



**COMMUNITY PLANNING & DEVELOPMENT DEPARTMENT**

12400 N.E. 8<sup>th</sup> Avenue  
 North Miami, Florida 33161  
 Telephone (305) 893-6511 – Fax (305) 895-4074

**APPLICATION FOR HOUSING PROGRAMS**

- Single Family Rehabilitation**  
  **Roof**  
  **Windows**  
  **Hurricane Shutters**  
  **Exterior Paint**  
 **Tenant Base Rental Assistance**  
  **1<sup>st</sup> Time Homebuyer Assistance**

**APPLICANT**

First Name:	Last Name:	Middle Initial
Address:		
City:	State:	Zip Code
Home Phone:	Work Phone:	Cell Phone:

**SPOUSE / CO-APPLICANT**

First Name:	Last Name:	Middle Initial
Home Phone:	Work Phone:	Cell Phone:

**EMPLOYMENT INFORMATION: APPLICANT**

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.) \$	Pay Rate: \$

**EMPLOYMENT INFORMATION: SPOUSE / CO-APPLICANT**

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.) \$	Pay Rate: \$

1) Are you a City of North Miami Employee      Yes     No

If yes, what department \_\_\_\_\_

2) Are you related to a City employee, North Miami elected official, or any City Board member?      Yes     No

If yes, name of relative \_\_\_\_\_

**HOUSEHOLD INFORMATION**

(Must include ALL household members.)

	Name	Date of Birth	Social Security Number	Relationship to Applicant
1				Applicant
2				
3				
4				
5				
6				
7				
8				

**OTHER SOURCES OF INCOME**

(For ALL household members 18 and over)

List employment, child support, alimony, social security pensions, unemployment and/or Workers Compensation, etc.

	Name	Wage/Salaries Include Tips, Commission And Bonuses	Benefits, Pensions	Public Assistance	Other Income	Annual Income
1						
2						
3						
4						
5						

**MORTGAGE INFORMATION**

1 <sup>ST</sup> Mortgage Lender: _____ 800 Customer Service No.: _____	Loan No.: _____ Payment Amount: _____ Next payment due date: _____
2 <sup>nd</sup> Mortgage Lender: _____ 800 Customer Service No.: _____	Loan No.: _____ Payment Amount: _____ Next payment due date: _____

**PROPERTY INSURANCE NOTE:** Agent can fax copy of policy **Declarations** page to **305 895-4074** – Attn: Housing Division  
 Homeowners Insurance: \_\_\_\_ (Y/N) Flood Insurance: \_\_\_\_ (Y/N) Windstorm Insurance \_\_\_\_ (Y/N)

**IMPORTANT INFORMATION**

- Does your property have more than one living unit? Yes  No
- Is there any code violation on your property? Yes  No
- Do you or your co-applicant have any liens with the City of North Miami? Yes  No

If you answered “YES” to Question 1, your property is not eligible for assistance.

If you answered “YES” to Question 2, attach a copy of the code violation.

If the answer is “YES” to Question 3, your property may not be eligible for funding under this Program

**AVERAGE MONTHLY HOUSEHOLD EXPENSES: (FOR EVERYONE IN YOUR HOME WHO PAYS THE FOLLOWING)**

Water: \$	Phone: \$	Car Payments: \$	Debt: \$
Cell Phones: \$	Cable TV: \$	FPL: \$	Car Insurance: \$
Mortgages: \$	Other: \$	(Please provide details below)	

3. Have you recently filed a claim with your insurance carrier?  Yes  No  
 Have you filed a claim with FEMA  Yes  No  
*If yes, do you expect to receive a check for damages and/or repairs?*  Yes  No

**Applicant**

Marital Status:  Single  Married  Widow/Widower  Divorced  Separated  
 Citizen / Resident Alien:  Yes  No  
 Sex:  Male  Female

**Spouse / Co-applicant**

Marital Status:  Single  Married  Widow/Widower  Divorced  Separated  
 Citizen / Resident Alien:  Yes  No  
 Sex:  Male  Female

**Race / National Origin:**

Black not Hispanic Origin  White not Hispanic Origin  Hispanic  Asian or Pacific Islander  
 American Indian or Alaskan Native  Other (Specify)

**AUTHORIZATION TO VERIFY INFORMATION**

This is authorization for the City of North Miami to verify previous or current information regarding me/us. The undersigned specifically acknowledge(s) that (1) verification or re-verification of any information contained in this application may be made by the City of North Miami from any source named in this application, as well as banks, credit unions, a credit reporting agency and other sources not specifically identified here; (2) the City of North Miami 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 North Miami. 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. 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.

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 North Miami is hereby authorized to verify any of the above information and 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 North Miami.

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