

# Single-Family Rehabilitation Program Application

## 2021-2022 SINGLE-FAMILY REHABILITATION PROGRAM

**Housing & Social Services Department**  
13753 NW 7<sup>th</sup> Avenue, North Miami, Florida 33168-2903  
(305) 893-6511 ext. 20000

### APPLICATION CHECKLIST

Applications are available online.

Applications can be picked up and returned upon completion at the Housing and Social Services Department between the hours of 9:00 a.m. and 2:00 p.m.

**(APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY)**

- **Completed Application Form** (must be signed and dated)
- **Proof that you are current in your property taxes**
  - Property tax payment receipt from county, **or**
  - Cancelled check for property taxes to the County, **or**
  - Mortgage statement from lenders declaring taxes were paid, **or**
  - A printout from the Miami-Dade Property Appraisers website
- **Proof of Property Ownership**
  - Warranty Deed, or Quit Claim Deed, or Satisfaction of Mortgage
- **Proof of Insurance**
  - The “Declaration Page” of your current Homeowner’s Insurance, Fire Insurance, Windstorm, and/or Flood Insurance Policy
- **Most Recent Utility Bills** (Water & Sewer, FPL)
- **Current Bank Statements** (Checking and/or Savings Accounts)
  - Six (6) most recent bank statements
- **Current Paystubs** (for all employed household members 18 years old or older)
  - Eight (8) consecutive paystubs if paid weekly, **or**
  - Four (4) consecutive paystubs if paid bi-weekly
- **Federal Income Tax Returns/W-2 forms** for the previous two (2) years (2019 & 2020) for all working adults currently residing in the household
- **Proof of Identification**
  - Driver’s License, and/or Passport, Resident’s Card, Certificate of Naturalization 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, Certificate of Naturalization and Social Security Cards for each 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: These must be accompanied with the Social Security Card.

**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.**



# Single-Family Rehabilitation Program Application

Dear Applicant,

Thank you for your interest in the City of North Miami (“City”) Single-Family Rehabilitation Program (“Program”). This Program is administered by the Housing and Social Services (“HSS”) Department through funds provided by Federal, State and Local programs. The Program is designed to provide homeowners with assistance to correct and repair issues that threaten the life, health, and/or safety of the occupants. HSS staff encourages applicant(s) to carefully review this application to obtain a clear understanding of program participation and requirements.

Should you desire to apply for the Program, please complete and submit this application in accordance with the instructions outlined below.

## INSTRUCTIONS

1. Review **Section I - Program Overview** (pages 3-4) portion of the application.
2. Complete **Section II - Applicant and Household Information along with City’s Internal Forms** (pages 5-17) portion of the application.
3. Review **Section III - Required Documents** (pages 18-20) and attach copies of all requested documentation.
4. Complete applications will be accepted by **appointment only**. Contact Housing staff at (305) 893-6511 ext. 20004 to schedule an appointment. If you have questions regarding this application or general questions, feel free to contact the Housing and Social Services Department via mail, email or phone at:

Housing and Social Services Department  
 13753 NW 7<sup>th</sup> Avenue  
 North Miami, Florida 33168-2903  
 (305) 893-6511 ext. 20000

I hereby certify that all statements I have provided in this application and in the attachments herein are true; that I am authorized to sign this application and to make these statements, and that I understand that misrepresentation of any facts which lead to the improper allocation and expenditure of public funds may result in legal action against me for retrieval of any such funds and appropriate penalties.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# Single-Family Rehabilitation Program Application

## Section I - Program Overview

### Introduction

The Single-Family Rehabilitation Program (Program”) is designed to provide financial assistance to homeowners to address and repair items that compromise the life, health, and/or safety of the household.

The Program assists owner-occupied household properties by:

- Eliminating housing conditions which threaten the life, health and/or safety of the occupants;
- Correcting City building code violations;
- Eliminating conditions resulting in a home being severely energy inefficient.

### Eligible Applicants

Households must meet gross annual income requirement, not exceeding 80% of the Area Median Income (“AMI”) limits established by the U.S. Department of Housing and Urban Development (“HUD”) for the jurisdiction of North Miami, FL. The applicable low-income limits for determining program eligibility are published by HUD in the Federal Register and are updated annually.

### **Maximum Income Limit-Adjusted for Household Size**

Household Size	Maximum Income Limit
1	\$50,650
2	\$57,850
3	\$65,100
4	\$72,300
5	\$78,100
6	\$83,900
7	\$89,700
8	\$95,450

*Income Limits Effective 04/01/2021 (subject to change)*

Priority will be given to the elderly, disabled, and veterans during the initial application intake period. Reasonable accommodations can be made for applicants with special needs who require assistance with the completion or submission of their application.

**Applicants will be required to complete a City approved Home Maintenance Counseling course prior to completion of project.**

### Eligible Improvements\*

- Roof                       Windows                       Doors                       Hurricane Shutters  
 Exterior Paint                       Sliding Glass Door                       Garage Door                       Other (Specify) \_\_\_\_\_

\* Work not eligible for program funding includes, but is not limited to, luxury improvements

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(improvements which are strictly cosmetic), additions, conversions (basement, garage, porch, attic, etc.), repairs to structures separate from the living units (detached garage, shed, etc.), furnishings, pools and landscaping.

\* Rehabilitation work performed by a property owner(s) himself/herself shall not be funded under this program. All rehabilitation work shall be performed by a City approved contractor.

## Form of Financial Assistance

Assistance is in the form of a 0% interest, deferred payment loan **up to the amount approved** per grant fund program. The loan is forgivable through the life of the affordability period, from the date of execution of security documents provided that title remains under the ownership of the owner(s) and property remains their primary residence.

Assistance Amount	Occupancy/Affordability Period
Under \$25,000	7 Years
\$25,000 and Over	15 Years

## Public Records Disclosure

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

## Notice of Collecting Social Security Number

The City collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5)(a)5, Florida Statutes (2021), requires the City to give you this written statement explaining the purpose and authority for collecting your social security number.

Your Social Security Number is being collected for the purposes of income certifying you for the City's Single-Family Rehabilitation Program which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, Federal and/or State program dollars. Your social security number will not be used for any other intended purpose other than verifying your eligibility for the City's program.

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## Section II - Applicant and Household Information along with City's Internal Forms Household Information - Complete all sections.

Household Size		Anticipated Gross Annual Household Income		
<b>Applicant Information</b>				
First Name		Last Name		
Street Address		City	ST	Zip
Home Phone Number		Cell Phone Number		Social Security Number
Marital Status		Date of Birth		Employment Status
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated		____/____/____ ____/____/____		<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled
<b>Co Applicant Information</b>				
First Name		Last Name		
Street Address		City	ST	Zip
Home Phone Number		Cell Phone Number		Social Security Number
Marital Status		Date of Birth		Employment Status
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated		____/____/____ ____/____/____		<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled

### VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES ONLY

FEDERAL AND STATE GOVERNMENTS REQUIRE THAT THE FOLLOWING INFORMATION BE PROVIDED FOR STATISTICAL PURPOSES ONLY. THIS INFORMATION WILL NOT AFFECT YOUR ELIGIBILITY FOR ASSISTANCE. REFER TO THE DEFINITIONS BELOW BEFORE CHECKING OFF THE CATEGORIES.

<b>Applicant Race/National Origin/Ethnicity:</b>	
<b>RACE (Check all that apply):</b>	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other
<b>ETHNICITY (Check one):</b>	
<input type="checkbox"/> 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."	
<input type="checkbox"/> 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.	

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Complete for all other Household Members residing in Property			
Household Member (First Name, Last Name)	Date of Birth	Relationship	Social Security Number

Property Information (Complete all sections)	YES	NO
Is the property listed on this application located within the City of North Miami limits?		
Is the property listed on this application your primary residence?		
Have you resided in the property for at least two (2) years?		
Are you current on your mortgage payments?		
Are you current on your property taxes?		
Are you current on your property insurance?		
Have you or your insurance company performed a Wind Mitigation survey?		
Have you ever participated in any housing assistance programs with the City of North Miami?		
Describe all proposed improvements to the property:		

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## Employer Information

Complete for all employed Household Members over the age of 18. Attach additional sheets if needed.

Employee First Name	Employee Last Name		
<b>Employer Name</b>			
Employer Street Address	City/State	Zip	Telephone Number
Occupation	Years Employed		Name of Supervisor
<b>Employer Information</b>			
Employee First Name	Employee Last Name		
<b>Employer Name</b>			
Employer Street Address	City/State	Zip	Telephone Number
Occupation	Years Employed		Name of Supervisor
<b>Employer Information</b>			
Employee First Name	Employee Last Name		
<b>Employer Name</b>			
Employer Street Address	City/State	Zip	Telephone Number
Occupation	Years Employed		Name of Supervisor
<b>Employer Information</b>			
Employee First Name	Employee Last Name		
<b>Employer Name</b>			
Employer Street Address	City/State	Zip	Telephone Number
Occupation	Years Employed		Name of Supervisor

# Single-Family Rehabilitation Program Application

Asset Information - Attach additional sheets if needed

Household Member First Name		Household Member Last Name	
Asset Type	Cash Value	Bank Name	Account Number
Checking Account			
Savings Account			
Credit Union			
401 K , IRA, CD, Annuity			
Life Insurance			
Other			
Other			
Other			

### Asset Information

Household Member First Name		Household Member Last Name	
Asset Type	Cash Value	Bank Name	Account Number
Checking Account			
Savings Account			
Credit Union			
401 K , IRA, CD, Annuity			
Life Insurance			
Other			
Other			
Other			

### Asset Information

Household Member First Name		Household Member Last Name	
Asset Type	Cash Value	Bank Name	Account Number
Checking Account			
Savings Account			
Credit Union			
401 K , IRA, CD, Annuity			
Life Insurance			
Other			



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## NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

City of North Miami collects your social security numbers under the CDBG, HOME and SHIP program for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5) (a) 5, Florida Statutes (2021), requires the City of North Miami to give you this written statement explaining the purpose and authority for collecting your social security number.

<b>Form</b>	<b>Purpose</b>	<b>Authorization</b>
Housing Assistance Application	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code  SHIP Program Manual (rev.1/2018)
Verification of Unemployment Benefits	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code  SHIP Program Manual (rev.1/2018)
Verification of Social Security Benefits	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code  SHIP Program Manual (rev.1/2018)
Verification of Employment	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code  SHIP Program Manual (rev.1/2018)
Verification of Child Support	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code  SHIP Program Manual (rev.1/2018)
Verification of Assets	SHIP, CDBG, HOME Programs	Chapter 420, Section 420.9071, Florida Statutes ; Chapter 67-37.007, Florida Administrative Code  SHIP Program Manual (rev.1/2018)

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

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## CONFLICT OF INTEREST DISCLOSURE

*As a prospective applicant of the  Residential Rehabilitation Program, in the City of North Miami, I understand that I must disclose my relationship with other persons who I may be associated within the City. 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.

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## 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)



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## VERIFICATION OF: EMPLOYMENT

TO: \_\_\_\_\_  
 ATTENTION: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_

(APPLICANT INFORMATION)

Name of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

**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. A self-addressed return envelope is enclosed.

Return to:

CITY OF NORTH MIAMI  
 ATTN: HSS  
 13753 NW 7<sup>th</sup> Avenue  
 North Miami, FL 33168  
 Fax: 786-358-6060  
 Email: housing@northmiamifl.gov

Employed Since \_\_\_\_\_ Occupation \_\_\_\_\_

Salary – Base Pay Rate:  
 Hr \_\_\_\_\_; Wk \_\_\_\_\_; or Mo \_\_\_\_\_

Average Hrs./Wk at Base pay Rate: \_\_\_ Hours \_\_\_\_\_  
 Weeks \_\_\_\_\_ or Months \_\_\_\_\_ worked per year.

Overtime Pay Rate: Per Hr. \_\_\_\_\_

Expected average number of hours overtime worked per week during next 12 months \_\_\_\_\_

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

FOR \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

Is pay received for vacation? \_ No. of days/yr. \_\_\_\_\_

Total Base Pay Earnings for past 12 mos. \$ \_\_\_\_\_

Total Overtime Earnings for past 12 mos. \$ \_\_\_\_\_

Probability & Expected Date of Any Pay Increase: \_\_\_\_\_

Does Employee have access to Retirement Account? [Y] [N]

If Yes, what amount can they get access to: \$ \_\_\_\_\_

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 775.083.

\_\_\_\_\_  
 Signature of Authorized Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_



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## 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.

\_\_\_\_\_  
 (Signature of Applicant) Date: \_\_\_\_\_

or:

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

Checking Account #	Average Monthly Balance for Last 6 Mos.	Current Interest Rate	
Savings Account #	Current Balance	Current Interest Rate	
Certificate of Deposit Account #	Amount	Withdrawal Penalty	Current Interest Rate

IRA, Keogh, Retirement Accounts			
Account No.	Amount	Withdrawal Penalty	Current Interest Rate
Money Market Funds	Amount (Avg. 6 Mo. Bal.)	Interest Rate	

\_\_\_\_\_  
 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 S 775.082 or 775.083.



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## 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  
13753 NW 7<sup>th</sup> Avenue  
North Miami, FL 33168  
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.

\_\_\_\_\_  
(Signature of Applicant)

Date: \_\_\_\_\_  
or

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

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Authorized Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

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## 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)**

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## 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.

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**Applicant’s Name**

**Applicant’s Signature**

**Date**

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**Co-Applicant’s Name**

**Co- Applicant’s Signature**

**Date**



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## 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                      | Alimony/Child Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration  |
| State Unemployment Agency                   | Veteran’s Administration        |
| Welfare Agency                              | 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.

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Signature of Applicant	Printed Name	Date
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Signature of Co-Applicant	Printed Name	Date
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**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.

## **Section III - Required Documents**

The documents listed below must be submitted with your completed application, which consists of a completed application form AND all the applicable supporting documentation as listed below. Some of the requested information may not pertain to you. Only provide the information that pertains to your household. Appropriate information will be verified by third-party. **Only copies will be accepted.**

1. **Proof of property ownership:** Please note, that a Title Search may be performed to verify information as to ownership provide by each applicant.
  - a. Deed, (which may be a warranty deed, special warranty deed, personal representative deed or quit claim deed), **or**
  - b. Satisfaction of Mortgage

If the Deed lists anyone that does not reside in the home, a notarized, sworn statement must be provided by the non-resident(s) that attests to the fact that the individual(s) do not reside in the home and have their primary residence elsewhere. The individual(s) must provide proof such as but not limited to copy of a residential property lease, Identification showing new address or an ad valorem property tax bill indicating their primary residence is elsewhere.

2. **Proof of Income.** Most recent eight (8) consecutive paystubs if payed weekly or current four (4) consecutive paystubs if payed bi-weekly showing employee's name, gross pay per pay period, deductions, and frequency of pay for all employed household members 18 years old or older.
3. **Property Taxes.** Miami Dade Notice of Ad Valorem Taxes (must show Assessed Value of Property). This may be obtained by logging on to the Property Appraisers web site at <http://www.miamidade.gov/pa/home.asp>
4. **Proof that you are current in the payment of your property taxes.**
  - a. Paid Property Tax Receipt from the Miami Dade Property Appraiser, **or**
  - b. Copy of your canceled check, front and back, showing payment, **or**
  - c. Mortgage statement from lenders declaring taxes were paid, **or**
  - d. A printout from the Miami Dade Property Appraisers website
5. **Bank Statements.** Last six (6) months bank statements for every household member. We need every page of the bank statements.
6. **Proof of Hazard and Flood Insurance.** A copy of your homeowner's insurance policy. Policy must include flood insurance. If Flood Insurance is not required, please provide a Determination Letter from FEMA.
7. **Federal Income Tax Returns.** Federal income tax returns filed with the IRS for the last two (2) years AND W-2's for the last two (2) years, we will accept:
  - a. A copy of the original signed federal tax return with W-2's, **or**
  - b. A transcript of your federal return from the IRS with W-2's. You can request a transcript by filling out IRS form 4506-T and sending to the IRS. The form can be obtained from the IRS website [www.irs.gov](http://www.irs.gov), by calling the IRS at 1-800-829-3676, or by going to the IRS office.

## Single-Family Rehabilitation Program Application

8. **Proof of number of dependents claimed.** Dependents must be listed on your federal tax return:
  - a. Birth Certificate on which the parent/applicant's name is listed, **or**
  - b. School records which give the parents' names and address, **or**
  - c. Court-ordered letters of guardianship, **or**
  - d. Divorce decree, **or**
  - e. Letters of adoption, **or**
  - f. If a dependent over 18 is a full time student please submit a copy of their class schedule in addition to the above documents.
  
9. **Social Security Cards. Social Security Cards for all household members.**
  
10. **Photo Identification. Provide photo ID for all household members over the age of 18.**
  
11. **Proof of citizenship or legal alien status documents.**
  - a. United States of America birth certificate, **or**
  - b. Certificate of Naturalization, **or**
  - c. Alien registration card
  
12. **Divorce Decree.** If you are divorced we need a copy of your divorce decree or certified court documents.
  
13. **Self-Employment Income.** Schedule C, E, or F must be included with your federal income tax return  
AND
  - a. Accountant or bookkeeper's statement of net income expected for the next 12 months printed on the accountant/book keeper's company letterhead, **or**
  - b. A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months
  
14. **Social Security, Supplemental Security Income (SSI), and Disability benefits.** An award or benefit notification letter prepared and signed by the authorizing agency.
  
15. **Unearned Income. Provide documents for all that apply.**
  - a. Unemployment Compensation -Unemployment benefit award notice with three (3) copies of unemployment check stubs.
  - b. Disability Compensation -Notice of eligibility from employer or authorizing agency and three (3) copies of check stubs.
  - c. Worker's Compensation -Notice of eligibility with amount awarded and three (3) copies of check stubs.
  - d. Severance Pay -Notice of employer stating the amount received in severance pay.
  - e. Welfare of other needs based payments given to any household members
  - f. Unemployed household member not receiving unemployment benefits or income. Please provide a notarized, sworn statement from the household member stating that unemployment benefits are not received and he/or she is not receiving any income.

## Single-Family Rehabilitation Program Application

**16. Alimony or Child Support Payments.**

- a. A printout from the court or governmental agency through which payments are being made, **or**
- b. An original notarized letter from the non-custodial parent stating the amount given weekly, bi-weekly, or monthly, **or**
- c. An original notarized statement from custodial parent stating that child support is not received for each child.

**17. Scholarships, Grants, and Veterans Administration Benefits.** Benefactor's written confirmation of amount of assistance, and educational institutions written confirmation of expected cost of the student's tuition, fees, books, and equipment for the next 12 months.

**18. Assets.** Most current statements for the below assets for each household member if applicable. We need all pages of each statements submitted and listed on your application form.

- a. 401(K) / 403(B) account statement
- b. Retirement statement
- c. Pension statement
- d. IRA statement and/or Certificate of deposit (CD) statement
- e. Annuities

**19. Life Insurance.** Life insurance policy with current cash value and the type (term or whole). All pages of the most current policy statement.

**20. Recurring Contributions and Gifts.** Example: non-household member paying all of part of bills, mortgages or contributing money on a regular basis.

- a. Notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts, **or**
- b. A letter from a bank, attorney, or a trustee providing required verification.

**21. Mortgage Statements.** If you currently have a mortgage on your property, or an equity line, provide a copy of your most recent mortgage statement(s).