



**HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY (HBCRA)
STORM SHUTTER/HURRICANE IMPACT WINDOW REBATE PROGRAM
954-457-1422 / 954-457-2228 or www.cohb.org**

Check List of Process:

- Complete an application and call to schedule an appointment at the HBCRA Office - **(No work should have started at this point).**
- Provide HBCRA Specialist with copies of the following documents on day of appointment:
 - Proof of Ownership Occupancy (i.e. Deed)
 - Proof of Occupancy (i.e. FPL Bill)
 - Most recent Property Tax Bill from Broward County
 - Picture Identification - (Driver's License or FL I.D.)
 - Pictures "Before" work has been started (Color and Printed)
 - Notice of Code Violation (if applicable)
 - Provide application fee \$75.00 (Nonrefundable)
- HBCRA Specialist will review application/documents determining eligibility and provide customer with a conditional letter of approval reserving funds for thirty (30) days.
- Customer has (30) days to return to the HBCRA office the following items:
 - Signed contract/price proposal from a licensed contractor
 - Proof of approved permit obtained by Contractor with the City of Hallandale Beach
- HBCRA Specialist will review returned documents then customer has (30) days to complete work
- Once contractor has completed work contractor/owner must schedule inspection with City of Hallandale Beach

****Contingent on time frame has been met):**

- Customer contacts HBCRA office to schedule an appointment to provide the following documents:
 - Contractor signed paid in full receipt
 - Proof that permit passed inspection (Provided by City/Contractor)
 - Pictures -"After Pictures" of completed work (Printed color pictures)
 - Check Request Form (Instructing HBCRA to either mail or call customer for check pickup)
 - Customer will receive rebate check in approximately 2-3 weeks



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954-457-1422 / 954-457-2228 | www.cohbcra.org

Program

The Hallandale Beach Community Redevelopment Agency (HBCRA) offers a Storm Shutter/Hurricane Impact Window assistance program to **property owners** to help protect the home during a natural disaster.

Owner occupied residential properties excluding trailer parks, are eligible for participation in this program. ***The maximum benefit under this program is \$1,500.*** The \$1,500 is in the form of a rebate. **The property owner is responsible for any costs exceeding the maximum \$1,500 benefit.**

Requirements

All companies and contractors must be licensed and insured and all products certified to meet applicable codes.

Residence can only be assisted once through the Hurricane Shutter/Impact Window Program.

Installation of shutters and/or hurricane impact windows must be completed and approved by the Building Division within 60 days of application acceptance.

Application must be received in the CRA office before any work can commence. Application must be submitted by the homeowner.

Price proposal and approved permit must be submitted to CRA office before any work can begin on property

Fee

\$75.00 Application Fee (Nonrefundable)

Application Process

Applicant must complete an application and provided copies of all required documents to the CRA office. CRA Specialist will determine eligibility and provide applicant with a conditional approval letter reserving funds for 30 days. Within these 30 days applicant must secure a signed contract/price proposal from a licensed contractor, contractor must obtain an approved permit from the City of Hallandale Beach, and customer must provide CRA office with copies of these document before any work can commence on property. Once returned documents have been reviewed the applicant has 30 days to complete work on property, provide an approved inspection, "paid in full" receipt signed by contractor, and after pictures (printed/color) of work completed. CRA Specialist will verify with the Building Department that the inspection passes and that the permit is closed.

After the check request and the "paid in full" receipt are received and there is confirmation that the inspection is approved, the CRA Specialist will submit the request for the rebate.

Rebate is generated in form a check and is mailed to the applicant or can be picked up.

Applications will be considered for assistance on a first-come, first-ready, first-served basis, based on funding availability.

Required Documents - (Please provide copies)

- Contractor price proposals for shutters or hurricane impact windows
- Proof of Ownership Occupancy (i.e. Deed)
- Proof of Occupancy (i.e. FPL Bill)
- Most recent Property Tax Bill from Broward County
- Picture Identification (Driver's License or FL I.D.)
- Before pictures (color/printed)
- After pictures (color/printed)
- Proof of Permit Approval (Permit must be approved but work **NOT** started)
- Notice of Code Violation (if applicable)
- Application fee \$75.00 (Nonrefundable)

Type of Improvement – Shutters or Impact Windows (list below):

IMPROVEMENT:

COST:

_____	\$ _____
_____	\$ _____

APPLICATION SHALL BE APPROVED SUBJECT TO AVAILABLE FUNDING.

How did you hear about our program?

Internet Hallandale Happenings Comcast Other Forum _____

HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY (HBCRA)
400 South Federal Highway, Room 241 Hallandale Beach, Florida 33009
Phone Number: 954-457-1422 | www.cohbcra.org

Hurricane Shutters/Impact Window Program Application

Applicant:

Name: _____ Date: _____

Social Security No.: _____ - _____ - _____ Date of birth: _____

Race: White ____ Black ____ American Indian ____ Hispanic ____ Asian ____ Other _____

Sex: Male _____ Female _____

Marital Status: Married ____ Separated ____ Unmarried ____ (Single, Divorced, Widow)

Property Address: _____ Hallandale Beach, FL 33009

How long at this address: _____

Mailing Address (if different from above): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Monthly Mortgage \$ _____ Number of Person living in household: _____

Type of Ownership: Condo ____ Single Family ____ Townhouse ____ Other _____

Employment: Employed ____ Retired ____ Unemployed ____ Self-Employed ____

Employer: _____ Telephone: _____

Address: _____

Position: _____ Employed since: _____

Gross Monthly Income: _____ Bonus: _____ Overtime: _____

Other Income: Social Security: _____ Disability: _____ Retirement: _____

TOTAL HOUSEHOLD GROSS MONTHLY INCOME: _____

Applicant's Signature

Date

CRA Specialist Signature

Date



Hallandale Beach
COMMUNITY REDEVELOPMENT AGENCY
400 South Federal Highway Rm 241
Hallandale Beach, FL 33009
(954) 457-1422 / 954-457-2228 / www.cohbcra.org

CHECK REQUEST FORM AND INSTRUCTIONS

****ALL BLANKS MUST BE FILLED IN; IF NOT APPLICABLE, ENTER N/A.**

DATE: _____

S.S.App#: _____

PROPERTY ADDRESS: _____ Hallandale Beach, FL 33009

PROPERTY OWNER'S NAME: _____

OWNER CONTACT PHONE NUMBER: _____

CONTRACTOR NAME: _____

PERMIT NUMBER: _____

TYPE OF WORK PERFORMED (simplified): _____

EXPECTED AMOUNT: \$_____ *If final payment, permit must be finalized by Building Division, Consult Building Division if in doubt.

SPECIAL INSTRUCTIONS (i.e. Mail check to home owner, Mail to alternative owner's address, Check Pickup)

OWNER'S SIGNATURE: _____

*****All check disbursements are conducted on Friday "ONLY" after 3:30 PM CRA Staff will contact via number provided above.***

****HOLIDAY SCHEDULE will be followed. Inquire directly if affected.**

Hallandale Beach CRA Executive Director reserves the right to adjust or change at any time with no prior notice, any of the guidelines on this form.