EMERGENCY MORTGAGE ASSISTANCE PROGRAM
APPLICATION CHECKLIST

- Completed Application Form (signed & notarized)
- EMAP Duplication of Benefits Agreement (signed & notarized)
- City of North Miami, Housing & Social Services Internal Forms:
  - Notice of Collecting Social Security Numbers;
  - Conflict of Interest Disclosure;
  - Unemployed Applicant’s Affidavit;
  - Verification of: Employment;
  - Verification of: Assets on Deposit;
  - Mortgage Verification Request;
  - Authorization to Verify Information;
  - Authorization for the Release of Information;
  - EMAP Self-Certification of Income (if applicable);
  - Applicant Affidavit (signed & notarized) (if applicable);
  - Non-Occupant Affidavit (if applicable);
  - Any other required forms not listed;
- Proof of financial hardship due to COVID-19 (job termination letter, unemployment verification letter, furlough letter or any other proof that will demonstrate hardship that occurred on or after March 1, 2020);
- Proof of employment, if any, four (4) most recent paystubs if paid bi-weekly, eight (8) most recent paystubs if paid weekly) and six (6) most recent bank statements;
- If self-employed, current year profit and loss statement, affidavit of loss or reduced income and six (6) most recent bank statements;
- Homeownership document: Warranty Deed, Homestead Exemption, Quit-Claim Deed or Tax Records;
- Debtholders information: mortgage or loan services statement, etc.;
- Proof applicant was current on their mortgage payments as of March 2020 or not currently past due for more than four (4) months unless in a forbearance agreement;
- Most current mortgage statement;
- Household Members Identification:
  - Driver’s License or Passport, Identification Card (ID), Certificate of Naturalization, Residency Card and Social Security Card for all persons over 18 years old currently residing in the household;
  - Birth Certificate (with the parent(s) or applicant’s name listed), Passport, Certificate of Naturalization, Residency Card, School Records, Social Security Card for each resident under 18 years old;
- Completed & signed W-9 form from debtholders

Other acceptable form of identification: School records (with the parent(s) name and address), Court-ordered Letter of Guardianship, or Letter of Adoption. These must also be accompanied with the Social Security Card.

Please bring copies of all supported documents along with completed original application.
NOTE: APPROVAL IS NOT DETERMINED UNTIL ALL ITEMS LISTED ABOVE HAVE BEEN SUBMITTED. IF DOCUMENTS/INFORMATION ARE NOT SUBMITTED WITH COMPLETED APPLICATION AT THE TIME OF SCHEDULED APPOINTMENT, YOUR APPLICATION WILL NOT BE ACCEPTED.

HOUSING AND SOCIAL SERVICES DEPARTMENT

EMERGENCY MORTGAGE ASSISTANCE PROGRAM
INTAKE APPLICATION

INSTRUCTIONS FOR APPLICATION

GENERAL INSTRUCTIONS

Read the instructions for this application.

Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.

All household members 18 years of age or older must sign and date the application.

Submit application with all the required documentation to: Greater North Miami Chamber of Commerce or Haitian American Chamber of Commerce of Florida.

ITEMIZED INSTRUCTIONS

1. APPLICANT INFORMATION: Provide your legal name, an address where you receive your mail, an e-mail address (if applicable), your date of birth, and your marital status and other fields.

2. CO-APPLICANT/OTHER HOUSEHOLD MEMBER INFORMATION: List all other members of the household residing in the unit. Attach additional sheets if necessary.

3. ALTERNATE CONTACTS INFORMATION: This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. List contacts who are helping you through this process, if applicable.

4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS: As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.

5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD: This information is collected for reporting purposes only.

6. ELIGIBILITY INFORMATION: The information collected here is important to determine eligibility as it relates to emergency assistance.

7. COVID-19 INFORMATION: Provide basic information concerning eligibility related to the public health emergency with respect to COVID-19. Provide information on whether you or a household member was directly affected by COVID-19.
   a. Agreement to turn over Proceeds; Future Reassignment.
If the applicant has received or receives any Proceeds from any source that covers the expenses covered by the CDBG-CV assistance provided, the applicant agrees to promptly pay such amounts to the City.

b. In the event that the applicant received, receives or is scheduled to receive any Proceeds not previously disclosed to the City the applicant shall notify the City of such Subsequent Proceeds, and the City will determine the amount, if any, of such Subsequent Proceeds that are a duplication of benefits (DOB). Subsequent Duplication of Benefits proceeds shall be disbursed as follows:

(1) If the Award has been fully expended by the City, any Subsequent DOB Proceeds shall be paid by applicant to the City up to the amount of the Award.

(2) If no portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be paid by applicant to the City and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the applicant to the City shall be returned to the applicant, and this Agreement shall terminate.

(3) If some portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by applicant to the City to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award retained by the City; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, all Subsequent DOB Proceeds shall be returned to the applicant, and this Agreement shall terminate.

(4) If the City makes the determination that the applicant does not qualify to participate in the Program or the applicant decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the applicant to the City that have not been used or obligated by the Program shall be returned to the applicant, and this Agreement shall terminate.

(5) Once the City has recovered an amount equal to the Award, the City will reassign to applicant any rights assigned to the City pursuant to this Agreement.

8. OTHER ASSISTANCE RECEIVED: Provide all information any other type of related assistance to the disaster.

9. INCOME INFORMATION: Provide information on all household income sources. Income includes the following: wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members. Food benefits are NOT considered income.

10. ASSET INFORMATION: Provide the requested information on assets for all household members. Examples of what constitutes assets are listed below:

Typical assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, annuities, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
• Equity in real property;
• Retirement and pension funds;
• Mortgage or deeds of trust held by the applicant.

Some items of personal property are **NOT** counted as assets for the purposes of determining annual income:

• Automobiles;
• Jewelry; and/or
• Term life insurance policies

**11. FALSE STATEMENTS**

Chapter 817 of the Florida Statutes provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

**12. PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT**

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify the City, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that the City does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

**13. ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the Subrecipient, State, **PJ** or Vendor to request information from Third Parties if it chooses to do so, concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.
Applicant’s Signature

Co-Applicant’s Signature

Household Member

Household Member

Household Member
**EMERGENCY MORTGAGE ASSISTANCE PROGRAM**  
**(INTAKE APPLICATION)**

<table>
<thead>
<tr>
<th>Application Number:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Received By:</td>
<td>Date/Time Application Received:</td>
</tr>
</tbody>
</table>

**What type of housing assistance are you requesting?**  
Circle all that apply

| Mortgage | Rental |

Provide the mortgage company name, address, phone number and loan number:

1. **APPLICANT(S) INFORMATION**

**TO BE COMPLETED BY APPLICANT: (Head of Household)**

<table>
<thead>
<tr>
<th>Full Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Current Address:</td>
<td>Apt#</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td></td>
</tr>
<tr>
<td>Daytime phone:</td>
<td>Mobile Phone:</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>Age:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Employed?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**TO BE COMPLETED BY CO-APPLICANT:**

<table>
<thead>
<tr>
<th>Full Name:</th>
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<tbody>
<tr>
<td>Daytime phone:</td>
<td>Mobile Phone:</td>
</tr>
<tr>
<td>Email address:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Marital Status:</td>
<td>Age:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Employed?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
### 2. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:

As of today, all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Relationship to Head of HH</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Marital Status</th>
<th>Is household member listed disabled? Y/N</th>
<th>Employed</th>
</tr>
</thead>
<tbody>
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<td>Yes</td>
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<td>Yes</td>
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<td></td>
<td>No</td>
</tr>
</tbody>
</table>

### 3. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one):

- This information is being collected for reporting purposes only.

**RACE (Check all that apply):**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Black or African American
- ☐ Other Multi-Racial

**4. ETHNICITY (Check one):**

- ☐ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”

- ☐ Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

### 5. ELIGIBILITY INFORMATION:

- If the answer to any of the following questions is NO, you are not eligible for assistance:

  **Were you or a household member affected by the COVID-19?**

  □ YES □ NO

  **How many household members are affected by COVID-19?**

  □ YES □ NO

  **For each Household member affected by COVID-19, provide the following information:**
### 1st household member affected by COVID-19

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are they unemployed or underemployed due to COVID-19?</td>
</tr>
<tr>
<td>Date person became unemployed or under employed</td>
</tr>
<tr>
<td>Name and address of employer prior to being impacted by COVID-19:</td>
</tr>
<tr>
<td>What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later?</td>
</tr>
<tr>
<td>Current employer:</td>
</tr>
<tr>
<td>What was the projected annual gross income of this household after being affected by COVID-19?</td>
</tr>
<tr>
<td>Is the person receiving unemployment benefits?</td>
</tr>
<tr>
<td>If yes, how much are they receiving monthly $</td>
</tr>
<tr>
<td>Provide additional information about Hardship:</td>
</tr>
</tbody>
</table>

### 2nd household member affected by COVID-19

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are they unemployed or underemployed due to COVID-19?</td>
</tr>
<tr>
<td>Date the person became unemployed or under employed</td>
</tr>
<tr>
<td>Name and address of employer prior to being impacted by COVID-19:</td>
</tr>
<tr>
<td>What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later?</td>
</tr>
<tr>
<td>Current employer:</td>
</tr>
</tbody>
</table>
What was the projected annual gross income of this household after being affected by COVID-19?

<table>
<thead>
<tr>
<th>Is the person receiving unemployment benefits?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, how much are they receiving monthly $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide additional information about Hardship:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 6. PROPERTY INFORMATION

<table>
<thead>
<tr>
<th>Do you rent or own a pre-1994 mobile or manufactured home?</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Are you past due or delinquent on your mortgage?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>What is your monthly mortgage payment?</td>
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<td>What are the penalties due, if any?</td>
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<tr>
<td>How many mortgage payments are past due?</td>
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<tr>
<td>Amount Due</td>
<td></td>
<td></td>
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<tr>
<td>How many months of HOA fees are past due?</td>
<td></td>
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<tr>
<td>Amount Due</td>
<td></td>
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<tr>
<td>The following question will require a special review to determine eligibility:</td>
<td></td>
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</tr>
<tr>
<td>Did you apply for COVID-19 assistance to any other program or organization?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Explain:</td>
<td></td>
<td></td>
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<tr>
<td>Have you received any COVID related assistance?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Amount Approved?</td>
<td></td>
<td></td>
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<tr>
<td>Amount Received to date:</td>
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</table>
List agency providing services

<p>| | | |</p>
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</table>

If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal or state assistance (CRF, CDBG, CDBG-DR, HOME), etc.

☐ Yes  ☐ No

7. INCOME INFORMATION: Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, unemployment benefits, other benefits for all household members. List ALL household members and their incomes. Attach a separate sheet if you need more space.

Food Stamps are not considered income - do not list food stamps.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Full Time Student? Y/N</th>
<th>Source of Income (include employer name) If Applicable</th>
<th>Rate of Pay</th>
<th>Payment Basis (hourly, weekly, monthly, etc.)</th>
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</table>
8. **ASSET INFORMATION**: Provide the requested information on any property you may own or assets you may have.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
<tr>
<td>Do you own any other real estate?</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>If yes, provide address, city and state of property(s):</td>
<td></td>
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<tr>
<td>What is the tax roll value of the property?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>If yes, what is the current balance owed on the mortgage?</td>
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<tr>
<td>Do you have income from the property? (rental income)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If you answered yes, provide amount of annual income</td>
<td>$</td>
</tr>
<tr>
<td>Is your primary residence currently in foreclosure?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.) Provide this information for all household members.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Type &amp; Source of Asset</th>
<th>Cash Value of Asset</th>
<th>Annual Income from Asset</th>
</tr>
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<tbody>
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9. **ELIGIBILITY RELEASE**: It is required that you sign this form, which allows the City to request information from Third Parties concerning your eligibility and participation in this program.

Information Covered: Inquiries may be made about items initialed below by the applicant.

Instructions to Applicant: Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the City or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the CRF Program for disaster assistance. Each adult member of the household must sign this Eligibility Release.

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

10. **APPLICANT CERTIFICATION**: Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the City or any of its duly authorized representatives to verify the information listed herein.
I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the CRF program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information for the purpose of obtaining assistance is grounds for termination of housing assistance and is punishable under Chapter 817 of the Florida Statutes as a first-degree misdemeanor.

I/We authorize the above-referenced City and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

**Applicant's Authorization:**

I authorize the City of North Miami to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

1. A photocopy of this form is as valid as the original; AND
2. I have the right to review information received using this form; AND
3. I have the right to a copy of information provided to the City and to request correction of any information I believe to be inaccurate; AND
4. All adult household members will sign this form and cooperate with the City in the eligibility verification process.
5. If the applicant falsified information to obtain assistance, all funds paid on behalf of the applicant must be repaid to the program.

<table>
<thead>
<tr>
<th>Signature of Applicant:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Co-Applicant:</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Co-Applicant:</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Co-Applicant:</td>
<td>Date</td>
</tr>
</tbody>
</table>

**Warning:** Chapter 817 of the Florida Statutes provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.
The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD) and Florida Housing Finance Corporation (Florida Housing). HUD and Florida Housing monitor 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 Florida Housing, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

**Participation Data – FY 2021 – 2022**

1. Head of Household: Are you the head of the household?  
   - [ ] Yes  
   - [ ] No

2. Household Size and Total Annual Household Income:
   A. Household Size: Circle the total number of people in your household (in the first column, circle one)
   B. Total Household Income: On the line corresponding to your household size, check the box that corresponds to your household’s total annual income (check only one box)

<table>
<thead>
<tr>
<th>30%</th>
<th>50%</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$19,000 or less (ELI)</td>
<td>$31,650 or less (VLI)</td>
</tr>
<tr>
<td>2</td>
<td>$21,700 or less</td>
<td>$36,200 or less</td>
</tr>
<tr>
<td>3</td>
<td>$24,900 or less</td>
<td>$40,700 or less</td>
</tr>
<tr>
<td>4</td>
<td>$27,100 or less</td>
<td>$45,200 or less</td>
</tr>
<tr>
<td>5</td>
<td>$31,040 or less</td>
<td>$48,850 or less</td>
</tr>
<tr>
<td>6</td>
<td>$35,580 or less</td>
<td>$52,450 or less</td>
</tr>
<tr>
<td>7</td>
<td>$40,120 or less</td>
<td>$56,050 or less</td>
</tr>
<tr>
<td>8 or more</td>
<td>$44,660 or less</td>
<td>$59,700 or less</td>
</tr>
</tbody>
</table>

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

3. Do you receive income from any of the following sources?
   - [ ] Unemployment
   - [ ] General Assistance/Welfare
   - [ ] Social Security
   - [ ] Food Stamps
   - [ ] Medicaid
   - [ ] Other: ________________________________

4. Race (Check only one):
   - [ ] American Indian/Alaskan Native
   - [ ] Asian
   - [ ] White
   - [ ] Native Hawaiian/Pacific Island
   - [ ] Asian & White
   - [ ] Black/African American
   - [ ] American Indian/Alaskan Native & White
   - [ ] Black/African American & White
   - [ ] American Indian/Alaskan Native & Black/African American
   - [ ] Other Multi-Racial (specify) ________________________________
   - [ ] Hispanic Ethnicity (you must also check one of the racial categories if you select this category)
   - [ ] Male
   - [ ] Female
   - [ ] 62 years or older (Check if you are 62 years or older)
EMAP DUPLICATION OF BENEFITS AGREEMENT WITH RECIPIENT
(FOR OFFICE USE ONLY)

Whereas, (“Recipient”) is receiving CDBG-CV funds in the amount of $______ to provide funding to pay mortgage for the property located at ____________________________.

Now, therefore, the Jurisdiction has an option to recoup assistance used on the above described property upon the terms, conditions and contingencies herein set forth:

Federal Benefits and Charitable Donations
Recipient agrees that if he/she receives further federal benefits or charitable donations to (pay mortgage payments) in connection with the COVID-19 response, the recipient will report receiving benefits by emailing housing@northmiamifl.gov or calling (305) 895-9895 within one (1) month of receipt of additional proceeds and/or benefits. If recipient fails to report additional federal benefits or charitable donations, then the Jurisdiction may require immediate repayment in full of the entire amount of assistance provided by the Jurisdiction.

Duplication of Benefits
Recipient agrees that if benefits received subsequent to the receipt of CDBG-CV funds are a duplication of benefits (DOB) received from other sources such as federal benefits or charitable donations that the following shall apply:

1. If the Award has been fully expended by the City of North Miami (“City”), any Subsequent DOB Proceeds shall be repaid by Recipient to City up to the amount of the Award.

2. If no portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be paid by Recipient to the City and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City shall be returned to the Recipient, and this Agreement shall terminate.

3. If some portion of the Award has been expended by the City, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by Recipient to the City to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award and retained by the City; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the Recipient, and this Agreement shall terminate.

4. If the City makes the determination that the Recipient does not qualify to participate in the Program or the Recipient decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City that have not been used or obligated by the Program shall be returned to the Recipient, and this Agreement shall terminate.

5. Once the City has recovered an amount equal to the Award, the City will reassign to Recipient any rights assigned to the City pursuant to this Agreement.
APPLICATION

Income Eligibility
Recipient certifies that he/she has provided complete, accurate, and current information regarding household income to demonstrate Recipient’s eligibility to receive CDBG-CV funds.

Enforcement
The Recipient and the Jurisdiction acknowledge that the Jurisdiction has the right and responsibility to enforce this agreement.

Whereas, if the Recipient does not violate any of the terms listed in this agreement, then this agreement will be considered released on the day of ___, 20__.

IN WITNESS WHEREOF, the undersigned recipient(s) has/have affixed his/her signature(s) and seal(s) this day of __________.

Signed, sealed and delivered in the presence of:

__________________________   ____________________________
Witness                     Borrower

__________________________   ____________________________
Borrower

STATE OF FLORIDA
COUNTY OF____________________
Sworn to (or affirmed) and described before me this____ day of ______, 20___, by _____________________________

(NOTARY SEAL)   Signature_____________________________
Personally Known _______ OR Produced Identification____________
Type of Identification Produced_____________________________
Name of Notary (Typed, Printed, or Stamped)
NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS
FOR GOVERNMENT PURPOSES

City of North Miami collects your social security numbers under the CDBG, SHIP and HOME program for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City of North Miami to give you this written statement explaining the purpose and authority for collecting your social security number.

<table>
<thead>
<tr>
<th>Form</th>
<th>Purpose</th>
<th>Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Assistance Application</td>
<td>SHIP, CDBG, HOME Programs</td>
<td>Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SHIP Program Manual (rev.7/2015)</td>
</tr>
<tr>
<td>Verification of Unemployment Benefits</td>
<td>SHIP, CDBG, HOME Programs</td>
<td>Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code</td>
</tr>
<tr>
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<td></td>
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</tr>
<tr>
<td>Verification of Social Security Benefits</td>
<td>SHIP, CDBG, HOME Programs</td>
<td>Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code</td>
</tr>
<tr>
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<td></td>
<td>SHIP Program Manual (rev.7/2015)</td>
</tr>
<tr>
<td>Verification of Employment</td>
<td>SHIP, CDBG, HOME Programs</td>
<td>Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SHIP Program Manual (rev.7/2015)</td>
</tr>
<tr>
<td>Verification of Child Support</td>
<td>SHIP, CDBG, HOME Programs</td>
<td>Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SHIP Program Manual (rev.7/2015)</td>
</tr>
<tr>
<td>Verification of Assets</td>
<td>SHIP, CDBG, HOME Programs</td>
<td>Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SHIP Program Manual (rev.7/2015)</td>
</tr>
</tbody>
</table>

Date: ____________________________

Print Name

Signature
CONFLICT OF INTEREST DISCLOSURE

As a prospective applicant of the □ Emergency Repair □ Purchase Assistance Program

□ Rehabilitation Program □ TBRA □ ETBRA □ PAINT □ NSP □ EMAP □ Other in the City of North Miami, I understand that I must disclose my relationship with other persons who I may be associated with in the City of North Miami. I, therefore, attest to the following: Initial your answer

_________ I am not a current City of North Miami official, employee, board member, Commissioner, agent and/or other representative of the City.

_________ I am a current City of North Miami official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title _____________________________________________________________

_________ I am a former City of North Miami official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title _____________________________________________________________

Date Employment/Term Ended ________________________________________________

_________ To the best of my knowledge, I am not aware of any current City of North Miami official, employee, board member, commissioner, agent and/or other representative of the City who is related to me or with whom I am a business associate.

_________ I am related to or have a business relationship with a current City of North Miami official, employee, board member, commissioner, agent and/or other representative.

His/her name is ________________________________________________________________

This person is associated with the City in the capacity as: ______________________________

The relationship of the person is as follows:

___ Parent ___ Spouse ___ Immediate family ___ Business associate other _______________________

Applicant’s Name (Print) Applicant’s Signature Date

__________________________________________

Applicant’s Mailing Address

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false fictitious or fraudulent statement of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than 8 years or both."

“WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and it is punishable by fines and imprisonment provided under Florida Statute 775.082 or 775.083."
UNEMPLOYED APPLICANT’S AFFIDAVIT

I, ___________________________________________ Miami Housing

an applicant, a co-applicant or a household member of a North Miami Housing Program, being of sound mind and legal age, state the following:

1. I have made an application for assistance from the City of North Miami’s Housing Program.

2. Check (a) or (b) as applicable:
   a. _____ I AM NOT presently employed, BUT anticipate becoming employed within the next three months
   b. _____ I AM NOT presently employed and DO NOT anticipate becoming employed within the next three months.
   c. _____ I AGREE THAT I WILL REPORT ANY CHANGES REGARDING MY INCOME TO THE CITY OF NORTH MIAMI.
   d. _____ I AGREE TO PROVIDE DOCUMENTATION REGARDING MY EMPLOYMENT AND/OR SOURCE OF INCOME AT THE TIME OF RECERTIFICATION EVERY THREE MONTHS.

3. Based on my past work experience, skills, and income history as reflected in my income tax return for the most recent tax year (see attached copy) and with adjustments to reflect circumstances anticipated within the next twelve months, I expect to earn $___________ per year when I become employed.

4. Under penalties of perjury, I declare that I have read the foregoing affidavit and the facts stated in it are true.

________________________________________
Affiant Signature

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this ______ day of __________________________, 20_____, by __________________________ who is personally known to me, or who has produced the following: __________________________ as identification and who did not take an oath.

________________________________________
Notary Public Signature

(NOTARY SEAL / STAMP)
VERIFICATION OF: EMPLOYMENT

TO: ____________________________________________

ATTENTION: ___________________________________

Street Address: __________________________________

City, State & Zip: _________________________________

(APPlicant INFORMATION)

Name of Applicant: _______________________________

AUTHORIZED: State and Federal Regulations require us to verify Employment Income of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Return to:

CITY OF NORTH MIAMI
ATTN: HSS
776 NE 125 Street
North Miami, FL 33161
Fax: 786-358-6060
Email: housing@northmiamifl.gov

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: ________________________________________

or

A copy of the executed “Release of Information Form” is attached which authorizes the release of information requested.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under § 775.082 or 775.83.
VERIFICATION OF: ASSETS ON DEPOSIT

TO: ___________________________   ATTN: ___________________________
Street Address: ___________________   City, State & Zip: ___________________

NAME OF APPLICANT: ___________________________

AUTHORIZATION: State and Federal Regulations require us to verify Income from Assets of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

RETURN TO: City of North Miami, Attn: Housing & Social Services Department
Fax: 786-358-6060
Email: housing@northmiamifl.gov

RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

_________________________________________   Date: ________________
(Signature of Applicant)

or: A copy of the executed “Release of Information Form” is attached which authorizes the release of information requested.

<table>
<thead>
<tr>
<th>Checking Account #</th>
<th>Average Monthly Balance for Last 6 Mos.</th>
<th>Current Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Savings Account #</td>
<td>Current Balance</td>
<td>Current Interest Rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Certificate of Deposit Account #</td>
<td>Amount</td>
<td>Withdrawal Penalty</td>
</tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>IRA, Keogh, Retirement Accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account No.</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>Money Market Funds</td>
</tr>
</tbody>
</table>

_________________________________________
Signature of Authorized Representative

Print Name
Title: ___________________________   Telephone: ___________________________   Date: ________________

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under § 775.082 or 775.83.
MORTGAGE VERIFICATION REQUEST

TO: (Financial Institution) _____________________________

ATTENTION: __________________________________________

Street Address: _______________________________________

City, State & Zip: _______________________________________

RELEASE AND AUTHORIZATION

RELEASE: I/WE HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION TO THE CITY OF NORTH MIAMI:

Applicant(s) name and address:
___________________________________________
___________________________________________

AUTHORIZATION: State and Federal Regulations require us to verify Employment Income of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information will be appreciated.

Return to:

CITY OF NORTH MIAMI
ATTN: HSS
776 NE 125 Street
North Miami, FL 33161
Fax: 786-358-6060
Email: housing@northmiamifl.gov

MORTGAGE DATA VERIFICATION

Loan Number: _________________________________________

Current Balance: _______________________________________

Monthly Payment Amount: _______________________________

Property taxes paid, if any: _______________________________

Insurance on property paid, if any: ________________________

Delinquent on Payment? YES / NO

TIMES DELINQUENT IN THE PAST 12 MONTHS:_________

Date Last Payment Received: _____________________________

Any Foreclosure Action against this loan: YES / NO

If yes, Date of last Lis Pendens: ___________________________

RELEASE: I hereby authorize the release of the requested information.

___________________________________________ Date:_______________
Signature of Authorized Representative

Name:_______________________________________________

Title:_______________________________________________

Telephone:__________________________________________

A copy of the executed “Release of Information Form” is attached which authorizes the release of information requested.
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 or later. 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.

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
<th>Applicant’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Applicant’s Name</td>
<td>Co-Applicant’s Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
AUTHORIZATION FOR THE RELEASE OF INFORMATION

I ________________________________, the undersigned, hereby authorize ________________________________ to release without liability, information regarding my employment, income, and/or assets to ________________________________, for the purposes of verifying information provided as part of determining eligibility for assistance under the __________________________ program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker’s compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers
Banks, Financial or Retirement Institutions
State Unemployment Agency
Welfare Agency
Alimony/Child Support Providers
Social Security Administration
Veteran’s Administration
Other: ____________________

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Printed Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Co-Applicant</td>
<td>Printed Name</td>
<td>Date</td>
</tr>
</tbody>
</table>

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return” and prepare and sign separately.
EMAP Assistance Self-Certification of Income Form
To Be Completed By Each Adult Household Member

Household Member ___________________________________________ Local Government __________
Address____________________________________________________ Phone#________________________ Email_________________________________

1. ☐ I hereby certify that I have been negatively impacted by the COVID-19 pandemic and am underemployed or unemployed.

2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):
   Y N Wages from employment (including commissions, tips, bonuses, fees, etc.); $________________
   Y N Net income from operation of a business; $________________
   Y N Rental income from real or personal property; $________________
   Y N Interest or dividends from assets; $________________
   Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits; $________________
   Y N Unemployment; $________________
   Y N Disability payments; $________________
   Y N Public assistance payments; $________________
   Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household; $________
   Y N Sales from self-employed resources; $________________
   Y N Any other source not named above; $________________
   Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities: __________________________

I certify my anticipated gross annual income for the next 12 months to be (Total of section 2): $__________

I will inform local government staff if my income changes during the period when I am receiving assistance.
Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

__________________________________________  ________________________________  ________________
Signature of Applicant                  Printed Name of Applicant                  Date

Witness________________________________________  Witness________________________________________

or

FOR AN OATH OR AFFIRMATION:
STATE OF FLORIDA
COUNTY OF________________________

Sworn to (or affirmed) and described before me this___ day of _____, 20___, by ________________________________

(Notary Seal)
Personally Known ______ OR Produced Identification________________

Type of Identification Produced______________________________  Name of Notary (Typed, Printed, or Stamped)
COVID-19 IMPACT
APPLICANT AFFIDAVIT

This form is to be completed by members reporting their COVID impact. One form may be used for any household member participating in the City of North Miami COVID-19 Emergency Mortgage Assistance program.

Applicant Information

Applicant Name (First name, M.I., Last name): _______________________________________________

Applicant Date of Birth: ___________________________________________________________________

COVID-19 Impact Information

Has the tenant or other members of the tenant household qualified for unemployment benefits, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due to the COVID-19 pandemic? Please check each condition that applies to the household who has lost income or incurred significant costs due to the COVID-19 pandemic (check all that apply):

☐ Currently unemployed for 90 days
☐ Laid off - Receiving unemployment assistance
☐ Laid off - Not receiving unemployment assistance
☐ Place of employment has closed
☐ Reduction in hours of work
☐ Must stay home for child/children due to closure of daycare or school
☐ Self-employed, and business is no longer supplying income or such income has been reduced
☐ Unwilling or unable to participate in previous employment due to high risk of severe illness from COVID-19
☐ Reduction or elimination of child or spousal support
☐ Unexpected COVID-19 related medical or funeral expense
☐ Child or adult dependent care expenses increased due to COVID-19

☐ If none of the above apply, please provide a brief description of the household member’s reduction in household income or financial hardship experienced due to the COVID-19 pandemic. Please explain:
_____________________________________________________________________________________
_____________________________________________________________________________________

Applicant Signature: ________________________________  Date: ____________________
Applicant Certification

By signing this form, I hereby certify that the above information is factual, accurate, complete, and true to the best of my knowledge. I agree to immediately notify the City of North Miami and its affiliated Administrators of any changes to this information. I understand that as a condition of participating in this program, the City of North Miami and its affiliated Administrators are permitted to request additional verification if the information reported appears to be inconsistent or incorrect. I understand that if I provide any false information or misrepresentation it will be grounds for denying my participation in the Emergency Rental Assistance Program. In addition, my signature acknowledges my understanding and consent to the release of the information within this document to the City of North Miami Emergency Rental Assistance Program and its affiliated Administrators. I also understand and consent to the release of this information pursuant to the Public Records Act, to the extent required under Florida law.

Applicant Signature: ___________________________________________ Date: ________________

STATE OF FLORIDA
COUNTY OF____________________
Sworn to (or affirmed) and described before me this____ day of ______, 20___, by ______________________________

(NOTARY SEAL)                                                   Signature________________________
Personally Known ________OR Produced Identification__________
Type of Identification Produced_______________________________
Name of Notary (Typed, Printed, or Stamped)
NON-OCCUPANT AFFIDAVIT

I, ___________________________________________ hereby state under oath that __________
_________________________________________________ (Applicant’s Property Address)
is not my principal residence, nor do I intend said premises to ever become my principal residence, and that I
reside at, __________________________________________
_________________________________________________ (Principal Residence).

_________________________________________________
Affiant Signature

_________________________________________________
Date

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this __________ day of __________________________
20 ______, by ________________________________ who is personally known to me, or
who has produced the following: __________________________________________________________
as identification and who did not take an oath.

_________________________________________________
Notary Public Signature

(NO TARY SEAL / STAMP)