



Commissioner Morey Wright - District 2 Tamarac Economic Empowerment Dividend (TEED) Application Form

The Tamarac Economic Empowerment Dividend (TEED) is a monthly financial assistance program designed to support qualifying residents living in District 2. If you meet the criteria, you could receive a monthly dividend to help with everyday expenses.

Paper applications are available at Tamarac City Hall. Paper applications **must be submitted in person with copies of all required documents**, to:

Tamarac City Hall
7525 NW 88th Ave
Tamarac, FL 33321
Attn: Commissioner Morey Wright's Office

If you need assistance with the application, **please call (954) 597-3479** to schedule an in-person appointment with Commissioner Morey Wright's Office.

Instructions

- Complete your application and submit it with all applicable supporting documents.
- Applications will be processed on a first-come, first-served basis.
- Application period runs from November 17, 2025 to January 30, 2026. Early submissions are encouraged.

Applicant Information

Full Name: _____
Date of Birth: _____
Address in District 2, Tamarac (FL): _____
Phone Number: _____
Email Address: _____

Eligibility Requirements

To be eligible, applicants must meet the following criteria:

- Be a **current resident** of the City of Tamarac
- Live in **District 2**
- Live on a **fixed income** from sources such as:
 - Social Security
 - Social Security Disability Insurance (SSDI)
 - VA Disability Payment

Required Documentation

- **1. Proof of Identification-** Provide **one (1) of the following** forms of valid, government-issued photo ID with your current address that matches your supporting documents; acceptable forms include:
 - Florida Driver's License

- State-issued Identification Card
 - State-issued Identification Card
- **2. Income Documentation** - Provide **one (1) of the following** forms of documentation for all that apply:
 - A) Social Security (**Retirement or Disability**)
 - Award letter from the Social Security Administration (SSA)
 - SSDI award letter or benefits verification letter
 - OR SSA-1099 form (annual tax statement)
 - B) VA Disability Payments (**Veterans Affairs**)
 - VA benefits award letter or annual benefit summary
 - OR VA Form 1099-R (if applicable)
 - C) Residents who prove **extreme financial hardship**
 - Housing (rent/mortgage)
 - Utilities (electricity, water, gas)
 - Food
 - Transportation
 - Medical care
 - Essential personal expenses
- **3. Proof of Residency in Tamarac** - Provide **one (1) of the following** forms of documentation:
 - Driver's License
 - Signed lease agreement (with start and end dates).
 - Mortgage statements or property deed.
 - Rent receipts.
 - Utility bills (electric, gas, water, or internet).
 - A notarized affidavit from a landlord, property owner, or Assisted Living Facility (if applicable).

Disclaimer and Signature

The City of Tamarac is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Applications and documents submitted to the City are public records and, unless exempt pursuant to Florida Statutes, are subject to public records disclosure.

The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of required information for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification. The applicant understands that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant also agrees to provide any other documentation needed to verify eligibility.

WARNING: Florida Statutes 817 provides that willful false statements or misrepresentation concerning eligibility is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under s775.082 and s775.83.

I hereby attest that I am experiencing financial hardship and require assistance. I certify that the information provided in this application is true and accurate to the best of my knowledge.

I state and affirm as follows:

1. I am currently living on a **fixed income**, which consists of [e.g., **Social Security benefits, disability benefits, Unemployment benefits, or Veteran Disability Benefits**]. My monthly income is limited and carefully budgeted to cover essential expenses such as housing, utilities, food, medication, transportation, and other basic needs.
2. I am applying for the **Tamarac Economic Empowerment Dividend (TEED)** financial assistance to help relieve some of

the financial burden I face as a resident on a limited income.

3. The assistance provided through this program would be used to:
 - a. Help pay for **daily living expenses**, including groceries, utility bills, and medical costs.
 - b. Offset the increasing costs of **prescription medications and healthcare**.
 - c. Assist with **housing-related expenses**, such as rent, mortgage, or home maintenance.
 - d. Improve my overall **financial stability and well-being**, allowing me to maintain my independence and quality of life.
4. Receiving this assistance would provide critical support and peace of mind, allowing me to better manage my finances without having to sacrifice basic necessities.

I certify that the information provided in this affidavit is true and accurate to the best of my knowledge. I understand that any false or misleading statements may disqualify me from receiving assistance.

Applicant Signature:

Date:
