WELLS FARGO

Wells Fargo Senior Rental Assistance Program

2026 Application | Miami-Dade County | Administered by Sunshine For All, Inc.

PROGRAM OVERVIEW & SUBMISSION INSTRUCTIONS

About the Program

WF-SRAP helps low-income seniors in Miami-Dade County stay in their homes by paying part of their rent each month.

What you get: $250 per month toward your rent, for up to 12 months.

How it is paid: Payments go directly to your landlord (landlord must provide a signed W-9).

Who runs it: Sunshine For All, Inc.

Who Can Apply

You must meet ALL requirements: age 62 or older; live in Miami-Dade County; rental unit is your primary residence; household income at or below 50% AMI (table below); and have a current signed lease.

NOT ELIGIBLE: Section 8 / Housing Choice Voucher holders, public housing residents, and Section 202 residents.

2026 Maximum Annual Household Income - 50% AMI, Miami-Dade County

Household size	1	2	3	4	5	6
Max. annual income	$43,400	$49,550	$55,750	$61,950	$66,950	$71,900

Source: U.S. HUD income limits for Miami-Dade County. Limits may be updated when HUD publishes new figures.

Documents You Must Include

Check each document you are sending.

- ☐ Copy of your current signed lease (all pages)
- ☐ Photo ID - Florida Driver License or Florida ID card
- ☐ Proof of income for every household member (Social Security/SSI letter, pension statement, or last 3 pay stubs)
- ☐ Signed Certification and Residence Affidavit (Page 3 of this application)
- ☐ Eviction or past-due notice, if you received one (for priority)

How to Apply

APPLICATION PERIOD: OCTOBER 5 – OCTOBER 25, 2026

Applications must be mailed via U.S. Postal Service and **postmarked NO LATER THAN OCTOBER 25, 2026.**
Applications postmarked after October 25, 2026, will not be accepted.

Before you mail

- Complete all 3 pages and print clearly.
- Write N/A if something does not apply. Do not leave blanks.
- Only one application per household.
- Mail is the only way to apply.
- Keep a copy of everything you submit.

Mail to

Sunshine For All, Inc.
WF-SRAP
1407 SW 22nd Street
Miami, FL 33145

SUBMITTING AN APPLICATION DOES NOT GUARANTEE ASSISTANCE.
All information will be verified. Funding is limited and served in priority order.

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Date received	Client ID	City	Reviewed by	Status

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APPLICANT, HOUSEHOLD & RENTAL INFORMATION

1 Senior Applicant Information

Use your legal name exactly as it appears on your Social Security card.

First and last name (senior 62+)		Date of birth	Age	Sex
Social Security number	Cell phone	Alternate phone	Preferred language	
Email address			Apartment / Unit number	
Current address (street)	City		State	ZIP

Do you have an eviction notice or past-due rent notice right now? Yes ____ No ____

Are you receiving other rental assistance or a housing subsidy (Section 8, etc.)? Yes ____ No ____

2 Household Members

List everyone who lives in the home / is on the lease. Start with the senior applicant (Line 1).

#	Full name	Date of birth	Age	Sex	Relationship to applicant
1					Senior Applicant (Self)
2					
3					
4					
5					

3 Household Income

Include ALL income: Social Security/SSI, pension, wages, disability, help from family, etc.

Household member	Income source	Amount $	Frequency*

*Weekly / Monthly / Yearly

Total monthly household income $	Total annual household income $

4 Rent and Landlord Information

Monthly rent $	Lease start date	Lease end date
Landlord / Owner name	Property management company (if any)	
Landlord phone	Landlord email	

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NOTICES, CERTIFICATION & RESIDENCE AFFIDAVIT

5 Important Notices

Social Security Number: Collected only to verify income and eligibility through third-party sources.

Verification: Staff may contact your landlord, Social Security, employers, or banks to confirm your information.

Payments: If approved, payments go to your landlord only.

Changes: You must report changes within 10 days.

Waitlist: If you pass away or move permanently to a care facility, assistance goes to the next senior on the waitlist.

False information: Will result in denial or termination and may be a crime (Florida Statutes Ch. 817).

6 Applicant Certification and Signature

I certify that I have read this entire application, reported ALL household income, and that all information is true and correct. I authorize Sunshine For All, Inc. to verify my information to determine eligibility.

☐ I have read and agree to the certification above.

Signature of senior applicant (62+)	Printed name	Date
Signature of spouse / other adult on lease (if any)	Printed name	Date

7 Residence Affidavit

Every adult listed on the lease must complete this affidavit.

I swear that the address below is my primary residence in Miami-Dade County. I will notify Sunshine For All, Inc. if I move. I understand that knowingly making a false statement may lead to criminal penalties under applicable law.

Residence address (street, apartment, city, ZIP)

Name	Signature	Date
Senior applicant:		
Other adult (if applicable):		
Other adult (if applicable):		

Final Checklist

☐ All 3 pages are filled in (N/A where it does not apply)

☐ Every household member and all income are listed

☐ Signed and dated in Sections 6 and 7

☐ Lease, photo ID, and proof of income are attached

☐ Mailed by U.S. Postal Service, postmarked no later than October 25, 2026

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Eligibility: Eligible / Ineligible / Pending	Monthly amount $	Months approved	Start date
Housing specialist	Supervisor approval		Date

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