

HOW TO APPLY FOR CARES ACT APPLICATIONS

Step-by-Step Tutorial

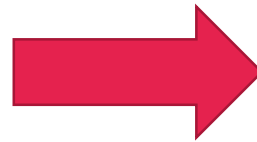


Palm Beach County
Board of County Commissioners

WAYS TO ACCESS THE APPLICATION

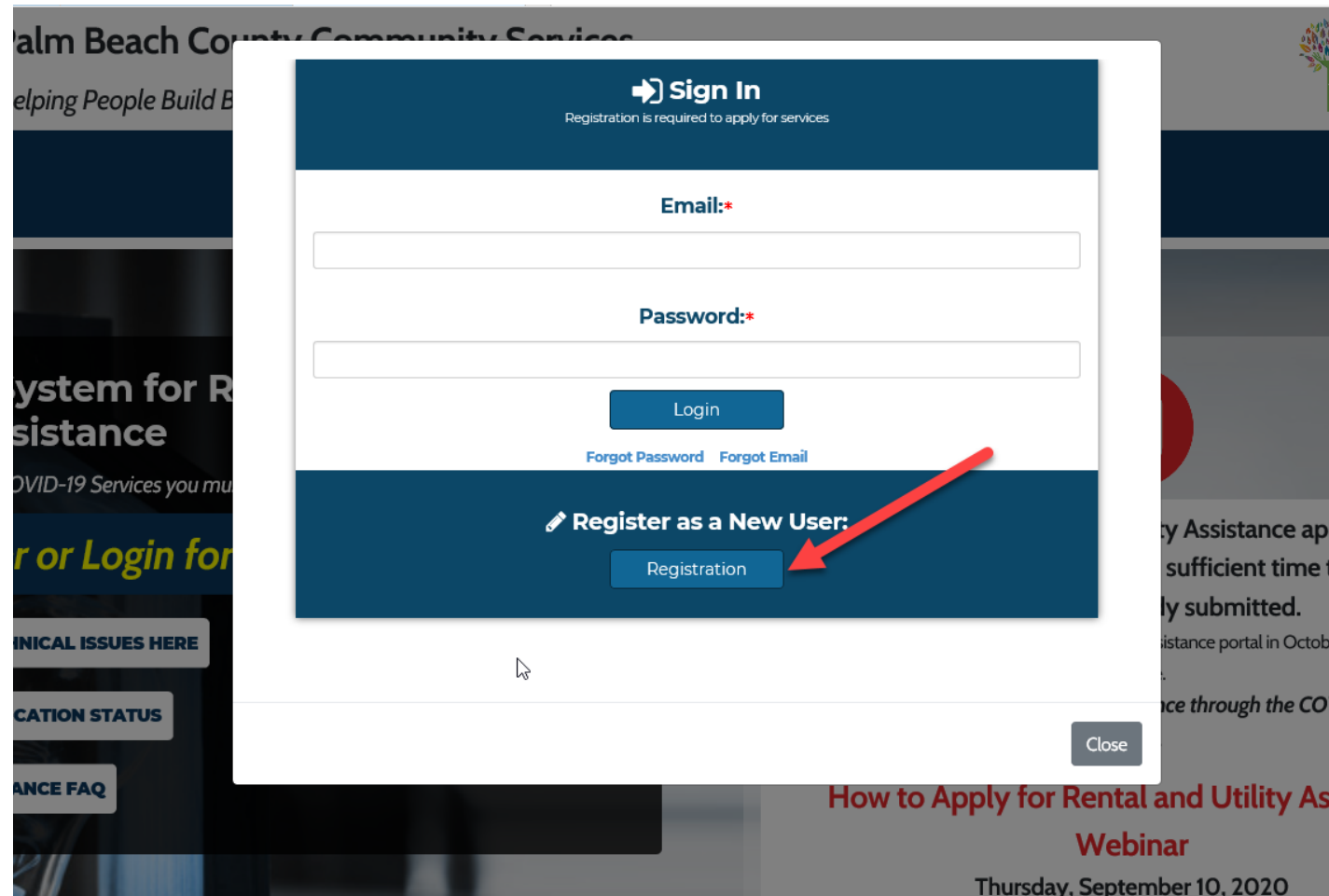
- www.pbcgov.com/oscarss
- www.rentalassistancepbc.org
- www.utilityassistancepbc.org

All of these URL addresses will take you to the application portal.



The screenshot shows the Palm Beach County Community Services website. At the top, there's a header with the county logo and the text "Palm Beach County Community Services" and "Helping People Build Better Communities". Below this, a dark blue banner contains the text "CARES Act Rental and Utility Assistance Application TEMPORARILY Closed" in red and "FOOD ASSISTANCE STILL AVAILABLE" in yellow. The main content area has a dark background with the title "Online System for Rental, Utility, and Food Assistance". Below the title, it says "To Apply for COVID-19 Services you must be a Registered User." and "Register or Login for Food Assistance" in yellow. There are three buttons: "REPORT TECHNICAL ISSUES HERE", "CHECK APPLICATION STATUS", and "FOOD ASSISTANCE FAQ". To the right, there's a white box with a red hand icon and text stating that the CARES Act application is temporarily closed and that food assistance is still available through the COVID-19 Assistance portal. At the bottom, there's a section for a "How to Apply for Rental and Utility Assistance Webinar" on Thursday, September 10, 2020, from 12pm-1pm and 5pm-6pm.

REGISTER FOR A NEW ACCOUNT OR SIGN IN



The image shows a web portal for Palm Beach County Community Services. A modal window is open, titled "Sign In" with a right-pointing arrow icon. Below the title, it says "Registration is required to apply for services". The modal contains two input fields: "Email:*" and "Password:*". Below these fields is a blue "Login" button. Under the "Login" button are two links: "Forgot Password" and "Forgot Email". At the bottom of the modal, there is a section titled "Register as a New User:" with a pencil icon. Below this title is a blue "Registration" button, which is highlighted by a red arrow. A "Close" button is located at the bottom right of the modal. The background of the web portal shows various links and text, including "Palm Beach County Community Services", "Helping People Build B", "System for R", "istance", "COVID-19 Services you mu", "r or Login for", "INICAL ISSUES HERE", "CATION STATUS", "ANCE FAQ", "How to Apply for Rental and Utility Ass", "Webinar", and "Thursday, September 10, 2020".

Palm Beach County Community Services
Helping People Build B

Sign In
Registration is required to apply for services

Email:*

Password:*

Login

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

Register as a New User:

Registration

Close

System for R
istance
COVID-19 Services you mu
r or Login for
INICAL ISSUES HERE
CATION STATUS
ANCE FAQ
How to Apply for Rental and Utility Ass
Webinar
Thursday, September 10, 2020

READ THE TERMS OF AGREEMENT IN ENGLISH, SPANISH, AND/OR CREOLE



Palm Beach County Community Services
Helping People Build Better Communities



EnglishSpanishCreole

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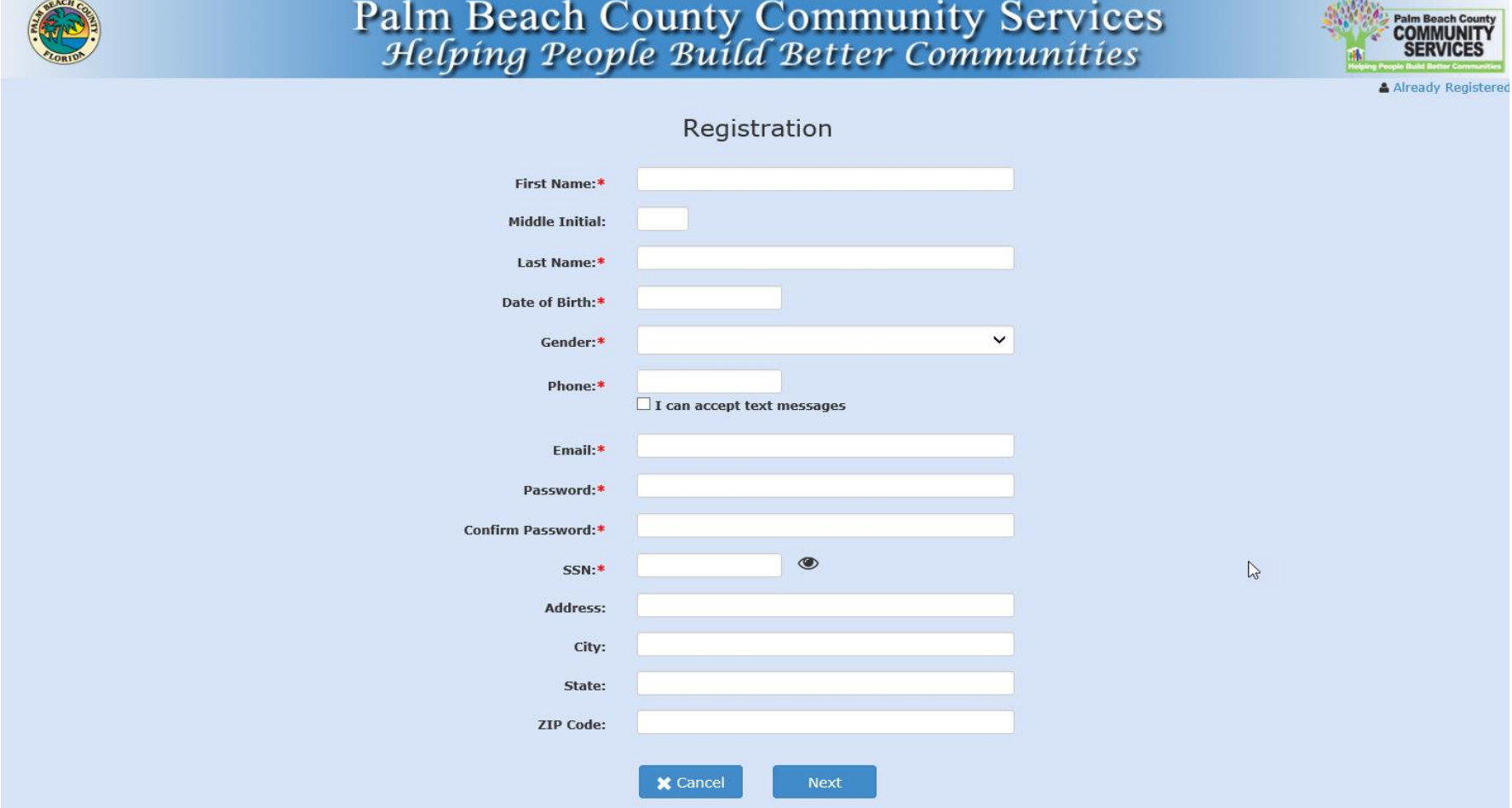
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DeclineAccept

COMPLETE THE REGISTRATION

- Once you have completed the registration, you will receive an email with an activation link.
- Activate your account.
- You will then be able to login.



The image shows a web registration form for Palm Beach County Community Services. The header features the Palm Beach County logo on the left, the text "Palm Beach County Community Services" and "Helping People Build Better Communities" in the center, and a smaller logo with the text "Palm Beach County COMMUNITY SERVICES" and "Helping People Build Better Communities" on the right. Below the header, the form is titled "Registration". It contains several input fields: "First Name:" (required), "Middle Initial:" (optional), "Last Name:" (required), "Date of Birth:" (required), "Gender:" (required, dropdown menu), "Phone:" (required), "Email:" (required), "Password:" (required), "Confirm Password:" (required), "SSN:" (required, with a toggle for visibility), "Address:" (required), "City:" (required), "State:" (required), and "ZIP Code:" (required). There is a checkbox labeled "I can accept text messages" below the phone field. At the bottom of the form are two buttons: "Cancel" and "Next".

Palm Beach County
FLORIDA

Palm Beach County
COMMUNITY
SERVICES
Helping People Build Better Communities

Already Registered

Registration

First Name:*

Middle Initial:

Last Name:*

Date of Birth:*

Gender:*

Phone:*

☐ I can accept text messages

Email:*

Password:*

Confirm Password:*

SSN:*

Address:

City:

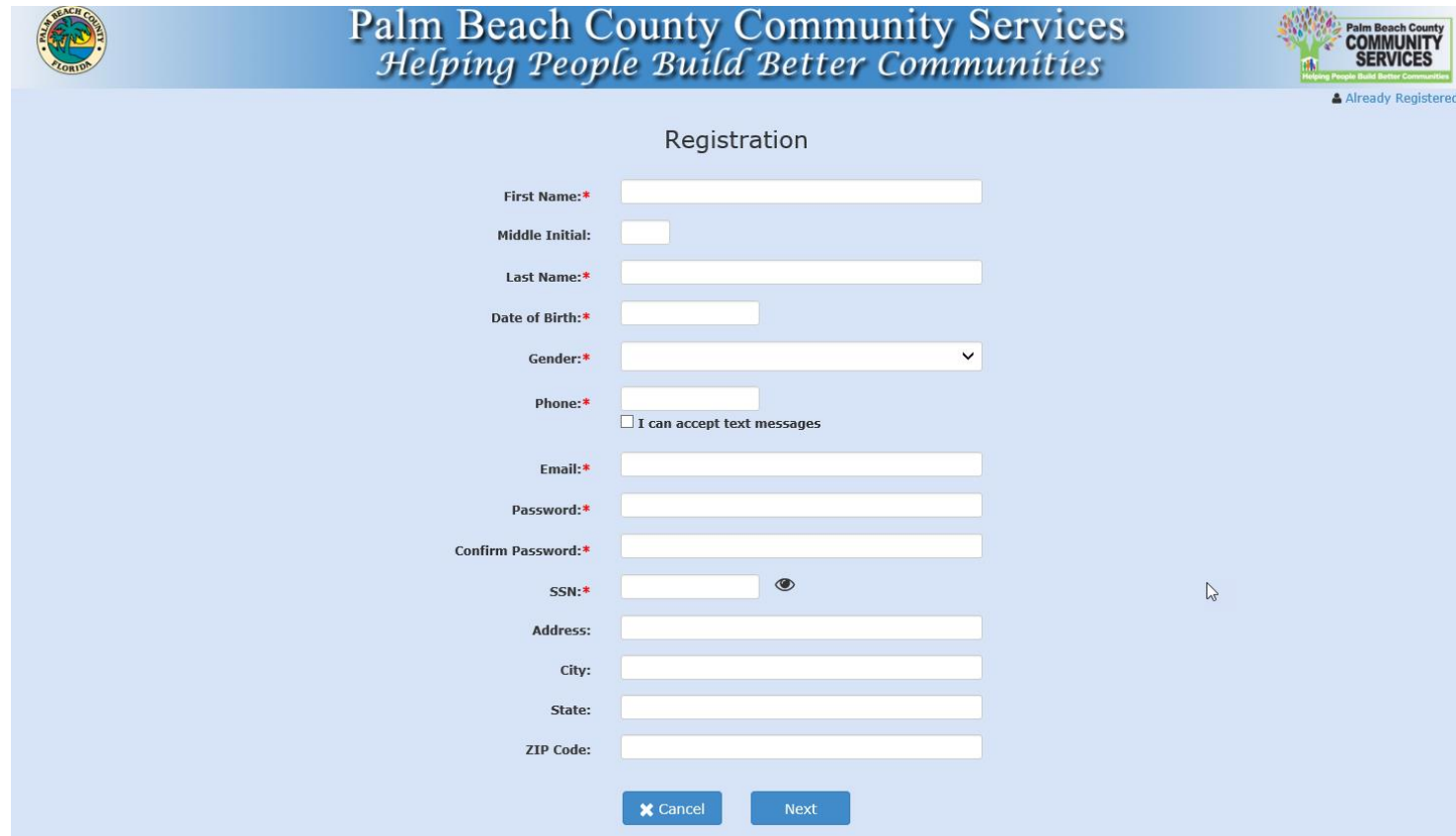
State:

ZIP Code:

Cancel Next

NOTE #1: BIRTH DATE AND SOCIAL SECURITY NUMBER

- Your date of birth and your social security number are paired with your email address. If this information is incorrect, you may have problems with your application if you forget your password.
- Make sure you type the correct information.
- Use an email address that you use often.



The screenshot shows the registration page for Palm Beach County Community Services. The header includes the Palm Beach County logo and the text "Palm Beach County Community Services Helping People Build Better Communities". A link for "Already Registered" is in the top right. The form is titled "Registration" and contains the following fields: First Name (required), Middle Initial, Last Name (required), Date of Birth (required), Gender (required dropdown), Phone (required), a checkbox for "I can accept text messages", Email (required), Password (required), Confirm Password (required), SSN (required with an eye icon for toggling visibility), Address, City, State, and ZIP Code. At the bottom are "Cancel" and "Next" buttons.

LOG IN TO YOUR ACCOUNT

- Use “Forgot Password or Forgot Email” if you do not remember.
- You may call our offices at (561) 355-4792. Any staff member can reset your password.

The image shows a screenshot of the Palm Beach County Community Services website. A modal window is open for logging in. The modal has a dark blue header with a white arrow icon and the text "Sign In" and "Registration is required to apply for services". Below this, there are two input fields: "Email:*" with the value "csdtrainingcoordinator@gmail.com" and "Password:*" with masked characters. A "Login" button is below the password field. Below the "Login" button are two links: "Forgot Password" and "Forgot Email". At the bottom of the modal, there is a section titled "Register as a New User:" with a "Registration" button. Two red arrows point from the bottom of the modal to the "Forgot Password" and "Forgot Email" links. The background of the website shows the Palm Beach County logo, the text "Palm Beach County Community Services", and "Helping People Build Better Communities". There is also a section for "Online System for Rental and Utility Assistance" and a "How to Apply for Rental and Utility Assistance Webinar" scheduled for Thursday, September 10, 2020, from 12pm-1pm and 5pm-6pm.

Palm Beach County Community Services
Helping People Build Better Communities

Sign In
Registration is required to apply for services

Email:*
csdtrainingcoordinator@gmail.com

Password:*
.....

Login

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

Register as a New User:
Registration

Online System for Rental and Utility Assistance
To Apply for COVID-19 Services you must be registered.

REPORT TECHNICAL ISSUES HERE

CHECK APPLICATION STATUS

FOOD ASSISTANCE FAQ

How to Apply for Rental and Utility Assistance Webinar
Thursday, September 10, 2020
12pm-1pm and 5pm-6pm

CLIENT ACTIVITY PAGE

- Select the **RED** button named “Apply for COVID-19 Assistance”.

Palm Beach County Community Services
Helping People Build Better Communities

Doris Davis | Logout

Client Activity

Search

From: * 9/9/2019 To: * 09/09/2020 [Get Client Activity] [Clear]

Apply for COVID-19 Assistance

Collapse All **Show filter**

Doris Y Davis

Applications

Application #	Status	View/Edit	Upload	Submit Date	Need(s) Info	Schedule	Delete	Application Status
28535*COVID-19	Draft	Edit					Delete	View Status


Services

Reference #	Service Type	Application Date	Application Status	Supervisor Approval Date	Fiscal Approval Date	Payment Date	Denial Reason	Missing Document(s)
No Services Found								

Appointments

Need Description	Scheduled Date Time	Location	Status	Processed By	Details	Change
No Appointments Found						

ANSWER PRELIMINARY QUESTIONS



Palm Beach County Community Services

Helping People Build Better Communities

Application #: 28535 | Doris Davis (csdtrainingcoordinator@gmail.com)

COVID-19 Assistance for Rent and Utilities

Your information is pre-filled

Client Details

Name:	Doris Y Davis	Date of Birth:	08/12/1992	Gender:	Female	SSN:	***-**-9999
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Questions

☒ **Yes** ☐ **No**

☒ **Yes** ☐ **No**

☒ **Yes** ☐ **No**

☐ **Yes** ☒ **No**

☐ **Yes** ☒ **No**

☒ **Yes** ☐ **No**

☒ **Yes** ☐ **No**

☒ **Yes** ☐ **No**

☒ **Yes** ☐ **No**

* Are you a Palm Beach County Resident?

* Were you Current on your Bills prior to COVID-19 Crisis (March 2020)?

* Were you Employed or Self-Employed prior to COVID-19 Crisis (March 2020)?

* Are you currently a client of Community Services?

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

* Did you lose your job or did you have a reduction in hours worked after March 13, 2020?

* Did you lose your Self-Employment Business or did you have a significant decrease in your customers after March 13, 2020?

* Did you apply for Unemployment or did you start receiving Unemployment after March 13, 2020?

* Are you able to provide Documents to verify your Employment Status and Unemployment Claim stated above?

Answer all of the Eligibility questions

Service(s) Requested *

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

Select the services for which you need help

Benefits subject to availability of CARES Act funding.

Services accepted for the household will be disabled, since this is a ONE TIME ASSISTANCE for each service.

The **CARES Act Rental and Utility Assistance** application is TEMPORARILY closed to allow sufficient time to process already submitted. The county will reopen the Rental and Utility Assistance portal in October if funds are still available. In the meantime, you can still apply for Food Assistance through the COVID-19 Assistance portal.

To prepare documentation needed for assistance and receive direct notification when the rental and utility assistance application reopens, please register for the **How To Apply for CARES Assistance** webinar at caresacthowtoapply.eventbrite.com.

RENTAL ASSISTANCE QUESTIONS

- Answer the questions for rental assistance.
- Ensure all information is correct.

Additional Questions - Rent

Rent Due Date? *	<input type="text" value="06/01/2020"/>
Landlord's Name? *	<input type="text" value="Landlord Larry"/>
What is your Landlord's Address? *	<input type="text" value="321 Eviction Lane"/>
Landlord's Email Address? *	<input type="text" value="Landlordlarry@gmail.com"/>
Landlord's Phone Number? *	<input type="text" value="561-318-9999"/>
Monthly Rent Amount? *	<input type="text" value="\$1,200.00"/>
Are you currently receiving section 8 or any federal housing subsidies? *	<input type="text" value="No"/> <input checked="" type="checkbox"/>
Did you receive a Rental Late or Eviction Notice? *	<input type="text" value="Yes"/> <input checked="" type="checkbox"/>
Have you received an eviction notice (issued after 3/15/2020) caused by the COVID-19 pandemic? *	<input type="text" value="No"/> <input checked="" type="checkbox"/>
Rental Past Due Start Date? *	<input type="text" value="06/01/2020"/>
Rental Past Due End Date? *	<input type="text" value="08/13/2020"/>
Rental Past Due Amount Requested? *	<input type="text" value="\$3,750.00"/>

Make sure that all of the landlord information is correct

NOTE #2: RENTAL ASSISTANCE QUESTIONS

- If your landlord's information is incorrect, this will delay your application.
- We can only cover 3 months of past due rent or up to \$5,800.

Additional Questions - Rent

Rent Due Date? *	<input type="text" value="06/01/2020"/>
Landlord's Name? *	<input type="text" value="Landlord Larry"/>
What is your Landlord's Address? *	<input type="text" value="321 Eviction Lane"/>
Landlord's Email Address? *	<input type="text" value="Landlordlarry@gmail.com"/>
Landlord's Phone Number? *	<input type="text" value="561-318-9999"/>
Monthly Rent Amount? *	<input type="text" value="\$1,200.00"/>
Are you currently receiving section 8 or any federal housing subsidies? *	<input type="text" value="No"/> <input checked="" type="checkbox"/>
Did you receive a Rental Late or Eviction Notice? *	<input type="text" value="Yes"/> <input checked="" type="checkbox"/>
Have you received an eviction notice (issued after 3/15/2020) caused by the COVID-19 pandemic? *	<input type="text" value="No"/> <input checked="" type="checkbox"/>
Rental Past Due Start Date? *	<input type="text" value="06/01/2020"/>
Rental Past Due End Date? *	<input type="text" value="08/13/2020"/>
Rental Past Due Amount Requested? *	<input type="text" value="\$3,750.00"/>

Make sure that all of the landlord information is correct

UTILITY ASSISTANCE QUESTIONS

- If we have to request your utility bill, this will delay your application.
- Provide clear and legible utility bill. Your application may be returned to you (placed on 'draft' status) until you provide it.

Additional Questions - Electricity

Electric Bill Due Date? *	<input type="text" value="07/31/2020"/>
Electric Company's Name? *	<input type="text" value="FLORIDA POWER AND LIGHT (FLOR0703"/> ▼
Electric Company Account Number? *	<input type="text" value="84277-06566"/>
Did you receive an Electric Bill Late Notice? *	No ▼
Electric Bill Past Due Start Date? *	<input type="text" value="05/29/2020"/>
Electric Bill Past Due End Date? *	<input type="text" value="07/30/2020"/>
Electric Bill Past Due Amount Requested? *	<input type="text" value="\$671.80"/>
Is your Electric Bill in a household member's name? *	Yes ▼
Is the Electric Bill in your name? *	Select ▼

Make sure you have completed all information related to your utility bill

NOTE #3: UTILITY ASSISTANCE QUESTIONS

- Give the reviewers an explanation of your situation. It helps them understand the documentation they are reviewing.

Explain how COVID-19 has affected your income. Provide as much information about your crisis as you can.

Additional Questions - Self Attestation

Job/Income Loss (Please check all that apply): *

- ☐ Job Loss
- ☒ Loss of Job Hours
- ☐ Loss of Income (Partial)
- ☐ Loss of Income (Complete)

Declaration of Income Loss Due to COVID-19 (Please explain the situation that prompted the loss of income due to COVID-19): *

My hours at my job were reduced because the store changed to limited hours in March due to COVID. Because of this change, I am only working 20 hours when I used to work 40 hours per week.

Palm Beach County Community Services Department Self-Attestation Form



This form is only for applicants with reduction/loss of income due to COVID-19. This form will be used as a last resort, in the event where verifiable documentation cannot be produced.

Who Can Use this Document:

1. Applicants affected by the COVID-19 pandemic, who are unable to provide verifiable evidence of their COVID-19 related job or income losses. 2. Applicants who are self-employed or participate in the non-traditional economy, and who may not have traditional methods of documentation of their income showing their COVID-19 related loss of income. Traditional methods of documentation include paycheck stubs, bank account comparisons illustrating a decrease in income, letters from an employer regarding decrease in hours or a layoff. If an applicant does not have traditional documentation, they may submit this form in the place of providing the above mentioned objective evidence.

Applicant Information

Name _____
Address _____
City, State ZIP _____
Phone _____
Email _____

Application Number _____

Original Income Source

Please explain where you worked prior to COVID-19 Crisis.

☐ Employer: _____
☐ Self-Employed: _____
☐ Other: _____

Job/Income Loss

Please check all that apply:

☐ Job Loss
☐ Loss of Job Hours
☐ Loss of Income (Partial)
☐ Loss of Income (Complete)

Declaration of Income Loss Due to COVID-19

Please explain the situation that prompted the loss of income due to COVID-19.

I attest that the answers on this form are true and reflect my current finances and are not a material misstatement fraudulently or negligently made in this form or any other statement submitted in connection with this application for CARES ACT Treasury Funding may constitute a federal violation of law. If I am selected for assistance, and/or penalties including disqualification from future federal funds have been released prior to discovery of the false statement, immediate termination of assistance and/or criminal prosecution may be initiated. In addition to any criminal penalty imposed by law, I authorize the County to obtain information regarding my employment status from any source in order to verify the information provided by me.

Applicant Signature _____ Date _____

Complete the address information

Complete the information about Pre-COVID earnings

Completely explain the loss of income.

Don't forget to sign and date

NOTE #4: SELF-ATTESTATION FORM

- Use the Self Attestation Form and attach it to your application.
- Completely explain what your documents are not showing

READ THE ACKNOWLEDGEMENTS, MARK THAT YOU UNDERSTAND, AND SELECT NEXT

Acknowledgement

Print Name: *


- I understand that I am applying for Emergency Assistance due to Covid-19 Crisis.
- This application is a result of a Temporary Loss of Income due to the current Corona-virus (COVID-19) outbreak.
- I understand that this is a ONE TIME ASSISTANCE (Apply only once for one or more of these Services).
- I also understand that this assistance only covers Past Due Expenses, no Future Expenses.
- I must have been employed prior to the COVID-19 Crisis, and must have experienced a reduction of hours or a loss of employment.
- 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 valid verifications with my application.
- I must provide verification of temporary reduction in hours or temporary loss of employment. Verification of Income includes but is not limited to check stubs and/or statement from Employer, Application Acknowledgment of Unemployment, and/or Unemployment Compensation approval notice. Check Stubs and/or Statements from Employer must include 2 weeks income prior to loss of employment or reduction in hours. Self-Employment must be verified by providing Self-Employment License (or any other proof of being self-employed) and most recent tax return filed or other documentation of reduction or loss of income (checking /savings/cash card accounts).
- I certify I have not received benefits for the same services and same time periods from any other funding sources or other entities.
- I hereby certify that I participated in completion of the above "COVID-19 Application for Services."
- 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 status regarding COVID-19. 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 for CARES ACT Treasury Funding 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 understand that I am applying for Emergency Assistance


Cancel

Next

REVIEW YOUR PERSONAL DETAILS



Palm Beach County Community Services
Helping People Build Better Communities



Application #: 28535 | Doris Davis (csdtrainingcoordinator@gmail.com) | Home Logout

Personal Information

Address Information

Household Information


Household Relationship

Income

Eligibility Outcome

Documents

Review Application

 Personal Detail

First Name:*

Middle Initial

Last Name:*

DOB:*

Gender:*

SSN(Nine [No Title]):*

Home Phone:

Cell Phone:

I would like to receive communications through text message:

Primary Language:

Education Level:

Race:

Ethnicity(Hispanic):

Migrant Worker:

Foster Care:

Marital Status:

Doris

Y

Davis

08/12/1992

Female

561-777-9311

☒

English

College Grad

African American

☐ Yes ☒ No

☐ Yes ☒ No



☐ Yes ☒ No

Single

Edit Details

REVIEW YOUR ADDRESS INFORMATION

- If we don't have your information, we cannot reach out to you.

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

Application #: 28535 | Doris Davis (csdtrainingcoordinator@gmail.com) | Home Log

[Personal Information](#) [Address Information](#) [Household Information](#) [Household Relationship](#) [Income](#) [Eligibility Outcome](#) [Documents](#) [Review Application](#)

Address Information

Residential Address

Homeless: ☐

Address: * 123 Anystreet Drive City: * WEST PALM BEACH

Apt/Unit: Unit No: Bldg/Firm:

State: * FL ZIP Code: * 33411

Mailing Address

☒ Same as Residential Address

Address: 123 Anystreet Drive City: WEST PALM BEACH

Apt/Unit: Unit No: Bldg/Firm:

State: FL ZIP Code: 33411


Emergency Contact

First Name: Malcolm Last Name: Davis


Phone: 561-773-9311

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ADD ADDITIONAL HOUSEHOLD MEMBERS



Palm Beach County Community Services
Helping People Build Better Communities

**Palm Beach County
COMMUNITY
SERVICES**
Helping People Build Better Communities

Application #: 28535 | Doris Davis (C) | [Home](#) | [Logout](#)

Personal Information

Address Information

Household Information


Household Relationship

Income

Eligibility Outcome

Documents

Review Application

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

Doris Y Davis DOB:08/12/1992 is already in system.

First Name*	Middle Initial	Last Name*	DOB*	SSN*	Gender*	Education*
Xavier	T	Davis			Male <input type="checkbox"/>	0-8 <input type="checkbox"/>



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Add household members if necessary

RELATIONSHIP TO THE HOUSEHOLD

- Explain the relationship of the household members.

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

Application #: 28535 | Doris Davis (csdtrainingcoordinator@gmail.com) | [Home](#) | [Logout](#)


[Personal Information](#) | [Address Information](#) | [Household Information](#) | [Household Relationship](#) | [Income](#) | [Eligibility Outcome](#) | [Documents](#) | [Review Application](#)

Relationship to Head of Household

Name	Age	US Citizen Legal Alien *	Relationship *	Head of Household	Veteran	Disabled
Doris Davis	28	<input type="text" value="Yes"/>	<input type="text" value="Self"/>	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xavier Davis	8	<input type="text" value="Yes"/>	<input type="text" value="Son"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>


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ADD HOUSEHOLD INCOME FOR EACH ADULT



Palm Beach County Community Services

Helping People Build Better Communities



Application #: 28535 | Doris Davis (csdtrainingcoordinator@gmail.com)

Address Information

Household Information

Household Relationship

Income

Eligibility Outcome

Documents

Review Application

Household Income

PLEASE NOTE

It is important to answer all questions regarding your income sources (current and pending). Some program funds used to assist clients require that the client have the financial ability to maintain the same level of service(s) after receiving assistance. This will help us to make the best appointment decision for your needs!

Income Type	Doris Y Davis	Xavier T Davis
Annual Income Prior to COVID-19 Crisis	\$48,000.00	\$0.00
Current Reduced Monthly Wages	\$0.00	\$0.00
Unemployment Wages	\$7,150.00	\$0.00
Checking Account Balance	\$0.00	\$0.00
Savings Account Balance	\$0.00	\$0.00
Total Income and Assets:	\$55,150.00	\$0.00

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INCOME VERIFICATION

- Applicants must meet gross annual incomes not exceeding 140 % of Area Median Income (AMI) limits, established by HUD for the jurisdiction of Palm Beach County, Fla., prior to COVID-19 as follows:

Household/Family Size	140% Area Median Income (AMI)
1	\$86,100
2	\$98,420
3	\$110,740
4	\$122,920
5	\$132,860
6	\$142,660
7	\$152,460
8	\$162,260
9	\$172,088


ELIGIBILITY OUTCOME

- If eligible, you will be able to upload your supporting documents and complete your application.



Palm Beach County Community Services

Helping People Build Better Communities



Application #: 28535 | Doris Davis (csdtrainingcoordinator@gmail.com) | [Home](#) | [Logout](#)

Personal Information

Address Information

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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

COVID-19 Assistance: Food Assistance	<input checked="" type="checkbox"/> Based on the information provided, you may be eligible for this service
--------------------------------------	--

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SUPPORTING DOCUMENTS

- Upload all supporting documents.

Application #: 28535 | Doris Davis (csdtrainingcoordinator@gmail.com) | Home | Logout

Personal Information

Address Information

Household Information

Household Relationship

Income

Eligibility Outcome

Documents

Review Application

Supporting Documents

Documents

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.

Documents for This Application

Document	View	File Description	Exp. Da	Upload	Delete
Balance Statement from Landlord	Form to download				
	View	Rental Balance Statement.pdf		Upload	Delete
Rental Lease Agreement	View	Lease Agreement.pdf		Upload	Delete
Utility Company Electric Bill, Past Due for Each Month Requested	View	July FPL Bill.pdf		Upload	Delete
Utility Company Electric Bill, Past Due for Each Month Requested	View	June FPL Bill.pdf		Upload	Delete
Utility Company Water Bill, Past Due for Each Month Requested	View	July Water bill .pdf		Upload	Delete

Documents for Doris Y Davis, Applicant Age: 28

Document	View	File Description	Exp. Da	Upload	Delete
Proof of COVID-19 Crisis (Applicant Only)					
a. Letter from Employer stating your Job Loss or Reduced Work Schedule and 1					
b. Unemployment Claim or Unemployment Submitted Application					
c. Before Crisis Pay Stubs and Current Pay Stubs with Reduced Hours	View	Letter from the Employer.pdf		Upload	Delete
d. Evidence for Loss of Income if Self-Employed					
Proof of Income Prior to COVID-19 (All Adult Household Members 18 +)					
a. Pay Stubs Prior to COVID-19 Crisis or Last Filed Tax Return					
b. Current Pay Stubs if Reduced Hours					
c. Bank Statements Prior to COVID-19 Crisis or Last Filed Tax Return if Self-Ern	View	Paystubs.pdf		Upload	Delete
d. Bank Statement if Assets are more than \$5,000					
e. Reduced income post COVID-19 / Unemployment Income					
Social Security Card (or government document with SSN)	View	ID and Social Security Card.pdf		Upload	Delete
Valid Government Issued ID					
a. Alien Registration Card					
b. Passport					
c. Photo Identification Card	View	ID and Social Security Card.pdf		Upload	Delete
d. Valid Drivers License					

Documents for Xavier T Davis, Son Age: 8

Document	View	File Description	Exp. Da	Upload	Delete
There are no records available.					

Previous

Next

BALANCE STATEMENT

- Click on 'Form to download' to retrieve the Balance Statement form you will provide to your landlord.

Helping People Build Better Communities

Application #: 28535 | Do

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

Supporting Documents

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.

Documents for This Application

Document	View	File Description	Exp. Da	Upload	Delete
Balance Statement from Landlord Form to download	View	Rental Balance Statement.pdf		Upload	Delete
Rental Lease Agreement	View	Lease Agreement.pdf		Upload	Delete
Utility Company Electric Bill, Past Due for each Month Requested	View	July FPL Bill.pdf		Upload	Delete
Utility Company Electric Bill, Past Due for each Month Requested	View	June FPL Bill.pdf		Upload	Delete
Utility Company Water Bill, Past Due for each Month Requested	View	July Water bill .pdf		Upload	Delete

Documents for Doris Y Davis, Applicant Age: 28

Document	View	File Description	Exp. Da	Upload	Delete
Proof of COVID-19 Crisis (Applicant Only) a. Letter from Employer stating your Job Loss or Reduced Work Schedule and b. b. Unemployment Claim or Unemployment Submitted Application c. Before Crisis Pay Stubs and Current Pay Stubs with Reduced Hours d. Evidence for Loss of Income if Self-Employed	View	Letter from the Employer.pdf		Upload	Delete
Proof of Income Prior to COVID-19 (All Adult Household Members 18 +) a. Pay Stubs Prior to COVID-19 Crisis or Last Filed Tax Return b. Current Pay Stubs if Reduced Hours c. Bank Statements Prior to COVID-19 Crisis or Last Filed Tax Return if Self-Ern d. Bank Statement if Assets are more than \$5,000 e. Reduced income post COVID-19 / Unemployment Income	View	Paystubs.pdf		Upload	Delete
Social Security Card (or government document with SSN)	View	ID and Social Security Card.pdf		Upload	Delete
Valid Government Issued ID a. Alien Registration Card					

NOTE #4: BALANCE STATEMENT FORM

- The Balance Statement should be completed using the form provided on the website.
- This information needs to match the information on the lease.
- Make sure your landlord has signed this document and is willing to become a county vendor.



Balance Statement

(To be completed by Landlord/Property Manager)



Doris Davis

Tenants Name (Print)

Your information should be completed with the correct address

Tenants Name (Print)

Address: 123 Anystreet Drive
West Palm Bch,
FL 33411

Total the amount of rent that you owe

Total balance (Rent + Late Fees + Court Cost) owed by the tenant: \$ 3,750

Monthly arrears:

Example: Month April 2011 \$ 1000 Late Charges \$50

Month April 20 \$ 1200 Late Charges 50

Month May 20 \$ 1200 Late Charges 50

Month June 20 \$ 1200 Late Charges 50

Month _____ \$ _____ Late Charges _____

Month _____ \$ _____ Late Charges _____

Provide the months your are late, the amount, and any late charges

Attorney Fees: \$ _____ Court Cost \$ _____

Your landlord or his/her representative should print and sign their name.

Landlord Larry Landlord Larry 8/12/2020
Landlords Name (Print) Signature Date

NOTE #5: LEASE AGREEMENT

Lease Agreement

Residential Lease Agreement

This Residential Lease Agreement ("Lease") is made and effective this ____ day of _____, ("Date") by and between _____, residing at _____, ("Landlord") and _____, residing at _____, ("Tenant").

[See the source image](#)

1. PREMISES
Landlord hereby rents to Tenant and Tenant accepts in its present condition the house at following address: _____ (the "House").

2. TERM
The term of this Lease shall start on _____ [Move-in Date], and end on _____ [Lease End Date]. In the event that Landlord is unable to provide the House on the exact start date, then Landlord shall provide the House as soon as possible, and Tenant's obligation to pay rent shall abate during such period. Tenant shall not be entitled to any other remedy for any delay in providing the House.

3. RENT
Tenant agrees to pay, without demand, to Landlord as rent for the House the sum of _____ [Monthly Rental Amount in Words and Numbers] per month in advance on the first day of each calendar month, at _____ [Address for Rent Payments], or at such other place as Landlord may designate. Landlord may impose a late payment charge of _____ [Late Fee] per day for any amount that is more than _____ days late. The Rent will be prorated if the term does not start on the first day of the month or for any other partial month of the term.

4. SECURITY DEPOSIT
Upon execution of this Lease, Tenant deposits with Landlord _____ [Security Deposit Amount], as security for the performance by Tenant of the terms of this Lease to be returned to Tenant, without interest, following the full and faithful performance by Tenant of this Lease. In the event of damage to the House caused by Tenant or Tenant's family, agents or

Make sure that the applicant is listed on the lease as a tenant

The lease term should not be expired

The monthly rent amount should be listed with the amount for late charges. These should also match what was listed on the Balance Statement

- Make sure your lease matches the Balance Statement and your application.
- The lease term cannot be expired.
- The lease should list the monthly rent amount.
- The applicant's name and address should be on the lease.
- The lease address should be the same as listed on the application.
- The lease should be signed by you and the landlord.

The lease address should match what's on the application and the balance statement

NOTE #6: UTILITY BILLS

41548 4221842710656500788700000

FPL
GENERAL MAIL FACILITY
MIAMI, FL 33188-0001

ROYAL PALM BEACH, FL 33411-1116

Jul 30, 2020 Electric Bill

For: Jun 30, 2020 to Jul 30, 2020 (30 days)

Service Address
ROYAL PALM BEACH, FL 33411

Questions? Contact Us
Reliable energy is affordable energy.
Learn how we save you money at fpl.com/savings

Meter Summary
Meter reading - Meter ACD1948 Next meter reading Aug 31, 2020
Current reading 18352
Previous reading 15356
kWh used 2996

Energy Usage Comparison

	This Month	Last Month	Last Year
Service to	Jul 30, 2020	Jun 30, 2020	Jul 30, 2019
kWh Used	2996	3294	2887
Service days	30	32	32
kWh/day	100	103	90
Amount	\$357.01	\$394.27	\$357.98

Energy Usage History

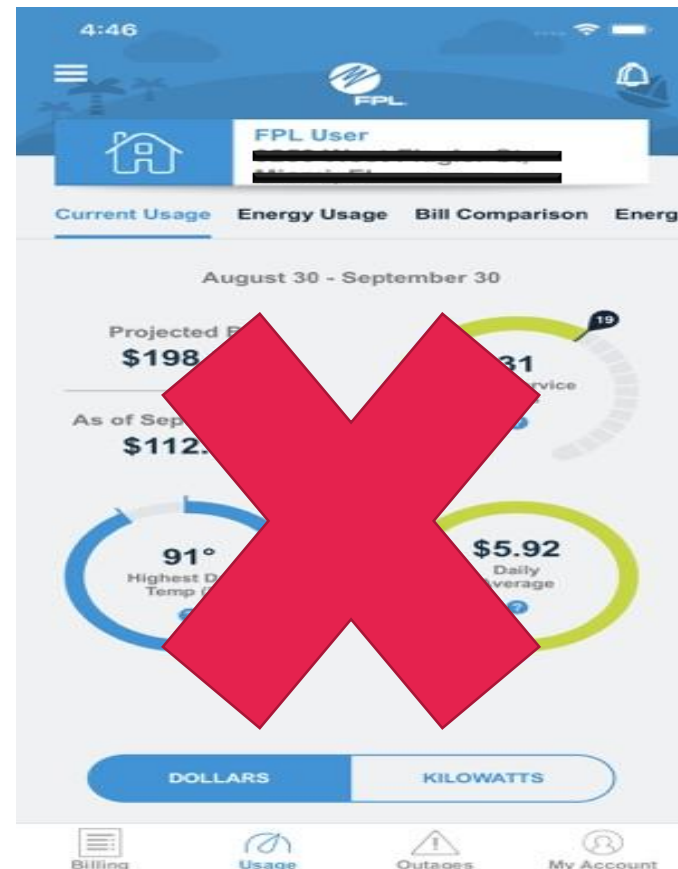
Keep In Mind
• Payments received after August 31, 2020 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

Amount of your last bill	671.80
Payments	-256.32
New charges due by Aug 31, 2020	\$373.22
Total amount you owe	\$788.70

Amount of your last bill 671.80
Payments -256.32
Balance before new charges \$415.48

NEW CHARGES
Rate: RS-1 RESIDENTIAL SERVICE
Customer charge: \$8.34
Non-fuel: (First 1000 kWh at \$0.066840) \$221.44
(Over 1000 kWh at \$0.077450)
Fuel: (First 1000 kWh at \$0.018840) \$76.40
(Over 1000 kWh at \$0.028840)
Electric service amount 306.18
On call credit -3.00
Gross receipts tax 7.77
Franchise charge 18.66
Utility tax 27.40
Taxes and charges 50.83
Total new charges \$357.01

Billing for Services and Products
FPL HOME SurgeShield program* 10.95
Sales tax 0.66
Discretionary sales surtax 0.11
--For program 7s, please call 1-888-NO SURGE.
Water Protection Plan* 4.49
--For program 7s, please call 1-844-848-0465.
Total Services and Products \$16.21
Total amount you owe \$788.70



- Utility bills need to have usage details including the following:
 - ✓ Service dates
 - ✓ Service address
 - ✓ Account name
 - ✓ All service charges
- Do not upload screenshots of utility summaries.

WAYS TO SHOW COVID-19 CRISIS

1. Proof of COVID-19 Crisis (Applicant Only) Submit one or more:

- a) Letter from employer stating your job loss or reduced work schedule and hours.
- b) Unemployment claim or unemployment submitted application.
- c) Before crisis pay stubs and current pay stubs with reduced hours.
- d) Evidence for loss of income if self-employed.

**Examples provided on the next slides.*

NOTE #7: LETTER FROM EMPLOYER

HH EMPLOYEE HOLDINGS, LLC

March 19, 2020

Via Email and First Class Mail

Re: Coronavirus Layoff

To All Affected Employees:

Due to the ongoing actions taken to protect the public health in the wake of the coronavirus pandemic, including state and local mandatory closures, we find ourselves in an unprecedented situation in which our hotel, restaurants and other locations are no longer able to conduct normal operations or, in some cases, remain open. Accordingly, we have no choice but to layoff a significant portion of our workforce, and because most of our employees are already at home we regret that we are unable to deliver this message in person.

This letter is to inform you that your employment with HH Employee Holdings is terminated effective March 19, 2020. Your final paycheck for your hours worked and any PTO or paid sick leave utilized this pay period through the termination date will be provided no later than March 25, 2020.

If you are currently enrolled in company medical/dental/visions benefits, your coverage will continue through March 31, 2020. You will receive a COBRA election notice by mail from our COBRA provider (WageWorks) explaining your rights and available options.

You may be eligible for unemployment benefits to assist you during this difficult time. Texas has already waived the normal 10-day waiting period for benefits to allow for more immediate assistance. You can file for unemployment benefits through the Texas Workforce Commission (TWC) (<https://twc.texas.gov>):

Show your COVID-19 related crisis by providing a letter from employer stating either one of the following:

- **Job loss or layout letter from your employer. The letter must:**
- **Letter stating your reduced work schedule and hours.**
- **The letters **must**:**
 - ✓ **Clearly state that the layoff was due to COVID-19 shutdown**
 - ✓ **Be dated**

NOTE #8: UNEMPLOYMENT LETTER

- It's best to use the actual determination rather than a screenshot.
- When used, Screenshots of Unemployment Determinations should show all pertinent information.
- Unemployment should have been determined eligible.
- Dates should be after March 2020.
- Unemployment before the COVID Pandemic is not related to the shutdown.
- Be prepared to show other documentation for the situation.

Change PIN Logoff

Claimant Home
Inbox
View and Maintain Account Information
Determination, Pending Issue and Decision Summary
Explore Available Supports and Services
FAQs
Workforce Registration Information
Initial Skills Review
Read the Benefit Rights Information Handbook
Florida Reemployment Assistance Way2Go Debit Card Fee Schedule

Claimant Information
Name: [REDACTED] Claimant ID: 60 [REDACTED] Claim ID: [REDACTED]
Effective Date: 03/29/2020 Benefit Year End: 03/28/2021 Claim Status: Exhausted_Active

Monetary Information
Weekly Benefit Amount: \$230 Balance: \$2,070 Monetary Status: Eligible Redetermined
Maximum Benefit Amount: \$2,990 Earnings Disregard: \$58.00 File Date: 05/04/2020

Requested Benefit Payment Information
Last Week Signed: 7/19/2020 - 7/25/2020 Waiting Week: 3/29/2020 - 4/4/2020 Current Program Type: Pandemic EUC
Last Week Paid: 7/19/2020 - 7/25/2020 Service Language: English

IMPORTANT ITEMS THAT NEED YOUR IMMEDIATE ATTENTION - CLICK ON LINK TO VIEW ITEMS

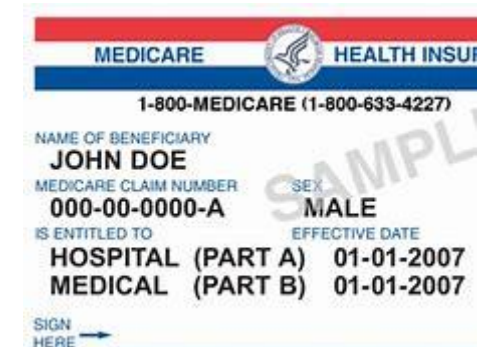
Messages - Notice of events, status changes, and other available actions
• You may log back in to CONNECT on 08/13/2020 to request benefit payment for your next available week(s). Your deadline to request those weeks is 08/27/2020.

Reemployment Assistance Home Page - Available Navigation Options

Claimant Home Claimant Home	Inbox View and/or complete outstanding Fact Finding, View Correspondence and all Determinations and Decisions. A path to Appeal adverse Determinations or Decisions.
View and Maintain Account Information View and/or maintain personal information, tax withholding, prior payments, update payment method, other claim information.	Determination, Pending Issue and Decision Summary View Wage Determinations, Pending Issues Information, Eligibility Determinations and Appeal Decisions.
Explore Available Supports and Services Learn about assistance from other groups both within and outside of Florida State Agencies.	FAQs Frequently Asked Questions about Reemployment Assistance.
Workforce Registration Information View your registration status and instructions to fully register. Links to the Employ Florida Marketplace and to find your local CareerSource.	Initial Skills Review View the Initial Skills Assessment Review Training Material and/or access and complete the assessment
Read the Benefit Rights Information Handbook You should understand your rights and responsibilities as a Florida reemployment assistance claimant.	Florida Reemployment Assistance Way2Go Debit Card Fee Schedule Learn more about the Florida Reemployment Assistance Way2Go Debit Card, potential fees and the mobile banking options available.

NOTE #7: GOVERNMENT ID

- Make sure that your ID is not expired.
- ID and Social Security Information must be government issued.



WAYS TO SHOW PRIOR INCOME



- **Proof of income for eligibility prior to COVID-19(Applicant Only)**
 - a. Pay stubs prior to COVID-19 crisis
 - b. Bank statements prior to COVID-19 crisis
 - c. Last filed tax return if self-employed
 - d. Self-attestation form to document loss of income, if reliable proof of loss of income cannot be secured
 - e. Community Services Department clients who received services in last 24 months will not be required to submit the income documentation unless a Case Manager deems it necessary.






INCOME STATEMENTS

PRIOR TO COVID-19 INCOME

- In this example, paystubs prior to COVID-19 show employee worked 65+ hours per pay period.

Ethics and Compliance Helpline - To report violations of law, please call 1-800-611-7792.
Partner Contact Center - For pay questions, please call 1-888-728-9411.
Partner Resources Support Center - For questions regarding company policies and practices, or to report workplace concerns, call 1-888-728-9411, option 5.

  **Earnings Statement**


Name:		Pay Type	Regular
Partner:		Pay Period	03/23/2020 -04/05/2020
Payroll Area:		Pay Date	04/10/2020
Exemptions/Allowances:		Hourly Rate	9.15
Federal : H00			

Earnings	Rate	Hours	Current	YTD
Regular Time		0.00	0.00	166.81
Catastrophe	9.15	65.52	599.51	709.31
Training		0.00	0.00	501.78
Gross Hours/Wages		65.52	599.51	1,377.90
Total Imputed Income				
Spotify Imputed		0.00	8.00	8.00
ImpTip Incm	0.50	0.00	0.00	36.54
Gross Pay			607.51	1,422.44

Other Benefits Information

Ethics and Compliance Helpline - To report violations of law, please call 1-800-611-7792.
Partner Contact Center - For pay questions, please call 1-888-728-9411.
Partner Resources Support Center - For questions regarding company policies and practices, or to report workplace concerns, call 1-888-728-9411, option 5.

  **Earnings Statement**

Name:		Pay Type	Regular
Partner:		Pay Period	04/06/2020 -04/19/2020
Payroll Area:		Pay Date	04/24/2020
Exemptions/Allowances:		Hourly Rate	9.15
Federal : H00			

Earnings	Rate	Hours	Current	YTD
Regular Time		0.00	0.00	166.81
Catastrophe	9.15	65.51	599.42	1,308.73
Training		0.00	0.00	501.78
Gross Hours/Wages		65.51	599.42	1,977.32
Total Imputed Income				
Spotify Imputed		0.00	0.00	8.00
ImpTip Incm		0.00	0.00	36.54
Gross Pay			599.42	2,021.86

Other Benefits Information

POST-COVID-19 INCOME

- Paystub shows employee's hours have been reduced to 42+ hours per pay period in July.

Ethics and Compliance Helpline - To report violations of law, please call 1-800-611-7792.
Partner Contact Center - For pay questions, please call 1-888-728-9411.
Partner Resources Support Center - For questions regarding company policies and practices, or to report workplace concerns, call 1-888-728-9411, option 5.



Earnings Statement

Name:		Pay Type	Regular
Partner:		Pay Period	07/27/2020 -08/09/2020
Payroll:		Pay Date	08/14/2020
Exempt:		Hourly Rate	9.15
Federal:			

Earnings	Rate	Hours	Current	YTD
Regular Time	9.15	42.94	392.90	2,846.86
Sick		0.00	0.00	147.41
Catastrophe		0.00	0.00	2,281.93
Training		0.00	0.00	501.78
Sft Dif		0.00	0.00	325.58
Overtime		0.00	0.00	132.49
Gross Hours/Wages		42.94	392.90	6,236.05
Total Imputed Income				
ImpTip Incm	0.50	42.94	21.47	187.83
Spotify Imputed		0.00	8.00	40.00
Gross Pay			422.37	6,463.88
Other Benefits Information				
Vacation Hours Available		0.00		

- Ensure that any income information clearly shows that your hours or pay were reduced.

REVIEW THE APPLICATION

- Ensure that all of your information is correct.



Palm Beach County Community Services

Helping People Build Better Communities



Application #: 28535 | Doris Davis (csdtrainingcoordinator@gmail.com) | Home | Log Out

[Personal Information](#) | [Address Information](#) | [Household Information](#) | [Household Relationship](#) | [Income](#) | [Eligibility Outcome](#) | [Documents](#) | [Review Application](#)

Application Review

Personal Details

First Name: **Doris**

Middle Initial: **Y**

Last Name: **Davis**

Date of Birth: **08/12/1992**

Race: **African American**

Gender: **Female**

SSN: *****-**-9999**

Ethnicity (Hispanic): **No**

Family Type: **Single Parent Female**

Housing Type: **Rent**

Homeless: **No**

Residential Address: **123 Anystreet Drive WEST PALM BEACH FL 33411**

Mailing Address: **123 Anystreet Drive WEST PALM BEACH FL 33411**

Home Phone:

Cell Phone: **561-777-9311**

Foster Care: **No**

Marital Status: **Single**

Migrant Farm worker: **No**

Education Level: **College Grad**

Primary Language: **English**

[Edit](#)

Household Information

Name	Date Of Birth	Last Four SSN	Gender	Citizenship Status	Head Of Household	Relationship
Doris Y Davis	08/12/1992	***-**-9999	Female	Yes	Yes	Self
Xavier T Davis	05/15/2012	***-**-2963	Male	Yes		Son

[Edit](#)

Income

Description	Doris Y Davis	Xavier T Davis
Annual Income Prior to COVID-19 Crisis	\$48,000.00	
Unemployment Wages	\$7,150.00	

[Edit](#)

Additional Information

Requested Services

[Edit](#)

SUBMIT THE APPLICATION

Are you able to provide Documents to verify your Employment Status and Unemployment Claim stated above?

Yes

Additional Information - Self Attestation

[Edit](#)

Job/Income Loss (Please check all that apply):

- Loss of Job Hours

Declaration of Income Loss Due to COVID-19 (Please explain the situation that prompted the loss of income due to COVID-19):

My hours at my job were reduced because the store changed to limited hours in March due to COVID. Because of this change, I am only working 20 hours when I used to work 40 hours per week.

Print Name: Doris Y. Davis

Eligibility Outcome

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

COVID-19 Assistance: Food Assistance

✓ Based on the information provided, you may be **eligible** for this service

Supporting Documents

[Edit](#)

Documents for This Application

Document Type	File Description	View
Balance Statement from Landlord	Rental Balance Statement.pdf	View
Rental Lease Agreement	Lease Agreement.pdf	View
Utility Company Electric Bill, Past Due for Each Month Requested	July FPL Bill.pdf	View
Utility Company Electric Bill, Past Due for Each Month Requested	June FPL Bill.pdf	View
Utility Company Water Bill, Past Due for Each Month Requested	July Water bill .pdf	View

Documents for Doris Y Davis, Applicant Age: 28

Document Type	File Description	View
Proof of COVID-19 Crisis (Applicant Only)	Letter from the Employer.pdf	View
Proof of Income Prior to COVID-19 (All Adult Household Members 18 +)	Paystubs.pdf	View
Social Security Card (or government document with SSN)	ID and Social Security Card.pdf	View
Valid Government Issued ID	ID and Social Security Card.pdf	View

Documents for Xavier T Davis, Son Age: 8

Document Type	File Description	View
---------------	------------------	------

[Previous](#)



[Submit](#)

[Print](#)

APPLICATION STATUS

Check the status of your application at:

- www.pbcgov.com/clientservicessearch

Palm Beach County Community Services
Helping People Build Better Communities

Client Activity

Search

From: 9/10/2019 To: 09/10/2020

Get Client Activity Clear

Status

[Need: COVID19 Crisis](#)

Application Details

Application #	Submitted Date
28535	

Review Details

Reviewer	Review Date	Review Status
CSD-STAFF		Not Reviewed

Appointment Details

Status	Appointment Date	Staff	Location
Not Scheduled			N/A

Process Details

Staff	Processed Date
N/A	N/A

Close

Applications

Application #	Status	View/Edit
28535*COVID-19	Draft	Edit

Services

Reference #	Service Type	Application Date
-------------	--------------	------------------

Appointments

Need Description	Scheduled Date Time
------------------	---------------------

Application Status

Info	Schedule	Delete	Application Status
		Delete	View Status

Approval Date **Payment Date** **Denial Reason** **Missing Document(s)**

Processed By **Details** **Change**

FOR SUBMITTED APPLICATIONS THAT NEED HELP **UPLOADING PENDING DOCUMENTS**

- Applicants may make an appointment to submit documents at CSD's drive-thru intake, located at **810 Datura Street, West Palm Beach**, and **1440 Martin Luther King Jr. Boulevard, Riviera Beach**, on **Tuesdays and Thursdays** from **8:30 to 11:30 a.m.** and **1 to 4 p.m.**
- **Please call (561) 355-4792 to make/confirm appointments and confirm drive-thru hours. It is mandatory for clients to wear a mask and follow all social distancing guidelines when they arrive.**
- A CSD staff person can help make sure required documents are compiled correctly beforehand. Keep in mind that **it is necessary to write the application number on all documents submitted.**

SUBMITTED APPLICATIONS ONLY

- Only applicants who have applied and have **pending documentation** may also submit their documents at any PBC Library branch. Some library locations may have limited in-person services. For more information or to locate your nearest library, visit **<http://www.pbclibrary.org/locations>**.
- **Note:** *PBC Library staff will only receive documents for pending applications. Assistance with applying for the program **is not** offered at any PBC Library branch.*

PARTNER AGENCIES PROVIDING NAVIGATION SERVICES

AGENCY NAME	LOCATION(S)	PHONE	WEBSITE
Adopt-a-Family Family Division of the Lewis Center	1000 45th Street West Palm Beach, 33407	(561) 444-0398	www.aafpb.org
Catholic Charities of the Diocese of Palm Beach	9995 N Military Trail West Palm Beach, 33410	(561) 775-9560 (561) 360-3327	www.catholiccharitiesdpb.org
Community Partners Housing Services	Remote	(561) 386-2704 (561) 841-3500, x.1002	www.cp-cto.org/housing-services
Farmworker Coordinating Council of Palm Beach County, Inc.	Lake Worth Office 1123 Crestwood Blvd. Lake Worth, 33460 Belle Glade Office 233 W. Ave. A Suite D Belle Glade, 33430	Lake Worth (561) 533-7227 Belle Glade (561) 992-0603	www.farmworkerCouncil.org
Palm Beach County Housing Authority	3432 W. 45th Street West Palm Beach, 33407	(561) 684-2160	www.pbchaf.org
Pathways to Prosperity, Inc. (P2P)	970 N. Seacrest Blvd. Boynton Beach, 33435	(561) 523-0179	www.pathwaysboynton.org
The Lord's Place Prevention Team	2808 N Australian Ave, West Palm Beach, 33407	(561) 537-4652 (561) 494-0125, x. 1115	www.thelordsplace.org
The Urban League of Palm Beach County	700 N Australian Ave West Palm Beach, 33407	(561) 833-1461	www.ulpb.org

**Visit the agency's website for more information and to make an appointment.*

QUESTIONS?

Website

- www.pbcgov.com/oscarss
- www.rentalassistancepbc.org
- www.utilityassistancepbc.org
- www.pbcgov.org/OSCARSS

Phone

- (561) 355-4792 for ALL Palm Beach County residents.

Frequently Asked Questions (FAQs)

- www.pbcgov.org/csdcaresactfaq

City of West Palm Beach Only

- Residents may call (561) 822-1250 to schedule an appointment.

