### EMAP Assistance Self-Certification of Income Form

**To Be Completed By Each Adult Household Member**

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Local Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone#</td>
</tr>
<tr>
<td></td>
<td>Email</td>
</tr>
</tbody>
</table>

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: $______________

3. 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.

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.

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

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)
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 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 SHIP Program Manual (rev.7/2015)</td>
</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 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 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 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 SHIP Program Manual (rev.7/2015)</td>
</tr>
</tbody>
</table>

Date: ____________________________

Print Name

Signature

Housing and Social Services Department
13753 NW 7 Avenue
North Miami, FL 33168

Phone: (305) 895-9895

Page 2 of 8
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 Statue 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, __________________________________________ 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 MAIMI.
   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)
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

(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

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 S 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

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

<table>
<thead>
<tr>
<th>(Signature of Applicant)</th>
<th>Date: ________________</th>
</tr>
</thead>
</table>

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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Savings Account #</th>
<th>Current Balance</th>
<th>Current Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certificate of Deposit Account #</th>
<th>Amount</th>
<th>Withdrawal Penalty</th>
<th>Current Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IRA, Keogh, Retirement Accounts**

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Amount</th>
<th>Withdrawal Penalty</th>
<th>Current Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Money Market Funds</th>
<th>Amount (Avg. 6 Mo. Bal.)</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></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.
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:

<table>
<thead>
<tr>
<th>Past/Present Employers</th>
<th>Alimony/Child Support Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banks, Financial or Retirement Institutions</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>State Unemployment Agency</td>
<td>Veteran’s Administration</td>
</tr>
<tr>
<td>Welfare Agency</td>
<td>Other: ________________________</td>
</tr>
</tbody>
</table>

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.

______________________________  __________________________  ____________
Signature of Applicant       Printed Name                   Date

______________________________  __________________________  ____________
Signature of Co-Applicant    Printed Name                   Date

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.