



ETBRA ASSISTANCE SELF-CERTIFICATION OF INCOME

To Be Completed By Each Adult Household Member

Household Member _____ Local Government _____

Address _____ Phone# _____ Email _____

- 1. [] I hereby certify that I have been negatively impacted by the COVID-19 pandemic and am underemployed or unemployed.
2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):
Y N Wages from employment (including commissions, tips, bonuses, fees, etc.); \$ _____
Y N Net income from operation of a business; \$ _____
Y N Rental income from real or personal property; \$ _____
Y N Interest or dividends from assets; \$ _____
Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits; \$ _____
Y N Unemployment; \$ _____
Y N Disability payments; \$ _____
Y N Public assistance payments; \$ _____
Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household; \$ _____
Y N Sales from self-employed resources; \$ _____
Y N Any other source not named above; \$ _____
Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I will be using the following sources of funds to pay for rent and other necessities: _____

I certify my anticipated gross annual income for the next 12 months to be (Total of section 2): \$ _____.

I will inform local government staff if my income changes during the period when I am receiving assistance.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

Signature of Applicant _____ Printed Name of Applicant _____ Date _____

Witness _____ Witness _____

or

FOR AN OATH OR AFFIRMATION:
STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and described before me this ___ day of ____, 20 ____, by _____
(NOTARY SEAL) Signature _____
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____ Name of Notary (Typed, Printed, or Stamped) _____



NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

City of North Miami collects your social security numbers under the **CDBG**, **SHIP** and **HOME** program for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City of North Miami to give you this written statement explaining the purpose and authority for collecting your social security number.

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.7/2015)
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.7/2015)
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.7/2015)
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.7/2015)
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.7/2015)
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.7/2015)

_____ **Print Name**

Date: _____

_____ **Signature**



CONFLICT OF INTEREST DISCLOSURE

As a prospective applicant of the Emergency Repair Purchase Assistance Program

Rehabilitation Program TBRA ETBRA PAINT NSP EMAP Other in the City of North Miami, I understand that I must disclose my relationship with other persons who I may be associated with in the City of North Miami. I, therefore, attest to the following: Initial your answer

_____ I am not a current City of North Miami official, employee, board member, Commissioner, agent and/or other representative of the City.

_____ I am a current City of North Miami official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title _____

_____ I am a former City of North Miami official, employee, board member, Commissioner, agent and/or other representative of the City.

Position/Title _____

Date Employment/Term Ended _____

_____ To the best of my knowledge, I am not aware of any current City of North Miami official, employee, board member, commissioner, agent and/or other representative of the City who is related to me or with whom I am a business associate.

_____ I am related to or have a business relationship with a current City of North Miami official, employee, board member, commissioner, agent and/or other representative.

His/her name is _____

This person is associated with the City in the capacity as: _____

The relationship of the person is as follows:

___ Parent ___ Spouse ___ Immediate family ___ Business associate other _____

Applicant's Name (Print) Applicant's Signature Date

Applicant's Mailing Address

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false fictitious or fraudulent statement of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 8 years or both.

“WARNING: Florida Statue 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and it is punishable by fines and imprisonment provided under Florida Statute 775.082 or 775.083.



UNEMPLOYED APPLICANT'S AFFIDAVIT

I, _____ a co-applicant or a household member of a North Miami Housing Program, being of sound mind and legal age, state the following:

- 1. I have made an application for assistance from the City of North Miami's Housing Program.
2. Check (a) or (b) as applicable:
a. I AM NOT presently employed, BUT anticipate becoming employed within the next three months
b. I AM NOT presently employed and DO NOT anticipate becoming employed within the next three months.
c. I AGREE THAT I WILL REPORT ANY CHANGES REGARDING MY INCOME TO THE CITY OF NORTH MAIMI.
d. I AGREE TO PROVIDE DOCUMENTATION REGARDING MY EMPLOYMENT AND/OR SOURCE OF INCOME AT THE TIME OF RECERTIFICATION EVERY THREE MONTHS.
3. Based on my past work experience, skills, and income history as reflected in my income tax return for the most recent tax year (see attached copy) and with adjustments to reflect circumstances anticipated within the next twelve months, I expect to earn \$_____ per year when I become employed.
4. Under penalties of perjury, I declare that I have read the foregoing affidavit and the facts stated in it are true.

Affiant Signature

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by _____ who is personally known to me, or who has produced the following: _____ as identification and who did not take an oath.

Notary Public Signature

(NOTARY SEAL / STAMP)



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
776 NE 125 Street
North Miami, FL 33161

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.

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 775.83.



VERIFICATION OF: ASSETS ON DEPOSIT

TO: _____

ATTN: _____

Street Address: _____

City, State & Zip: _____

NAME OF APPLICANT: _____

AUTHORIZATION: State and Federal Regulations require us to verify Income from Assets of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

RETURN TO: City of North Miami, Attn: Housing & Social Services Department

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

_____ Date: _____

(Signature of Applicant)

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 775.83.



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

