NORTH MIAMI
FLORIDA

Councilman
Alix Desulme
District 4 Council Representative

2015 Single Family Home Beautification Program
(District 4)

The City of North Miami 2015 Single Family Home Beautification Program is a repair and rehabilitation grant that has been established to address aging and deteriorating homes in District 4.
This program is funded by City of North Miami District 4 Capital Improvement Allocation.
Priority given to elderly residents over 62 years old, as well as disabled residents based on funding availability.

The program aims to improve the exterior façade of homes by providing the following repairs:

- **Exterior painting**
- **Replacement of exterior doors**
- **Driveway repaving**
- **Installation of hurricane impact windows**
- **Replacement of deteriorated fascia soffits and gutters**

Eligible applicants must own and occupy a single family home in North Miami's District 4 and have an annual income that does not exceed 80% of area median income, as shown in the table below.

Household Size	Household Income
1	$38,100 or less
2	$43,550 or less
3	$49,000 or less
4	$54,400 or less
5	$58,800 or less
6	$63,150 or less
7	$67,500 or less
8 or more	$71,850 or less

This program is administered by the
North Miami Community Planning and Development Department
12400 NE 8 Avenue, North Miami, FL 33161
For more information about the Single Family Home Beautification Program, call 305-893-6511, ext. 12165.
Applications can be found online by visiting NorthMiamiFL.gov/CPD in the HOUSING section.

Community Planning & Development
12400 NE 8TH AVENUE, NORTH MIAMI, FLORIDA 33161-0850
(305) 895-9825

NORTH MIAMI 2014 DISTRICT 4 HOME BEAUTIFICATION PROGRAM

APPLICATION CHECKLIST

(Applications are accepted by APPOINTMENT ONLY)
Please contact the Housing Division Office-305.893.6511 ext.12165
(All appointments are scheduled Monday-Friday 11:00AM – 2:00PM)

☐ **Completed Application Form (**be sure to sign and date**).**

☐ **Provide any of the following:**
Property tax payment receipt from County, or **Canceled check** for property taxes to the County, or **Mortgage statement** from lenders declaring taxes was paid.

☐ **Provide any of the following as proof of property ownership.**
Warranty Deed, or **Quit Claim Deed**, or **Satisfaction of Mortgage**

☐ **Most recent Mortgage statement (past due amount must be 60 days or less)**

☐ **The "Declaration Page"** of your **current** Homeowner's Insurance, Fire Insurance, Windstorm, and/or Flood insurance policy.

☐ **Most recent Utility Bills (Water & Sewer, FPL)**

☐ **Three (3) current consecutive pay stubs** for **all employed** household members **18 years old or older OR Federal Income Tax Returns w/W-2 forms** for the previous **Two (2)** years (**2013/2014**) for all working adults currently residing in the household.

☐ **Proof of Identification:** Driver's License, **and/or** Passport, Resident's Card, Naturalization Papers and Social Security Cards for all persons **over 18 years of age** currently residing in the household.

☐ **Birth Certificates** (with the parent(s) or applicant's name listed), Passport, Resident's Card, Naturalization Papers and Social Security Cards for each current resident **under 18 years old**.

Other acceptable identification: School records (with the parent(s) name and address), **Court-ordered Letter of Guardianship, or Letter of Adoption.**

NOTE: Approval is not determined until all items listed above have been submitted. If documents/information is not submitted with completed application at the time of scheduled appointment, your application will not be accepted.

Thank you for your cooperation!

Revised 6/13

Application#_____ Intake Date:_____

COMMUNITY PLANNING & DEVELOPMENT DEPARTMENT

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

DISTRICT 4 HOME BEAUTIFICATION PROGRAM APPLICATION

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; or have a business relationship with a City Employee, North Miami Elected Official, or any City Board member?
Yes ❑ No ❑

If yes, name of relative and relationship to relative or identify with whom you have a business relationship.

_____

3) Are you a Consultant, Agent or Contractor? Yes ❑ No ❑

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

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

1. Does your property have more than one living unit? Yes ❑ No ❑
2. Is there any code violation on your property? Yes ❑ No ❑
3. 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? seY ق oN ق
Have you filed a claim with FEMA seY ق oN ق
If yes, do you expect to receive a check for damages and/or repairs? seY ق oN ق

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

INCOME SELF CERTIFICATION AFFIDAVIT

The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD). HUD monitors the City as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

1. **Head of Household**: Are you the head of the household? seY ف oN ف

2. Have you recently filed a claim with your insurance carrier? seY ف oN ف
   If yes, do you expect to receive a check for damages and/or repairs? seY ف oN ف

3. **Household Size and Total Annual Household Income:**
   A. Circle the total number of people in your household (in the first column)
   B. On the line corresponding to your household size, check the income range that includes your household's annual income.

A. Household Size (circle one)	**B. Total Household Income:** (for your household size, check the box that corresponds to your household's total annual income - check only one box)		
1	ف **$14,300 or less (ELI)**	ف **$23,800 or less (VLI)**	ف **$38,100 or less (LI)**
2	ف **$16,350or less**	ف **$27,200 or less**	ف **$43,550 or less**
3	ف **$18,400 or less**	ف **$30,600 or less**	ف **$49,000 or less**
4	ف **$20,400 or less**	ف **$34,000 or less**	ف **$54,400 or less**
5	ف **$22,050 or less**	ف **$36,750 or less**	ف **$58,800 or less**
6	ف **$23,700 or less**	ف **$39,450 or less**	ف **$63,150 or less**
7	ف **$25,300 or less**	ف **$42,200 or less**	ف **$67,500 or less**
8 or more	ف **$26,950 or less**	ف **$44,900 or less**	ف **$71,850 or less**

ف Check here if your income does not fall into any of the income ranges corresponding with your household size.

4. **Do you receive income from any of the following sources?**
   ف **Unemployment** ف **General Assistance /Welfare** ف **Social Security**
   ف **Food Stamps** ف **Medic-Aid** ف **Other: _____**

5. **Race** (Check only one):
   ف **American Indian/Alaskan Native** ف **Asian** ف **White** ف **Native Hawaiian/Pacific Islander**
   ف **Asian & White** ف **Black/African American** ف **American Indian/Alaskan Native & White**
   ف **Black/African American & White** ف **American Indian/Alaskan Native & Black/African American**
   ف **Other Multi-Racial** (specify):_____
   ف **Hispanic Ethnicity** (you must also check one of the racial categories if you select this category)
   ف **Male** ف **Female** ف **62 years or older** (Check if you are 62 years or older)

Name: _____

Street Address: _____ **City:** _____ **Zip Code:** _____

I hereby certify that the above information is true and correct to the best of my knowledge.
I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

_____ _____
Applicant Signature **Date**

_____ _____
Co-applicant Signature **Date**

COUNTY OF MIAMI-DADE

The foregoing Mortgage was acknowledged before me this _____ day of _____, 20____ by _____

_____, who is/are personally known to me, or who has produced the following:

_____ As identification and who did not take an oath.

This instrument prepared by:

City Attorney
City of North Miami
776 N.E. 125th Street, North Miami, FL 33161

_____
Typed/ Printed Name:
Title: Notary Public, State of Florida