.00
Average Yearly Income:		\$0.00

Calculate

Clear

Add

## Variable Income

Input income amounts and frequency of pay.

Select “Calculate”.

The calculator will compute the income.

Select “Add” to add it to the application.

This example shows weekly fixed income from Unemployment.

Income Conversion: Unemployment Wages

Close

This calculator assumes 52 working weeks per year in its calculations.

☒ Fixed Income

☐ Variable Income

Fixed Income ?

Gross Amount

\$275.00

per

Frequency

Weekly

Annual Income

\$14,300.00

Hours per Week

40

Days per Week

5

Calculate

Clear

Add

# Income has been added. Select “Close” to return to the application page.

**Important Note:** Last 2 Months Income is **REQUIRED** when Annual Gross Amount is greater than 0 and vice versa.

Income for Doris Davis 1

Description	Annual Gross Amount	Last 2 Months Amount
Annual Income Prior to COVID-19 Crisis	<input type="text"/>	<input type="text"/>
Current Reduced Monthly Wages	<input type="text"/>	<input type="text"/>
Checking Account Balance	<input type="text"/>	<input type="text"/>
Savings Account Balance	<input type="text"/>	<input type="text"/>
Unemployment Wages	<input type="text" value="\$14,300.00"/>	<input type="text" value="\$0.00"/>
Tax Return	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Fixed Income – Social Security, Pension, Disability, etc	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Wages (2 Months) – Employment, Self-Employment, etc	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Total Income:	\$14,300.00	\$0.00

Now add last two months of income

Close



To add the last two months of income, input actual amount of income received each month. Add up to three months for consideration for other funding. Save and return to the Income page.

Last 3 Months Calculator: Unemployment Wages

Close

Last 2 Months Amount for Income Type ?

Monthly Amount for March, 2021	Total for Last 2 Months
<input type="text" value="\$1,100.00"/>	\$3,300.00
Monthly Amount for February, 2021	
<input type="text" value="\$1,100.00"/>	
Monthly Amount for January, 2021	
<input type="text" value="\$1,100.00"/>	

Clear

Save

# Income is complete. Select “Next”.

Palm Beach County Community Services

Helping People Build Better Communities

Application #: 32168 | Doris Davis 1 (ddavis1@davis.com)

on

Address Information

Household Information

Household Relationship

Income

Eligibility Outcome

Documents

Review Application

Household Income

Important Note: We have added the Last 2 Months to our income collection for your Benefit. We have Multiple Funds with specific requirements for providing specific types of help to Palm Beach County Residents. Your recent Crisis may have affected your most recent income. Collecting the Last 2 Months of your household income will open more opportunities for our Case Managers to help your Family.

Household Income

Name	Annual	Last 2 Months	
Doris Davis 1	\$14,300.00	\$3,300.00	<a href="#">View/Edit Income</a>
Icela Davis	\$0.00	\$0.00	<a href="#">View/Edit Income</a>
Enrique Davis	\$0.00	\$0.00	<a href="#">View/Edit Income</a>
Total Household Income:	\$14,300.00	\$3,300.00	

☐ I certify that the household has no income

Previous

Next

# Eligibility Outcome is determined based on the questions answered.

Palm Beach County Community Services

Helping People Build Better Communities

Application #: 32168 | Doris Davis 1 (ddavis1@davis)

Application

Address Information

Household Information

Household Relationship

Income

Eligibility Outcome

Documents

Review Application

Eligibility Outcome

Application Outcome

Print

Note: According to the information provided, eligibility results for selected services are listed below

ERA Assistance, Rental Assistance	✓ Based on the information provided, you may be eligible for this servicee
-----------------------------------	--

Previous

Next

# Supporting Documents must be provided to support the application and the crisis stated.

Palm Beach County Community Services

Helping People Build Better Communities

Application #: 32168 | Doris Davis 1 (ddavis1@davis.com)

Address Information

Household Information

Household Relationship

Income

Eligibility Outcome

Documents

Review Application

Supporting Documents

Details

NOTE: All Documents are Required to be Uploaded Prior to Submitting your COVID-19 Application. Each Page is automatically Saved as you go Next, Edit is available until your Application is Submitted.

Missing Documents in Red.

Please Upload Documents for Every Household Member, select via Dropdown: \*

This Application

Doc Type	View	File Description	Expire Date	Upload	Delete
Rental Lease Agreement				Upload	

Previous

Next


# Supporting Documents to show Direct Impact from COVID

- ▶ At least two paystubs, one paystub before COVID-19 and one current (most recent) paystub during COVID-19 showing reduced hours **Paystubs must show applicant's name**
- ▶ At least two bank statements with transaction history that shows your income (deposits) before COVID-19 and one current bank statements that shows your reduced income (deposits) during COVID-19 - **Bank statement must include applicant's name**
- ▶ Lost employment, like a letter from employer- **Letter or email must have applicant's name**
- ▶ Evidence for Loss of Income if Self-Employed
- ▶ Qualified for unemployment— Unemployment award letter/statement from Department of Economic Opportunity (DEO) with unemployment amount and date range during COVID-19, after March 2020
- ▶ Any other verifiable document(s) that demonstrates a loss of income due to COVID-19, **Document must include applicant's name**

# Supporting Documents to show Indirect Impact from COVID

- ▶ Increase in expenses due to COVID-19
- ▶ Responsible for caring for children/grandchildren at home
- ▶ Caring for or being a high risk individual
- ▶ Proof of lost/reduced child-support due to COVID-19 impact

Supporting documents will show in red for the application and each household member.



Palm Beach County Community Services

Helping People Build Better Communities

Application #: 32168 | Doris Davis

Personal Information

Address Information

Household Information

Household Relationship

Income

Eligibility Outcome

Documents

Review Application

Supporting Documents

Details

NOTE: All Documents are Required to be Uploaded Prior to Submitting your COVID-19 Application.

Each Page is automatically Saved as you go Next, Edit is available until your Application is Submitted.

Missing Documents in Red.

Please Upload Documents for Every Household Member, select via Dropdown: \*

Doc Type

View

File Description

Rental Lease Agreement

This Application

This Application

Doris Davis 1, Applicant Age: 40

Icela Davis, Daughter Age: 14

Enrique Davis, Son Age: 11

Upload

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Next

Be sure to click on the drop down box to see each family member

# Add supporting documents for each member on the application

Palm Beach County Community Services  
Helping People Build Better Communities

Application #: 32168 | Doris Davis 1 (ddavis1@davis.com) |

Address Information

Household Information

Household Relationship

Income

Eligibility Outcome

Documents

Review Application

### Supporting Documents

Details

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Missing Documents in Red.

Please Upload Documents for Every Household Member, select via Dropdown: \*

Doc Type

View

File Description

Upload

Delete

Rental Lease Agreement

[View](#)

ETorresLease.pdf

This Application

This Application

Doris Davis 1, Applicant Age: 40

Icela Davis, Daughter Age: 14

Enrique Davis, Son Age: 11

Upload

Delete

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# Supporting Documents

Palm Beach County Community Services

Helping People Build Better Communities

Application #: 32168 | Doris Davis 1 (ddavis1@davis.com)

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Missing Documents in Red.

Please Upload Documents for Every Household Member, select via Dropdown: \*

This Application

Doc Type	View	File Description	File Date	Upload	Delete
Rental Lease Agreement				Upload	Delete

Previous

Next

To add documents, select upload

# Supporting Documents

**Palm Beach County Community Services**  
*Helping People Build Better Communities*

Address Information	Household Information	Household Relationship	Income	Eligibility Outcome	Documents	Review Application
---------------------	-----------------------	------------------------	--------	---------------------	-----------	--------------------

**Upload Documents**

Upload Documents for This Application  
for document: Rental Lease Agreement

No file chosen

\* Acceptable document formats (.pdf/.png/.jpg/.jpeg), maximum size : 30MB

Choose the document to be added.  
File should be pdf., .png, .jpg or .jpeg  
**Problems with uploading will occur if not using one of the listed formats.**

# Missing documents will show in red until all documents have been provided.

The Submit button will NOT show until ALL documents have been provided.

If documents are showing required that do not apply, consider revising the application. For example: Requesting Social Security statement when no one is receiving Social Security benefits.

Helping People Build Better Communities

Address Information Household Information Household Relationship Income Eligibility Outcome Documents Review Application

### Supporting Documents

Details

**NOTE:** All Documents are Required to be Uploaded Prior to Submitting your COVID-19 Application. Each Page is automatically Saved as you go Next, Edit is available until your Application is Submitted.  
**Missing Documents in Red.**

Please Upload Documents for Every Household Member, select via Dropdown: \* Doris Davis 1, Applicant Age: 40 ▾

Doc Type	View	File Description	Expire Date	Upload	Delete
Local, State, or Federal Government Assistance Determination Letter				Upload	
Other Documents				Upload	
Income for all adults 18 and older living in the household				Upload	
Proof of COVID Direct and/or Indirect Crisis				Upload	
Proof of PBC residency (Recent Utility Bill, letter from government agency, etc.)				Upload	
Social Security Card (or government document with SSN)				Upload	
Valid Government Issued ID				Upload	

Previous Next

# ID cards will request the expiration date

Palm Beach County Community Services

Helping People Build Better Communities

Application #: 32168 | Doris Davis 1 (ddavis1@davis)

Address Information

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Note

NOTE: All Documents are Required to be Uploaded Prior to Submitting your COVID-19 Application.  
Each Page is automatically Saved as you go Next, Edit is available until your Application is Submitted.

Missing Documents in Red.

Please Upload Documents for Every Household Member

Doc Type	View		Upload	Delete
Local, State, or Federal Government Assistance Determination Letter			Upload	
Other Documents			Upload	
Valid Government Issued ID			Upload	
Income for all adults 18 and older living in the household	<a href="#">View</a>	Payslip02_14_2020lgwe.pdf	Upload	Delete
Proof of COVID Direct and/or Indirect Crisis	<a href="#">View</a>	janyclarkcity.pdf	Upload	Delete
Proof of PBC residency (Recent Utility Bill, letter from government agency, etc.)	<a href="#">View</a>	DentFPLbilljune.pdf	Upload	Delete
Social Security Card (or government document with SSN)	<a href="#">View</a>	SSID.pdf	Upload	Delete

Upload Documents for Doris Davis 1, Applicant Age: 40  
for document: Valid Government Issued ID

Select File : \*

Choose FileNo file chosen

Expiration Date : \*

03/04/2025

Save

Close

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Children should not require any additional uploads unless they have income.

Palm Beach County Community Services

Helping People Build Better Communities

Application #: 32168 | Doris Davis 1(ddavis1@davis.com) | H

Address Information

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Missing Documents in Red.

Please Upload Documents for Every Household Member, select via Dropdown: \*

Icela Davis, Daughter Age: 14


Doc Type	View	File Description	Expire Date	Upload	Delete
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Previous

Next

\*\*During the eligibility review, the case manager may request additional documentation.

# Once the application is complete, Review the application.

**Palm Beach County Community Services**  
*Helping People Build Better Communities*

Application #: 32168 | Doris Davis 1 (ddavis1@davis.com) | Home | Logout

Personal Information | Address Information | Household Information | Household Relationship | Income | Eligibility Outcome | Documents | **Review Application**

### Application Review

Personal Details

First Name: Doris

Middle Initial:

Last Name: Davis 1

Date of Birth: 02/01/1981

Race: African American

Gender: Female

SSN: \*\*\*-\*\*-1981

Ethnicity (Hispanic): Yes

Family Type: Single Parent Female

Housing Type: Rent

Homeless: No

Residential Address: Any Street TEQUESTA FL 33412

Mailing Address: Any Street TEQUESTA FL 33412

Home Phone: 561-699-9999

Cell Phone: 561-999-9999

Foster Care: No

Marital Status: Single

Migrant Farm worker: No

Education Level: Professional Degree

Primary Language: English

Edit

Household Information

Name	Date Of Birth	Undocumented Member	SSN	Gender	Citizenship	Head Of Household	Relationship
Doris Davis 1	02/01/1981		***-**-1981	Female	Yes	Yes	Self
Enrique Davis	07/16/2009		***-**-4321	Male	Yes	No	Son
Icela Davis	03/25/2006		***-**-6789	Female	Yes	No	Daughter

Edit

# Review of the application will show all sections.

Income			
Annual			
Description	Doris Davis 1	Icela Davis	Enrique Davis
Unemployment Wages	\$14,300.00		

Additional Information	
Requested Services	
<input checked="" type="checkbox"/> Rental Payment	
Common Questions	
Question	Answer
Are you currently a Client of Community Services?	N
Are you an Employee of the Board of County Commissioners of Palm Beach County?	N
Have you received any subsidy or assistance for Rental or Utilities from another Entity?	N
Who provided this Assistance?	
Do you live in Section 8 or Public Subsidized Housing?	N
How many Days has the Qualifying Household Member been Unemployed?	75
Do you Own or Rent the home you live in?	Rent
Were you referred by "Rebuild Florida"?	N
Rental Assistance	
Question	Answer
What is your Landlord's Name?	TEST
What is your Landlord's Address?	100 lake worth road
What is your Landlord's Email Address?	TrrrEST@GMAIL.COM
What is your Landlord's Phone Number?	222-222-2222
What is your Monthly Rent Amount?	\$1000
Are you currently receiving section 8 or any federal housing subsidies?	No
Did you receive a Rental Late or Eviction Notice?	Yes
Have you received an eviction notice (issued after 3/15/2020) caused by the COVID-19 pandemic?	No
What is the Rental Months Requested?	06/2021,05/2021,04/2021

Select  
"Edit" to  
make any  
corrections.

# The “Submit” button now shows because all documents have been provided.

Supporting Documents

Edit

Documents for This Application

Document Type	File Description	View
Rental Lease Agreement	ETorresLease.pdf	<a href="#">View</a>

Documents for Doris Davis 1, Applicant Age: 40

Document Type	File Description	View
Local, State, or Federal Government Assistance Determination Letter		
Other Documents		
Income for all adults 18 and older living in the household	Payslip02_14_2020lgwe.pdf	<a href="#">View</a>
Proof of COVID Direct and/or Indirect Crisis	janyclarkcity.pdf	<a href="#">View</a>
Proof of PBC residency (Recent Utility Bill, letter from government agency, etc.)	DentFPLbilljune.pdf	<a href="#">View</a>
Social Security Card (or government document with SSN)	SSID.pdf	<a href="#">View</a>
Valid Government Issued ID	SS ID.pdf	<a href="#">View</a>

Documents for Icela Davis, Daughter Age: 14

Document Type	File Description	View
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Documents for Enrique Davis, Son Age: 11

Document Type	File Description	View
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[Previous](#)[Submit](#)[Submit](#)[Print](#)



# Submitted applications show a confirmation message.

**Palm Beach County Community Services**  
*Helping People Build Better Communities*

Application #: 32168 | Doris Davis 1 (ddavis1@davis.com) | Home | Logout

Personal Information | Address Information | Household Information | Household Relationship | Income | Eligibility Outcome | Documents | Review Application

### Application Review

Application submitted successfully.

#### Personal Details


First Name:	Doris	Homeless:	No
Middle Initial:		Residential Address:	Any Street TEQUESTA FL 33412
Last Name:	Davis 1	Mailing Address:	Any Street TEQUESTA FL 33412
Date of Birth:	02/01/1981	Home Phone:	561-699-9999
Race:	African American	Cell Phone:	561-999-9999
Gender:	Female	Foster Care:	No
SSN:	***-**-1981	Marital Status:	Single
Ethnicity (Hispanic):	Yes	Migrant Farm worker:	No
Family Type:	Single Parent Female	Education Level:	Professional Degree
Housing Type:	Rent	Primary Language:	English

#### Household Information

Name	Date Of Birth	Undocumented Member	SSN	Gender	Citizenship	Head Of Household	Relationship
Doris Davis 1	02/01/1981		***-**-1981	Female	Yes	Yes	Self
Enrique Davis	07/16/2009		***-**-4321	Male	Yes	No	Son
Icela Davis	03/25/2006		***-**-6789	Female	Yes	No	Daughter

Applicants can check the status of the application on the home page of the OSCARSS profile.

**Beach County Community Services**  
*Helping People Build Better Communities*

Doris Davis 1 

Apply for services

Search

From \* 3/1/2020 To \* 03/01/2021 [Get Client Activity](#) [Clear](#)

Clients

Doris Davis  
1

Applications

APPLICATION	STATUS	UPLOAD	DATE	NEEDS INFO
32168*ERA			03/01/2021	<a href="#">i</a>
<a href="#">View</a> <a href="#">View Status</a>				

Services

REFERENCE #	SERVICE	DATE	STATUS	FISCAL APPROVAL	PAYMENT DATE	PAYMENT AMOUNT	DENIAL REASON	MISSING DOCUMENTS
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For Questions, call  
(561)-355-4792

