

# Residential Rehabilitation Program Application

Community Planning & Development  
12400 NE 8<sup>th</sup> Avenue, North Miami, Florida 33161-0850  
(305) 895-9825

## 2018-2019 REHAB PROJECTS

Single Family Rehabilitation, Roof, Windows, Hurricane Shutters, Exterior Paint, etc.

### APPLICATION CHECKLIST

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

Please contact the Housing Division Office-305.893.6511 ext.19010  
(All appointments are scheduled Monday-Friday 11:00AM – 2:00PM)

- Completed Application Form** (be sure to sign and date).
- 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 was paid.
- Proof of Property Ownership.**  
Warranty Deed, or Quit Claim Deed, or Satisfaction of mortgage
- 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 three (3) Bank Statements (Checking and/or Savings Accounts)**
- Current three (3) consecutive pay stubs** for all employed household members **18 years old or older.**
- Federal Income Tax Returns /W-2 forms** for the previous **Two (2) years (2017 & 2018)** for all working adults currently residing in the household.
- Driver’s License, and/or Passport, Resident’s Card, Naturalization Papers 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, Naturalization Papers and Social Security Cards** for each current 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 is not submitted with completed application at the time of scheduled appointment, your application will not be accepted.

*Thank you for your cooperation*



# Residential Rehabilitation Program Application

Thank you for your interest in the City of North Miami Residential Rehabilitation Program. The Residential Rehabilitation Program is administered by the Department of Housing and Community Development through funds provided by Federal, State, Local and or CRA programs. The Housing Rehabilitation Program is designed to provide homeowners with repair assistance that compromise the life, health, and/or or safety of the household. Housing staff encourages you 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 2-3) portion of the application.
2. Complete **Section II - Applicant and Household Information** (pages 4-9) portion of the application.
3. Complete and attach copies of all requested documentation the **Section III- Required Documents** (pages 10-12) of the application.
4. Authorize application submission by signing the space at the bottom of this page.
5. Contact Housing staff at 305-895-9828 to schedule an appointment. Complete applications will be accepted by **appointment only**. If you have questions regarding this application for or general questions, feel free to contact the Department of Housing and Community Development at:

City of North Miami Housing Department  
 12400 NE 8 Avenue North Miami, FL 33161  
 305-895-9828

Signature of Applicant	Print Name	Date
------------------------	------------	------

Signature of Co-Applicant	Print Name	Date
---------------------------	------------	------

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 the residents understands that misrepresentation of any facts which lead to the improper allocation and expenditure of public funds may result in legal action against the residents for retrieval of any such funds and appropriate penalties.

# Residential Rehabilitation Program Application

## Section I - Program Overview

### Introduction

The Housing Rehabilitation Program is designed to provide financial assistance to homeowners to address repair items that compromise the life, health, and/or safety of the household.

The Housing Rehabilitation Program assists Owner-occupied household properties by:

- Eliminating housing conditions which threaten the Life, Health 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 incomes not exceeding 80% 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	\$44,100
2	\$50,400
3	\$56,700
4	\$62,950
5	\$68,000
6	\$73,050
7	\$78,100
8	\$83,100

#### Income Limits Effective 04/09/2018 (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.**

# Residential Rehabilitation Program Application

## 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 (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 \$25,000** per grant program. The loan is forgivable through the life of the term in its entirety at the end of the terms 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 Period
Under to \$25,000	7 Years
\$25,000 and Over	15 Years

# Residential Rehabilitation Program Application

## Public Records Disclosure

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), Florida Statutes (2007), 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 Residential 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.

## **Section II - Applicant and Household Information**

### 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"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		_____/_____/_____   		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <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"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		_____/_____/_____   		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled

# Residential Rehabilitation Program Application

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.

CHECK ONE	APPLICANT RACE/NATIONAL ORIGIN/ETHNICITY	CHECK ONE	NON-HISPANIC
	WHITE-----		
	BLACK/ AFRICAN AMERICAN-----		
	ASIAN-----		
	AMERICAN INDIAN/ ALASKAN NATIVE-----		
	NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER-----		
	AMERICAN INDIAN/ ALASKAN NATIVE & WHITE-----		
	ASIAN & WHITE-----		
	BLACK/ AFRICAN AMERICAN & WHITE-----		
	AMERICAN INDIAN/ ALASKAN NATIVE & BLACK/ AFRICAN AMERICAN-----		
	OTHER MULTI-RACIAL-----		
	ASIAN/ PACIFIC ISLANDER-----		
	HISPANIC-----		

**1. Definitions**

- a) American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America, [including Central America), and who maintains tribal affiliation or community attachment.
- b) Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- c) Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- d) Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- e) White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Ethnic categories:**

- a) 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."
- b) Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

# Residential Rehabilitation Program Application

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:		

# Residential Rehabilitation Program Application

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

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



# Residential Rehabilitation Program Application

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

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			



# Residential Rehabilitation Program Application

## Conflict of Interest Disclosure

In accordance with 24 CFR 570.611 applicants can be denied participation in the Residential Rehabilitation Program if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official or appointed official of the recipient or sub recipients and the applicant currently or within the past 12 months:

- Exercises or has exercised any functions or responsibilities with respect to funds for this program.
- Participates or has participated in the decision making process related to funds for this program.
- Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the Housing Rehabilitation Program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge the conflict.

Please read statement #1 and #2 and check the statement that applies to you.

- A conflict of interest DOES NOT EXIST as it relates to the Residential Rehabilitation Program Application.
- A conflict of interest DOES EXIST as it relates to the Housing Rehabilitation Program Application.

If you placed a checkmark by statement, #2 please explain the Conflict of Interest:

---



---



---

## Certification Statements

\_\_\_\_\_The applicant(s) certifies that all information provided in this application and all information furnished in support of this application (including the asset, liability, and insurance disclosure forms attached hereto) is provide for the purpose of obtaining housing rehabilitation assistance and is true correct, and complete to the best of the applicant's knowledge and belief.

\_\_\_\_\_The applicant(s) understands that information in this application will be used to determine if the applicant is eligible for assistance and the amount of housing rehabilitation assistance to be provided. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

\_\_\_\_\_The applicant(s) certifies that to complete the required Home Maintenance Counseling course as required by the program.

**WARNING: Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within jurisdiction. The information provided in this application is true and correct as of the date set forth opposite my signature and that may intentional or negligent misrepresentation of this information contained in the application may result in civil liability, and /or in criminal penalties including, but not limited to, fine or imprisonment or both.**

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date



# Residential Rehabilitation Program Application

## 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 a copy of a residential property lease or an ad valorem property tax bill indicating their primary residence is elsewhere.

2. **Proof of Income.** Two (2) months most recent pay stubs or earnings statements showing the employees name, gross pay per pay period, deductions, and frequency of pay for every household member over 18 years old.

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. Sworn Affidavit certifying that you have paid your property taxes or
- D. A printout from the Miami Dade Property Appraisers web site

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.

## Residential 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
- 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. Naturalization papers 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.

## Residential 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).