



**City of Lauderdale Lakes**  
Office of the City Clerk  
4300 Northwest 36 Street - Lauderdale Lakes, Florida 33319-5599  
(954) 535-2705 - Fax (954) 535-0573

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**CITY COMMISSION WORKSHOP AGENDA**  
**City Commission Chambers**  
**March 24, 2025**  
**5:00 PM**

*Please join the meeting via Zoom*  
<https://us06web.zoom.us/j/85834585494>

*Please join the meeting via telephone:*  
1 305 224 1968 or 1 309 205 3325  
Meeting ID: 858 3458 5494

- 
1. **CALL TO ORDER**
  2. **ROLL CALL**
  3. **DISCUSSION**

REVIEW OF THE MARCH 25, 2025 CITY COMMISSION MEETING AGENDA

4. **DISCUSSION OF PROPOSED ORDINANCE(S)**
5. **ADDITIONAL WORKSHOP ITEMS**

- A. DISCUSSION REGARDING WOMEN OF VETERANS AFFAIRS GARAGE SALE EVENT (SPONSORED BY COMMISSIONER MAXWELL-WILLIAMS) 6:00 P.M. TIME CERTAIN  
This is a discussion regarding The Women of Veterans Affairs Garage Sale Event.
- B. DISCUSSION REGARDING MEN'S HEALTH AND WELLNESS EXPO (SPONSORED BY COMMISSIONER HARRISON)  
This is a discussion regarding Men's Health and Wellness Expo.
- C. DISCUSSION REGARDING MORTGAGE ASSISTANCE PROGRAM FOR CONDOMINIUM OWNERS AND THE MINOR HOME REPAIR PROGRAM  
This is a discussion to review the program design for the Mortgage Assistance Program and Minor Home Repair Program authorization by Resolution 2024-104 which allowed the reallocation of eight hundred eighty-two thousand one hundred eighty and 00/100 dollars (\$882,180.00) of American Rescue Plan Act ("ARPA") funds from the citywide broadband program to certain Title I programs, specifically a mortgage assistance program for condominium owners within 55 years and older communities, and a minor home repair program in equal amounts of four hundred forty-one thousand ninety and 00/100 dollars (\$441,090.00).
- D. DISCUSSION REGARDING BROWARD COUNTY'S REQUEST FOR USE OF THE CITY'S LOGO FOR FARMSHARE DRIVE  
This is a discussion regarding a request from Broward County for the use of City's Logo for a Farmshare Drive on April 18, 2025, requested by Broward County Commissioner Hazelle Rogers.
- E. DISCUSSION REGARDING STAFF RETENTION AND A PROPOSED FOUR (4) DAY WORK

WEEK (SPONSORED BY COMMISSIONER MAXWELL-WILLIAMS)

- F.** DISCUSSION REGARDING STAFF DAY WITH THE MAYOR AND COMMISSIONERS (SPONSORED BY COMMISSIONER MAXWELL-WILLIAMS)

## **6. REPORTS**

- A.** PETITIONS FROM THE PUBLIC

### **FUTURE MEETINGS:**

The next scheduled City Commission Workshop will take place on April 7, 2025 at 5 p.m.

The next scheduled City Commission Meeting will take place on April 8, 2025 at 7 p.m.

## **PLEASE TURN OFF ALL CELL PHONES DURING THE MEETING**

If a person decides to appeal any decision made by the Board, Agency, or Commission with respect to any matter considered at such meeting or hearing, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. (FS 286.0105)

Any person requiring auxiliary aids and services at this meeting may contact the City Clerk's Office at (954) 535-2705 at least 24 hours prior to the meeting. If you are hearing or speech impaired, please contact the Florida Relay Service by using the following numbers: 1-800-955-8770 or 1-800-955-8771.

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**Mayor Veronica Edwards Phillips - Vice Mayor Tycie Causwell**

**Commissioner Easton K. Harrison - Commissioner Karlene Maxwell-Williams - Commissioner Sharon Thomas**

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## CITY OF LAUDERDALE LAKES

### Agenda Cover Page

Fiscal Impact: No

Contract Requirement: No

#### Title

DISCUSSION REGARDING MORTGAGE ASSISTANCE PROGRAM FOR CONDOMINIUM OWNERS AND THE MINOR HOME REPAIR PROGRAM

#### Summary

This is a discussion to review the program design for the Mortgage Assistance Program and Minor Home Repair Program authorization by Resolution 2024-104 which allowed the reallocation of eight hundred eighty-two thousand one hundred eighty and 00/100 dollars (\$882,180.00) of American Rescue Plan Act ("ARPA") funds from the citywide broadband program to certain Title I programs, specifically a mortgage assistance program for condominium owners within 55 years and older communities, and a minor home repair program in equal amounts of four hundred forty-one thousand ninety and 00/100 dollars (\$441,090.00).

#### Staff Recommendation

**Background:**

Discuss

**Funding Source:**

ARPA Funds

**Fiscal Impact:**

**Sponsor Name/Department:** Tanja McCoy, Development Services Director

**Meeting Date:** 3/24/2025

**ATTACHMENTS:**

Description	Type
❑ Resolution 2024-104	Backup Material
❑ Mortgage and Home Repair Assistance Program Docs	Backup Material

RESOLUTION 2024-104

A RESOLUTION OF THE CITY COMMISSION OF LAUDERDALE LAKES, FLORIDA APPROVING AND AUTHORIZING THE CITY MANAGER TO RE-ALLOCATE EIGHT HUNDRED EIGHTY-TWO THOUSAND ONE HUNDRED EIGHTY AND NO/100 DOLLARS (\$882, 180.00) OF AMERICAN RESCUE PLAN ACT ("ARPA") FUNDS FROM THE CITYWIDE BROADBAND PROGRAM TO CERTAIN TITLE I PROGRAMS, SPECIFICALLY THE MORTGAGE ASSISTANCE PROGRAM FOR CONDOMINIUM OWNERS WITHIN 55 YEARS AND OLDER COMMUNITIES, AND THE MINOR HOME REPAIR PROGRAM IN EQUAL AMOUNTS OF FOUR HUNDRED FORTY-ONE THOUSAND NINETY AND NO/100 DOLLARS (\$441,090.00); A COPY OF EACH RESPECTIVE PROGRAM OUTLINES ARE ATTACHED HERETO AS **EXHIBIT A**, AND COPIES OF WHICH CAN BE INSPECTED IN THE OFFICE OF THE CITY CLERK; PROVIDING FOR THE ADOPTION OF RECITALS; PROVIDING FOR INSTRUCTIONS TO THE CITY CLERK; PROVIDING AN EFFECTIVE DATE.

WHEREAS, On March 11, 2021, President Joseph Biden signed the American Rescue Plan Act ("ARPA") of 2021, also known as the COVID-19 Stimulus Package, into law;

WHEREAS, funding to states, municipalities, and tribal governments was authorized to be used to support projects under ten (10) expenditure categories guided by the US Department of the Treasury;

WHEREAS, the City of Lauderdale Lakes ("City"), as a non-entitlement unit of local government, was allocated ARPA funds of Eighteen Million One Hundred Twenty-Seven Thousand Eight Hundred Ninety-Seven and No/100 Dollars (\$18,127,897.00);

WHEREAS, a Citywide Broadband Project was created with ARPA funds, and currently has a balance of Eight Hundred Eighty-Two Thousand One Hundred Eighty and No/100 Dollars (\$882, 180.00);

WHEREAS, the City Manager has determined that the Citywide Broadband Project is no longer needed, and staff has recommended to the City Commission that the remaining balance

1 of Eight Hundred Eighty-Two Thousand One Hundred Eighty and No/100 Dollars (\$882,180.00),  
2 in the Citywide Broadband Program be reallocated to other more feasible programs;

3 WHEREAS, the City Commission has determined it necessary and in the best interest of  
4 the City to re-allocate Four Hundred Forty-One Thousand Ninety and No/100 Dollars  
5 (\$441,090.00) from the Citywide Broadband Program to the Mortgage Assistance Program for  
6 condominium owners within 55 and older communities who have experienced hardship due to  
7 the levying of certain special assessments arising from the implementation of the recent Florida  
8 Safe Building Act; and further that the remaining Four Hundred Forty-One Thousand Ninety and  
9 No/100 Dollars (\$441,090.00) in the Citywide Broadband Program be re-allocated to the Minor  
10 Home Repair Program for all property owners within the City for improvements to fixtures such  
11 as roofing systems, windows, doors, plumbing ac repair/replacement, electrical upgrades, etc.;

12 WHEREAS, the City Commission also deems it necessary, appropriate, and in the best  
13 interest of the City that the Minor Home Repair Program funding be bifurcated to meet the needs  
14 of two categories of resident participants in the Programs - (1) eligible residents on a first come  
15 first serve basis, and (2) eligible resident also meeting additional income eligibility criteria;

16 WHEREAS, the City is required to reallocate all ARPA funds by December 31, 2024, and  
17 projects and programs allocated as Title I programs must be expended by September 30, 2026;  
18 and

19 WHEREAS, funding is provided from the American Rescue Plan Act of 2021 – 1029104-  
20 3410-BRBD.

21 NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF  
22 LAUDERDALE LAKES AS FOLLOWS:



1           SECTION 1.   ADOPTION OF RECITALS: The foregoing RECITALS are hereby ratified and  
2 confirmed as being true, and the same are hereby made a part of this Resolution.

3           SECTION 2.   AUTHORITY: The City Manager and Financial Director are hereby  
4 authorized to re-allocate Four Hundred Forty-One Thousand Ninety and No/100 Dollars  
5 (\$441,090.00) from the Citywide Broadband Program to the Mortgage Assistance Program for  
6 condominium owners within 55 and older communities who have experienced hardship due to  
7 the levying of certain special assessments arising from the implementation of the recent Florida  
8 Safe Building Act; and further that the remaining Four Hundred Forty-One Thousand Ninety and  
9 No/100 Dollars (\$441,090.00) in the Citywide Broadband Program be re-allocated to the Minor  
10 Home Repair Program as outlined substantially in the form attached hereto as **Exhibit A**, and  
11 incorporated herein by reference.

12           SECTION 3.   INSTRUCTIONS TO THE CITY CLERK: The City Clerk and other appropriate  
13 City Officials are hereby authorized to take any and all actions necessary to effectuate the intent  
14 of this Resolution.


15  
16  
17  
18                           [ REMAINDER OF PAGE INTENTIONALLY LEFT BLANK ]  
19  
20  
21  
22

SECTION 4. EFFECTIVE DATE: This Resolution shall take effect immediately upon its final passage.

ADOPTED BY THE CITY COMMISSION OF THE CITY OF LAUDERDALE LAKES AT ITS REGULAR MEETING HELD DECEMBER 10, 2024.

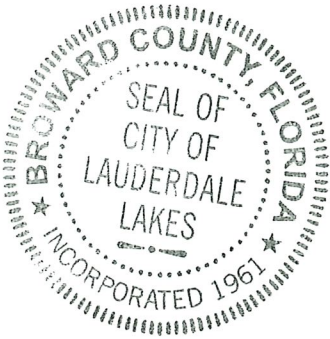
  
VERONICA EDWARDS PHILLIPS, MAYOR

ATTEST:

  
VENICE HOWARD, MMC, CITY CLERK

Approved as to form and legality  
for the use of and reliance by the  
City of Lauderdale Lakes only:

  
Sidney C. Calloway, City Attorney



Sponsored by: Bobbi Williams, MPA, CGFO, NIGP-CPP/Financial Services Director

VOTE:

APPROVED

Mayor Veronica Edwards Phillips	<input checked="" type="checkbox"/> (For) <input type="checkbox"/> (Against) <input type="checkbox"/> (Other)
Vice-Mayor Tycie Causwell	<input checked="" type="checkbox"/> (For) <input type="checkbox"/> (Against) <input type="checkbox"/> (Other)
Commissioner Easton Harrison	<input checked="" type="checkbox"/> (For) <input type="checkbox"/> (Against) <input type="checkbox"/> (Other)
Commissioner Karlene Maxwell-Williams	<input checked="" type="checkbox"/> (For) <input type="checkbox"/> (Against) <input type="checkbox"/> (Other)
Commissioner Sharon Thomas	<input checked="" type="checkbox"/> (For) <input type="checkbox"/> (Against) <input type="checkbox"/> (Other)

## ARPA PROJECT : CITYWIDE BROADBAND -\$882,180

- ✓ **Mortgage Assistance for Condo Owners** **\$441,090**
  - for property owners that have experienced a hardship due to a special assessment
  - eligibility requirement will include residence in the 55-year old community
  
- ✓ **Minor Home Repair Program** **\$441,090**
  - opened to all property owners
  - improvements to roofing systems, windows, doors, minor plumbing, ac repair/replacement, electrical upgrades, etc.

~ Citywide Broadband Project must be re-allocated by December 31, 2024 ~

CONTACT US AT EXT.2828





# EXHIBIT A



# LAUDERDALE LAKES

## CONDOMINIUM

### MORTGAGE ASSISTANCE

#### Program Guidelines

The City of Lauderdale Lakes will provide assistance to our condominium owners 55 years and older residents during this time of great economic need to assist in alleviating current financial difficulties due to special assessment requirements by the state, in the form of a **ONE TIME PAYMENT**.

#### OVERVIEW

The City of Lauderdale Lakes will be accepting applications from condominium owners who are 55 years and older residents that are currently facing financial distress. Assistance will be provided to eligible Condo owners on a first come- first qualified- first served basis and as long as funding is available.

Information provided by the applicant(s) may be subject to Chapter 119 Florida Status, regarding Open Records.

The Development Services Grant staff will contact applicants by email should additional information or documentation be required. **Incomplete applications will delay the review process and insufficient information and/or documents may result in denial.**

#### PROGRAM DESCRIPTIONS

##### Mortgage Assistance Program

**Summary:** Funds will be awarded to Condo owners, and mortgage institutions; as one-time payment for households that show financial hardship.

**Maximum Award:** Maximum award **up to \$4,000** for mortgage payments per qualified household.

**Eligible Activity:** One-time emergency payment on behalf of eligible families for mortgage (**principal and interest, insurance or taxes**) payments to prevent foreclosure.



# LAUDERDALE LAKES

## CONDOMINIUM

### MORTGAGE ASSISTANCE

#### Additional Information:

1. Award amount will vary based upon need and will be determined on a case by case basis.
2. Mortgage assistance program for residents who earn less 80% AMI.
3. Payment sustainability after assistance is the applicants' responsibility.
4. The dwelling must be located within City of Lauderdale Lakes city limits.
5. Families to be assisted must be the Condo owner's primary residence.
6. The mortgage payment must be past due at the time of application.
7. The applicant must document financial hardship in the form of a notarized letter ( Loss of income, under-employment, un-employment etc.)
8. Applicant must provide letter from mortgage institution with contact and payment information.
9. W-9 form from owner and lender must be submitted.
10. There will be no direct payment to applicant or household member, only to, mortgage institution.
11. Forms that require notarization, must be notarized before submission.
12. Mortgage assistance for principal, interest, taxes and or insurance escrows are covered.
13. Mortgage institution, must complete vendor registration information.
14. Submitted applications will be reviewed for completeness and eligibility. A maximum 10 day window will be allowed to remedy any identified application deficiency. If not, application will be voluntarily withdrawn or denied.
15. Properties in foreclosure or listed for short sale are not eligible.
16. Condo owners without a mortgage or with a reverse mortgage are not eligible for mortgage assistances.
17. Duplication of Benefits: In the event that applicant received, receives or is schedule to receive additional funds as a result of compensation, not previously disclosed, the Program, must be immediately notified of a duplication of benefits.



# LAUDERDALE LAKES

## MORTGAGE ASSISTANCE PROGRAM

### Supporting Documents:

1. Completed application package.
2. Government issued picture ID for all household members age 18 or older.
3. Social security card for all household member, regardless of age.
4. Proof of loss of income (Unemployment Benefits, last six consecutive paystubs, Tax Returns for last 2 years, W2 for last 2 years, notice of layoff from employer and/or Employer Verification Form completed by employer, etc.) for all household members 18 years or older; profit and loss statement if self-employed.
5. Duplication of Benefits Affidavit.
6. Mortgage institution affidavit accepting terms and conditions of the program.
7. Payment history from mortgage institution.
8. Documentation of loss of income from employer or other sources.
9. Notarized Hardship letter must include: Name, address, date, reason for loss of employment / reduced income, your signature, and notarization.
10. Any additional documents requested by staff.

Information provided by applicant(s) may be subject to Chapter 119 Florida Statutes, regarding Open Records.

Processing of a complete application package could take as long as 30 business days. The Development Services Grants Division staff member will contact applicants by email or mail should additional information or documentation be required. Incomplete applications will delay the review process and insufficient information and/or documents may result in denial. Payment will be made 30 days after application is approved.



# LAUDERDALE LAKES

## MORTGAGE ASSISTANCE

### PROGRAM

### CHECKLIST

- Complete and signed application - must return with original signatures.
- Attach **COPIES of ALL** required documents listed below. Staff cannot make copies.
- Incomplete Applications cannot be processed and will be returned.

#### ☐ **MORTGAGE ASSISTANCE PROGRAM - MANDATORY DOCUMENTS:**

*Items listed below must be present at the time of submittal.*

- Mortgage Statement showing past due.
- Proof of homestead, ownership and current on property taxes.
- Lender agreement accepting terms and conditions of the program.
- W-9 form required for Mortgage Lender.

#### ☐ **SUPPORTING DOCUMENTATION**

*Items listed below must be present at the time of submittal.*

- Government issued picture ID for all household members age 18 or older.
- Proof of loss of income (Unemployment Benefits, last six consecutive paystubs, Tax Returns for last 2 years, W2 for last 2 years, notice of layoff from employer and/or Employer Verification Form completed by employer, etc.)
- Notarized Hardship letter must include: Name, address, date, reason for loss of employment / reduced income, your signature, and notarization.
- If applicable Conflict of Interest Disclosure – (required for all applicants over 18)
- Signed Public Disclosure Form signed by all applicants over 18
- Duplication of Benefits form completed and notarized for all applicants over 18
- Additional documents may be requested to determine program eligibility





# LAUDERDALE LAKES

## MORTGAGE ASSISTANCE

### PROGRAM

### APPLICATION

Incomplete applications will **NOT** be accepted. Drop-off will be conducted at the Development Services Building located at 3521 NW 43<sup>rd</sup> Ave. Lauderdale Lakes, FL 33319.

	<input type="checkbox"/> <b>MORTGAGE</b>	
--	--	--

#### General Information:

Applicant				Co-Applicant			
<b>Full Name</b>							
<b>Social Security #</b>							
<b>Date of Birth / Age</b>							
<b>E-mail</b>							
<b>Phone #</b>							
<b>Street Address</b>		<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Mailing Address</b>		<b>City</b>		<b>State</b>		<b>Zip</b>	

#### Other Household Members: (Social Security #'s not required for household members under 18 years of age)

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant



# LAUDERDALE LAKES MORTGAGE ASSISTANCE PROGRAM

## Full-Time Student:

If any household member other than the applicant, co-app, or spouse of applicant is a FULL-TIME STUDENT – AGE 18 OR OLDER please list:

<b>NAME(s):</b>	
-----------------	--

## Employment Information:

<b>Applicant</b>	Check box, if retired: <input type="checkbox"/> unemployed: <input type="checkbox"/>
Employee Name:	Employer Name:
Position:	Supervisor:
Address:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	
Phone:	Fax:

<b>Co-Applicant</b>	
Employee Name:	Employer Name:
Position:	Supervisor:
Address:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	
Phone	Fax:

**NOTE: Attach additional sheets as necessary for all household members 18 years and over** Page 15 of 41



# LAUDERDALE LAKES MORTGAGE ASSISTANCE PROGRAM

## Applicant:

<b>Does Applicant/Co-Applicant Own the Condominium?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monthly Mortgage: \$</b>	

## Ethnicity/Special Needs:

**Optional** for reporting purposes only, please check all that apply for Head of Household Only

<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> White</span> <span><input type="checkbox"/> Black</span> <span><input type="checkbox"/> Hispanic</span> <span>Asian/Pacific Islander</span> <span>Native American</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="checkbox"/> Disabled or Disabled Minor</span> <span><input type="checkbox"/> Elderly</span> <span><input type="checkbox"/> Special needs</span> <span><input type="checkbox"/> Farmworker</span> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Other _____       </div>	
<b>Are you a City of Lauderdale Lakes employee?</b>	<b>Yes</b> <b>No</b>
<b>Are you a family member of a City of Lauderdale Lakes employee</b>	<b>Yes</b> <b>No</b>
If you answered <b>YES</b> to any of the above questions, please complete the "Conflict of Interest Disclosure Form" attachment.	



# LAUDERDALE LAKES

## MORTGAGE ASSISTANCE

### PROGRAM

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

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**Signature of Applicant**

**Print Name**

**Date**

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**Signature of Co-Applicant or Household  
Member 18+**

**Print Name**

**Date**

---

**Signature of Household Member 18+**

**Print Name**

**Date**

---

**Signature of Household Member 18+**

**Print Name**

**Date**

---

**Signature of Household Member 18+**

**Print Name**

**Date**



# **LAUDERDALE LAKES**

## **MORTGAGE ASSISTANCE**

### **PROGRAM**

#### **PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT**

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Having been advised of this fact prior to making application for assistance for supplying any information, I/we agree to hold harmless and indemnify City of Lauderdale Lakes, any agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City of Lauderdale Lakes does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City of Lauderdale Lakes in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/we agree that City of Lauderdale Lakes does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City of Lauderdale Lakes, any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my /our funding received from the City of Lauderdale Lakes.

---

Applicant Signature

---

Date

---

Co-Applicant Signature

---

Date





# LAUDERDALE LAKES MORTGAGE ASSISTANCE PROGRAM

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**Complete this section if applicable only**

The following people moved out from this address:

_____	_____
_____	_____

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**I may be contacted at the following numbers regarding this matter:**

Name: \_\_\_\_\_

Business Name: *(If Different)* \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# LAUDERDALE LAKES MORTGAGE ASSISTANCE PROGRAM

## DUPLICATION OF BENEFITS AFFIDAVIT

I, \_\_\_\_\_, do firmly affirm and certify, under penalty, that the information and statements made below are true, correct and complete.

I hereby verify that I have **not** received any duplication of Benefits for, Mortgage Assistance. I understand that should the City of Lauderdale Lakes determine that I have received a duplication of benefits, I will be responsible for repayment of all funds received.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name

The foregoing instrument was acknowledged before me **by means of** ☐ **physical presence** or ☐ **online notarization**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public



# LAUDERDALE LAKES MORTGAGE ASSISTANCE PROGRAM

## CONFLICT OF INTEREST DISCLOSURE

Conflict of Interest Regulations: In accordance with 24 CFR 570.611(b)(c); 24 CFR 214.303(f); 2 CFR 200; FAC 67-37; FS 112 and 420; City HR-42; A person in a position of trust, direct interest, director, employee, officer, contractor, volunteer, agent of participating agency or the family member of any individual holding these positions shall not engage in activities that create a real or apparent conflict of interest.

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, finding or providing assistance. The term "Conflict of Interest" refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program.

Please mark the appropriate box for each question and complete the attachment if indicated.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Co-Applicant Name

1. Are you a Covered Employee?

☐ Yes (If Yes, please complete "Attachment")

☐ No

A "Covered Employee" is a current employee, agent, consultant or elected official or officer of any City agency.

2. Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have an immediate family member (such as: spouse, domestic partner, child, stepchild, parent, stepparent, sibling, etc.) or any person who has business dealings or business ties to a **Covered Employee**?

☐ Yes (If Yes, please complete "Attachment")

☐ No

# LAUDERDALE LAKES

## MORTGAGE ASSISTANCE

### PROGRAM

3. Do you, a family member, or any person who holds an ownership or financial interest in the property described above, have business dealings or business ties as an investor, owner, employee, realtor, lender, consultant, contractor, etc. that has a contractual relationship with the City of Lauderdale Lakes?

☐ Yes (If Yes, please complete "Attachment")

☐ No

**Warning: knowingly and willingly making false or fraudulent statements to the City of Lauderdale Lakes may result in denial of assistance, civil penalties, and/or referral to law enforcement.**

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the City of Lauderdale Lakes to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

**If you are a City Employee or Affiliate, please complete the relevant section(s) below:**

<b>Applicant (Employee's or Affiliate 's Name):</b>	
<b>Applicant's Relationship with the Employee or Affiliate</b>	<input type="checkbox"/> Self  <input type="checkbox"/> Member of Applicant's family <input type="checkbox"/> Associated with an organization that employs or is about to employ Applicant

# LAUDERDALE LAKES

## MORTGAGE ASSISTANCE

### PROGRAM

	<input type="checkbox"/> Has a financial or other interest in or with Applicant <input type="checkbox"/> Other:
<b>Employee's Relationship to the City of Lauderdale Lakes</b>	<input type="checkbox"/> Employee <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Elected official <input type="checkbox"/> Other:

**DESCRIBE RELATIONSHIPS CHECK ABOVE:**





# LAUDERDALE LAKES MORTGAGE ASSISTANCE PROGRAM

## Consent for Payment of Mortgage to Mortgage Lender

Request for payment #: \_\_\_\_\_ (Housing Options Program Only)

I, \_\_\_\_\_ as the property owner, give my consent for payment and authorize

Lauderdale Lakes to pay \$ \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_, as the "Mortgage Lender", for the period(s) indicated below.

The property is \_\_\_\_\_ and is located at: \_\_\_\_\_

I understand that the mortgage assistance funds for which I am eligible, if any, can be paid only to the Mortgage Lender for the primary residence and cannot be transferred to any other Mortgage Lender. Further, I understand that I am authorizing the City of Lauderdale Lakes to pay the Mortgage Lender and if I relocate or change my mind about staying at the property after signing this Consent for Payment of Mortgage assistance to Lender, I will not have any claim to the mortgage assistance funds that are allocated to pay the Mortgage Lender.

**NOTE: PAYMENTS ARE MADE BASED ON SUPERVISORY APPROVAL, AVAILABILITY OF FUNDS, VERIFICATION OF PROPERTY OWNERSHIP AND TIMELY SUBMISSION OF THE REQUIRED DOCUMENTS.**

In consideration of the amount authorized above for payment by Lauderdale Lakes to the Mortgage Lender Landlord, I agree to make a payment of \$ \_\_\_\_\_ to the Mortgage Lender to bring my account balance current.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

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### MORTGAGE LENDER SECTION

I, \_\_\_\_\_, as the mortgage lender, agree to accept the  
above referenced payment of \$ \_\_\_\_\_ from Lauderdale Lakes.

I agree NOT to proceed with any foreclosure proceeding for non-payment of mortgage if payment by Lauderdale Lakes is authorized and rendered to me within 21 business days from the date of my signature



# LAUDERDALE LAKES MORTGAGE ASSISTANCE PROGRAM

PERIOD OWED				AMOUNT OWED
FROM		TO		
FROM		TO		
FROM		TO		
FROM		TO		
FROM		TO		



# LAUDERDALE LAKES MORTGAGE ASSISTANCE PROGRAM

## Employment Verification Form (To be completed by Employer)

### Employer Information:

1. Company Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

### Employee Information:

4. Employee Name: \_\_\_\_\_
5. Employee Social Security Number: \_\_\_\_\_
6. This employee is paid: \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_
7. Twice Monthly \_\_\_\_\_ Monthly \_\_\_\_\_
8. Hourly pay rate: \$ \_\_\_\_\_ /hour Weekly scheduled working hours: \_\_\_\_\_
9. List GROSS amounts and dates of checks or cash earned by this employee during the past 90 days:

Date	Amount

10. Does this employee receive tips in addition to the above earnings? (complete only if applicable)

Yes      No

Approximate amount of tips received and frequency: \$ \_\_\_\_\_ / \_\_\_\_\_

11. Reason for income decrease (complete only if applicable):

12. Date income will return to normal (complete only if applicable):

- Expected Hourly pay rate: \$    / hour;
- Expected Weekly scheduled working hours:

13. Date employment started: \_\_\_\_\_ Date employment stopped: \_\_\_\_\_

14. Reason for termination (complete only if applicable):

15. Will employee be eligible for re-hire if position becomes available? (complete only if applicable) (check one only) YESNO      (For "NO" please give reason):



# LAUDERDALE LAKES MORTGAGE ASSISTANCE PROGRAM

**Employer Certification:**

**WHAT I HAVE WRITTEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.**

---

Name and title of Official completing

---

Signature of Official completing information

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
<b>or</b>								
Employer identification number								
				-				

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a) 11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization

12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your

permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a

systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by

calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# EXHIBIT B



City of Lauderdale Lakes  
Development Services Department  
4300 NW 36 Street  
Lauderdale Lakes, FL 33319  
(954) 535-2482



## HOME IMPROVEMENT PROGRAM (HIP)

**Program Overview:** The City of Lauderdale Lakes is funding a home improvement program for owner-occupied, single-family and condos within the City of Lauderdale Lakes. The HIP program will provide assistance to residents with improvements meeting the Florida Building Codes and Manufacturer's Specifications. These improvements will provide financial relief to residents who's income does not exceed 80% of Area Median Income (AMI).

### PROGRAM GUIDELINES

Eligible Improvements: Based on life safety priority

- Replacement of air condition, water heater, electrical panel
- Replacement or fixing of broken windows, doors
- Repair/Replacements of Driveways (asphalt & plain concrete only) Fences (chain link & board only)
- Repainting of Homes
- Bathroom and Kitchen Fixtures

Ineligible Improvements:

- Unpermitted structures
- Additions
- Remodeling
- Driveways (stamped concrete and or pavers)
- Fencing (PVC and or other pre-fabricated material)

**Program:** To be eligible, your home must be owner occupied as the "primary residence"; have no outstanding City liens, open permits, AND no illegal enclosures or additions (work done without permit). Must be up-to-date with mortgage or fully owned. The City of Lauderdale Lakes is not responsible for code violations, liens/attached liens, open permits, or illegal structures. The City of Lauderdale Lakes will not award financing if any liens/attached liens, and/or open permits exist. Any and all payments will be made directly to contractors, not homeowners. Funding is available up to \$35,000 per household to address the home improvement needed.

**Application process:** You must fully complete the application and provide copies of the required documentation as described in this application in order to be considered for any assistance. The applicant is the person who owns the house and is responsible for the mortgage payment. If you own the house with someone else, and they also occupy the property as their primary residence, co-applicant information **must** be provided. If you're married, your spouse must be listed as the co-applicant in the application.

**Note:** The program does not reimburse for any expenses prior to applying and/or completed outside the program guidelines.



## APPLICATION SUPPORTING DOCUMENTATION LIST

Dear Applicant(s),

Thank you for showing interest in the HIP program. Attached is the application package. Due to funding requirements and program guidelines, all the information in the package must be complete. **COPIES** of the following documents are **required** to be submitted with your **COMPLETED** application:

1. Proof of one (1) of the below Identifications (**for both** Applicant and Co-Applicant)
  - State issued picture ID
  - Passport
  - Resident Card
2. Proof of Property Ownership.
  - Warranty deed or Quit claim deed
3. Proof of primary residence.
  - *If property recently purchased, please provide a copy of the Closing Disclosure **and** confirmation page submission of Homestead Exemption application.*
4. Proof that you are current on your property taxes.
  - Broward County Property Tax payment receipt or Notice of Valorem Taxes
5. Most recent mortgage statement, showing that you are current on your payments.
  - Satisfaction of Mortgage (*If owned out right*)
6. Proof that you are current on your Homeowner Association Dues (*if applicable*).
7. "Declaration Page" of your current Homeowners Insurance Policy
8. "Declaration Page" of your current Flood insurance Policy (*if applicable*).
9. Current utility bill (i.e. FPL or Water)
10. First page of a recent bank statement displaying name and address of applicant and/or co-applicant.
11. Last four consecutive paystubs, Tax Returns for last 2 years, W2 for last 2 years, for all household members 18 years or older; profit and loss statement if self-employed.
12. Proof of marriage certificate (*if applicable*)
  - *If divorced, a copy of the divorce decree will need to be provided.*
  - *If spouse is deceased, a copy of death certificate will need to be provided.*

These documents will not be returned to you. Once your completed application and all required documents are received, staff will review and make a further determination of eligibility. If you need a notary, the City will provide notary services free of charge for this application.

Sincerely,

Tanja McCoy, AICP, CGC, CFM  
**Director of Development Services**





City of Lauderdale Lakes  
Development Services Department  
4300 NW 36 Street  
Lauderdale Lakes, FL 33319  
(954) 535-2482

## Home Improvement Program Application

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility for HIP.  
**PLEASE PRINT CLEARLY**

### APPLICANT

First Name:	Middle Initial:	Last Name:
Address:		
City: <b>Lauderdale Lakes</b>	State: <b>Florida</b>	Zip Code:
Contact Number:	E-mail:	

### CO-APPLICANT

First Name:	Middle Initial:	Last Name:
Contact Number:	E-mail:	

### APPLICANT

Marital Status: ☐ Married ☐ Single ☐ Divorced  
☐ Widower ☐ Separated  
Relationship to Co Applicant: \_\_\_\_\_  
Race: ☐ Black not Hispanic ☐ White ☐ Hispanic  
☐ Other (Specify) \_\_\_\_\_  
Sex: ☐ Male ☐ Female

### CO-APPLICANT

Marital Status: ☐ Married ☐ Single ☐ Divorced  
☐ Widower ☐ Separated  
Relationship to Applicant: \_\_\_\_\_  
Race: ☐ Black not Hispanic ☐ White ☐ Hispanic  
☐ Other (Specify) \_\_\_\_\_  
Sex: ☐ Male ☐ Female

1. Are you a City of Lauderdale Lakes Employee: Yes ☐ No ☐ If yes, which department \_\_\_\_\_
2. Are you related to a City: employee, elected official, or any Board member? Yes ☐ No ☐  
If yes, name of relative and relationship to relative \_\_\_\_\_
3. Are there other parties on the Warranty Deed? Yes ☐ No ☐  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
4. Is the first mortgage current? Yes ☐ No ☐ Most recent month paid? \_\_\_\_\_
5. Are you part of a Home Owner Association (HOA)? Yes ☐ No ☐
6. Home Improvement Needed: \_\_\_\_\_
8. Are there any outstanding judgments and/or liens against the property? Yes ☐ No ☐

### MORTGAGE INFORMATION

1 <sup>st</sup> Mortgage Lender: _____ 800 Customer Service No.: _____ Is the first mortgage current? Yes <input type="checkbox"/> No <input type="checkbox"/>	Loan No.: _____ Payment Amount:\$ _____ Next payment due date: _____
2 <sup>nd</sup> Mortgage Lender: _____ 800 Customer Service No.: _____ Is the first mortgage current? Yes <input type="checkbox"/> No <input type="checkbox"/>	Loan No.: _____ Payment Amount:\$ _____ Next payment due date: _____

### AUTHORIZATION TO VERIFY INFORMATION



City of Lauderdale Lakes  
Development Services Department  
4300 NW 36 Street  
Lauderdale Lakes, FL 33319  
(954) 535-2482

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

### AGREEMENT

The undersigned understands that the intent of this application is for the purpose of pre-qualifying only and does not guarantee acceptance or approval, and no commitment is hereby made on the part of either the applicant or the City of Lauderdale Lakes. I/We understand that after I/we are determined to be eligible, there may be several home visits (i.e. pre-inspection, inspection, pre-bid meeting) made by a City representative. However, this does not guarantee that my/our home will receive funding. I/We understand that the City of Lauderdale Lakes will not award financing if any liens, and/or open permits exist. I/We understand that as homeowners we are responsible for any violations or liens that come about while applying for the grant. I/We understand that if selected to receive funding and allowed to enter into a contract, it is understood that only the work contained in the contract specifications shall be completed. There shall be no private agreements of any kind between me/us and the selected Contractor other than as referenced in the City's Invitation for bid. I/We further understand that all information and documents provided with, and in association with this application, are public records, and as such are subject to the State of Florida's public records laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application. The undersigned(s) further understands that all statements made in this application are true and made for the purposes of participating in this Home Improvement Program. Any property assisted under this program will not be used for any illegal or restricted purposes, and will be used solely as my/our principal residence. The undersigned further understands that he/she must own and live in the unit for a period of five (5) years. As well as complete the Declaration of Domicile and provide the requested documents during the term of the loan if awarded. The undersigned applies to participate in the Home Improvement Program indicated in this application, which may require a loan to be secured as a second mortgage on the property for funds received through this program. The City of Lauderdale Lakes is not responsible for any damage, and I/we the undersigned release and hold harmless the City of Lauderdale Lakes from any and all liabilities to myself/ourselves and personal property.

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

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Name

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** Federal law, U.S.C. Title 18, Sec. 1001 and 1014, provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and



City of Lauderdale Lakes  
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willfully falsifies or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

### PRIVACY ACT NOTICE

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

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Name

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA     )  
  ) ss:  
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_ who/whom  
is/are

☐ personally known to me or ☐ Produced Identification (Florida Driver's License/State ID).

\_\_\_\_\_  
Notary Public Signature

Seal:

**Office Use Only**

(Date stamp once verify application is completed)

## CITY OF LAUDERDALE LAKES

Agenda Cover Page

Fiscal Impact: No

Contract Requirement: No

Title
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DISCUSSION REGARDING BROWARD COUNTY'S REQUEST FOR USE OF THE CITY'S LOGO FOR FARMSHARE DRIVE
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Summary
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This is a discussion regarding a request from Broward County for the use of City's Logo for a Farmshare Drive on April 18, 2025, requested by Broward County Commissioner Hazelle Rogers.

Staff Recommendation
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**Background:**

The City of Lauderdale Lakes has been asked by Broward County Commissioner Hazelle Rogers for permission to include City logo on Farmshare Drive-Thru Food Distribution event on April 18th, as we have done in the past.

**Funding Source:**

**Fiscal Impact:**

**Sponsor Name/Department:** Peggy Castano, Assistant City Manager

**Meeting Date:** 3/24/2025

**ATTACHMENTS:**

Description	Type
<input type="checkbox"/> Discussion for use of City Logo on Broward County event flyer	Cover Memo

Please see request from Broward County Commissioner Hazelle Rogers office, requesting use of the City of Lauderdale Lakes logo.

Thank you.

Mayor Veronica

**Veronica Edwards Phillips**

Mayor | Office of the Mayor and City Commission  
City of Lauderdale Lakes  
4300 NW 36th Street | Lauderdale Lakes, FL 33319  
[veronicap@lauderdalelakes.org](mailto:veronicap@lauderdalelakes.org)

V:

F: 954-731-5857



[www.lauderdalelakes.org](http://www.lauderdalelakes.org)

 **Like Us**  **Follow Us**

**City Operating Hours**

Monday - Friday 8:00 a.m. - 5:00 p.m.

The City of Lauderdale Lakes is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such law and thus subject to disclosure. All E-mails sent and received are captured by our servers and kept as public record.



Please consider the environment before printing this e-mail

**From:** Hinkson, Dwight <[DHINKSON@broward.org](mailto:DHINKSON@broward.org)>

**Sent:** Monday, March 17, 2025 3:41 PM

**To:** Treasa Brown-Stubbs <[treasab@lauderdalelakes.org](mailto:treasab@lauderdalelakes.org)>

**Cc:** Tanja McCoy <[tanjam@lauderdalelakes.org](mailto:tanjam@lauderdalelakes.org)>; Ronald Desbrunes <[ronaldd@lauderdalelakes.org](mailto:ronaldd@lauderdalelakes.org)>; Veronica Edwards Phillips <[veronicap@lauderdalelakes.org](mailto:veronicap@lauderdalelakes.org)>; Captain Warnell Phillips <[warnell\\_phillips@sheriff.org](mailto:warnell_phillips@sheriff.org)>

**Subject:** [EXTERNAL] Drive-Thru Farmshare - April 18th - St. Helen Catholic Church

Good afternoon Treasa,

On behalf of County Commissioner Hazelle Rogers, please be aware that a Farmshare Drive-Thru Distribution is planned for **Friday, April 18, 2025, at St. Helen Catholic Church (3033 NW 33 Avenue) in Lauderdale Lakes.**

As a previous partner providing relief for food insecurity, your continued support and partnership is requested in order to have a seamless event again. If possible, I would like to add the city's logo to the Farmshare flyer (as done in the past) to acknowledge your support as well as coordinate with your staff as needed.

Please advise.