



ELDERLY EMERGENCY REPAIR GRANT

This program provides one-time emergency repair assistance of up to nine thousand dollars (\$9,000.00) to owner-occupied households. Homeowner(s) must be 62-year-old or older.

Eligible Repairs

Repairs are limited to items that present an immediate danger to life, limb, property, or safety of the public or the occupants. Interior and exterior repairs limited to one:

- ADA Upgrades
- A/C Replacement
- Water Heater replacement
- Hurricane Shutters
- Hurricane Impact Windows
- Hurricane Impact Doors

Form of Financial Assistance

Funding for the program is provided by HUD through CDBG as a grant with no repayment requirement.

Eligibility Requirements

To be considered to receive assistance, the homeowner and the property must meet the following conditions:

- Applicant must own and occupy a home in North Miami.
- Property must have Homestead Exemption status.
- Applicant must be current on mortgage payments, property taxes, and insurance.
- Applicant must not have outstanding code/zoning violations.
- Total household income may not exceed the HUD-required income limits.

Income limits can be found at www.NorthMiamiFL.gov/Housing

ELDERLY EMERGENCY REPAIR GRANT

Housing & Social Services Department

12300 NE 8th Avenue, North Miami, FL 33161

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 Dept., Monday – Friday, between the hours of 9:00 a.m. and 4:00 p.m.

(APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY)

1. **Completed Application Form** (must be signed and dated)
2. **Proof that you are current in your property taxes**
 - a. Property tax payment receipt from county, **or**
 - b. A printout from the Miami-Dade Property Appraisers website
3. **Proof of Property Ownership**
 - a. Warranty Deed, or Quit Claim Deed, or Satisfaction of Mortgage
4. **Proof of Insurance**
 - a. The “Declaration Page” of your current Homeowner’s Insurance, Fire Insurance, Windstorm, and/or Flood Insurance Policy if applicable
5. **Most recent Utility Bills** (Water & Sewer or FPL)
6. **Current Bank Statements** (Checking and/or Savings Accounts)
 - a. Three (3) most recent bank statements
7. **Most recent Mortgage Statement** (if applicable)
8. **Current Paystubs** (for all employed household members 18 years old or older)
 - a. Eight (8) consecutive paystubs if paid weekly, **or**
 - b. Four (4) consecutive paystubs if paid bi-weekly
 - c. **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/bookkeeper’s company letterhead, or
 - b) A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months
 - d. **Award Letter:** (Social Security, Pension or Public Assistance, Veteran’s benefits)
9. **Federal Income Tax Returns and W-2 forms** for the most recent two (2) years for all working adults currently residing in the household
10. **Proof of Identification**
 - a. Driver’s License, State ID or Passport, and Social Security Cards for all persons over 18 years of age currently residing in the household
 - b. Birth Certificates (with the parent(s) or applicant’s name listed) or Passport, and Social Security Cards for each resident under 18 years old currently residing in the household
 - c. 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
11. **Proof of legal immigration status**

Alien Number (A-number) / USCIS Number, Card Number, Citizenship or Naturalization Certificate Number, I-94, Arrival-Departure Record Number and Receipt Number (on I-797, Notice of Action)
12. **Any other required documents, if applicable**

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

Applicant and Household Information

Household Information - Complete all sections.

Household Size	Anticipated Gross Annual Household Income		
Applicant Information			
First Name	Last Name	Middle Initial	
Street Address	City	State	Zip
Phone Number	Email	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	
Co Applicant Information			
First Name	Last Name		
Street Address	City	State	Zip
Phone Number	Email	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	

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

Employer Information

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

Employer Information			
Employee First Name:		Employee Last Name:	
Employer Name		Employer Email	
Employer Street Address	City/State	Zip	Telephone Number
Occupation	Years Employed		Name of Supervisor

Employer Information			
Employee First Name:		Employee Last Name:	
Employer Name		Employer Email	
Employer Street Address	City/State	Zip	Telephone Number
Occupation	Years Employed		Name of Supervisor

Asset Information

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

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

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

Property Information

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?		
Does your property have more than one living unit?		
Is there any code violation on your property?		
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 recently filed a claim with your insurance carrier?		
If yes, do you expect to receive a check for damages and/or repairs?		
Have you filed a claim with FEMA?		
Have you ever received housing assistance through the City of North Miami or the North Miami CRA? If yes, please indicate the date(s):		

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.

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

Participation Data –FY 2025-2026

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

1. Household Size and Total Annual Household Income:

A. Circle the total number of people in your household (in the first column)

B. On the line corresponding to your household size, check the income range that includes your household's annual income.

	30% (ELI)	50% (VLI)	80% (LI)
1	<input type="checkbox"/> \$26,050 or less	<input type="checkbox"/> \$43,400 or less	<input type="checkbox"/> \$69,400 or less
2	<input type="checkbox"/> \$29,750 or less	<input type="checkbox"/> \$49,550 or less	<input type="checkbox"/> \$79,300 or less
3	<input type="checkbox"/> \$33,450 or less	<input type="checkbox"/> \$55,750 or less	<input type="checkbox"/> \$89,200 or less
4	<input type="checkbox"/> \$37,150 or less	<input type="checkbox"/> \$61,950 or less	<input type="checkbox"/> \$99,100 or less
5	<input type="checkbox"/> \$40,150 or less	<input type="checkbox"/> \$66,950 or less	<input type="checkbox"/> \$107,050 or less
6	<input type="checkbox"/> \$43,150 or less	<input type="checkbox"/> \$71,900 or less	<input type="checkbox"/> \$115,000 or less
7	<input type="checkbox"/> \$48,650 or less	<input type="checkbox"/> \$76,850 or less	<input type="checkbox"/> \$122,900 or less
8	<input type="checkbox"/> \$54,150 or less	<input type="checkbox"/> \$81,800 or less	<input type="checkbox"/> \$130,850 or less

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

2. Do you receive income from any of the following sources?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> General Assistance/Welfare | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other: _____ |

ELDERLY EMERGENCY REPAIR GRANT

I hereby certify that the above information is true and correct to the best of my knowledge.

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

Applicant Signature

Date

Co-Applicant Signature

Date

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.

Form	Purpose	Authorization
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.3/2021)
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.3/2021)
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.3/2021)
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.3/2021)
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.3/2021)
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.3/2021)

Print Name

Date

Signature

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:

Immediate family Business associate or other _____

Applicant's Name (Print)

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, _____ (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 employed, BUT anticipate becoming employed within the next three months
 - b. _____ I AM NOT 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.

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.

Affiant (Applicant) Signature

Notary Public Signature

(NOTARY SEAL / STAMP)

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.

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: \$ _____

Signature of Authorized Representative

Name: _____

Title: _____

Date: _____

Telephone: _____

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
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.

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.

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@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.

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: _____

Signature of Authorized Representative

Name: _____

Title: _____

Telephone: _____

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.

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, 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.

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.