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.

<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.3/2021)</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.3/2021)</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.3/2021)</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.3/2021)</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.3/2021)</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.3/2021)</td>
</tr>
</tbody>
</table>

Date: __________________________

Print Name

Signature
CONFLICT OF INTEREST DISCLOSURE

As a prospective applicant of the □ Emergency Repair □ 1st Time Homebuyer 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:

Immediate family ___Business associate or 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."
UNEMPLOYED APPLICANT’S AFFIDAVIT

I, __________________________ (the applicant, 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 all that apply:
   a. _____ I AM NOT presently employed, BUT anticipate becoming employed within the next three months
      OR
   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.

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 (Applicant) 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)

“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.
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: Housing and Social Services
12300 NE 8th Avenue
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 S 775.082 or 775.083.
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>Savings Account #</td>
<td>Current Balance</td>
<td>Current Interest Rate</td>
</tr>
<tr>
<td>Certificate of Deposit Account #</td>
<td>Amount</td>
<td>Withdrawal Penalty</td>
</tr>
</tbody>
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<tr>
<th>IRA, Keogh, Retirement Accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account No.</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 775.083.
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: Housing and Social Services
12300 NE 8th Avenue
North Miami, FL 33161
Fax: 786-358-6060
Email: housing@northmiami.fl.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>

Applicant’s Name
Applicant’s Signature
Date

Co-Applicant’s Name
Co- Applicant’s Signature
Date
AUTHORIZATION FOR THE RELEASE OF INFORMATION

I __________________________________________________________, the undersigned, hereby authorize ____________________________________________ to release without liability, information regarding my employment, income, and/or assets to City of North Miami, 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, certificate 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.

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.