

ELDERLY EMERGENCY REPAIR PROGRAM

Housing & Social Services Department
12300 NE 8th Avenue, North Miami, Florida 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 Department 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. Six (6) most recent bank statements
7. **Most recent Mortgage Statement**
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/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
 - 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, 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
 - b. 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
 - 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.

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.

ELDERLY EMERGENCY REPAIR PROGRAM

APPLICATION FOR ELDERLY EMERGENCY REPAIR PROGRAM

APPLICANT

First Name:	Last Name:	Middle Initial:
Address:		
City:	State:	Zip Code :
Home Phone Number:	Cell Phone Number:	Email:

SPOUSE / CO-APPLICANT

First Name:	Last Name:	Middle Initial:
Home Phone Number:	Cell Phone Number:	Email:

EMPLOYMENT INFORMATION: APPLICANT

Employee Name:	Employer Name:
Position:	Employer Email:
Address/Phone:	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	Pay Rate: \$

EMPLOYMENT INFORMATION: SPOUSE / CO-APPLICANT

Employee Name:	Employer Name:
Position:	Employer Email:
Address/Phone:	Year Employed:
Annual Income (gross salary, overtime, tips, bonuses, etc.) \$	Pay Rate: \$

ELDERLY EMERGENCY REPAIR PROGRAM

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

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.

ELDERLY EMERGENCY REPAIR PROGRAM

HOUSEHOLD INFORMATION

(Must include ALL household members.)

	Name	Date of Birth	Social Security Number	Relationship to Applicant
1				Applicant
2				
3				
4				
5				
6				
7				
8				

OTHER SOURCES OF INCOME

(For ALL household members 18 and over)

List employment, child support, alimony, social security pensions, unemployment and/or Workers Compensation, etc.

	Name	Wage/Salaries Include Tips, Commission And Bonuses	Benefits, Pensions	Public Assistance	Other Income	Annual Income
1						
2						
3						
4						
5						

MORTGAGE INFORMATION

1 st Mortgage Lender: _____ Lender Phone Number: _____	Loan No.: _____ Payment Amount: _____ Next payment due date: _____
2 nd Mortgage Lender: _____ Lender Phone Number: _____	Loan No.: _____ Payment Amount: _____ Next payment due date: _____

PROPERTY INSURANCE NOTE: Agent can fax copy of policy **Declarations** page to **786-358-6060** – Attn: Housing Division

Homeowners Insurance: Y N Flood Insurance: Y N Windstorm Insurance Y N

ELDERLY EMERGENCY REPAIR PROGRAM

IMPORTANT INFORMATION

1. Does your property have more than one living unit? Yes No
2. Is there any code violation on your property? Yes No
3. Do you or your co-applicant have any liens with the City of North Miami? Yes No

If you answered "YES" to Question 1, your property is not eligible for assistance.

If you answered "YES" to Question 2, attach a copy of the code violation.

If the answer is "YES" to Question 3, your property may not be eligible for funding under this Program

AVERAGE MONTHLY HOUSEHOLD EXPENSES: (FOR EVERYONE IN YOUR HOME WHO PAYS THE FOLLOWING)

Water: \$	Phone: \$	Car Payments: \$	Debt: \$
Cell Phones: \$	Cable TV: \$	FPL: \$	Car Insurance: \$
Mortgages: \$	Other: \$ (Please provide details below)		

3. Have you recently filed a claim with your insurance carrier? Yes No
 Have you filed a claim with FEMA Yes No
If yes, do you expect to receive a check for damages and/or repairs? Yes No

Applicant

Marital Status: Single Married Widow/Widower Divorced Separated
 Citizen / Resident Alien: Yes No
 Sex: Male Female

Spouse / Co-applicant

Marital Status: Single Married Widow/Widower Divorced Separated
 Citizen / Resident Alien: Yes No
 Sex: Male Female

ELDERLY EMERGENCY REPAIR PROGRAM

Participation Data –FY 2022-2023

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. **Head of Household:** Are you the head of the household? Yes No
2. Have you recently filed a claim with your insurance carrier? Yes No
If yes, do you expect to receive a check for damages and/or repairs? Yes No

3. **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.

1	<input type="checkbox"/> \$20,500 or less (ELI)	<input type="checkbox"/> \$34,150 or less (VLI)	<input type="checkbox"/> \$54,600 or less (LI)
2	<input type="checkbox"/> \$23,400 or less	<input type="checkbox"/> \$39,000 or less	<input type="checkbox"/> \$62,400 or less
3	<input type="checkbox"/> \$26,350 or less	<input type="checkbox"/> \$43,900 or less	<input type="checkbox"/> \$70,200 or less
4	<input type="checkbox"/> \$29,250 or less	<input type="checkbox"/> \$48,750 or less	<input type="checkbox"/> \$78,000 or less
5	<input type="checkbox"/> \$32,470 or less	<input type="checkbox"/> \$52,650 or less	<input type="checkbox"/> \$84,250 or less
6	<input type="checkbox"/> \$37,190 or less	<input type="checkbox"/> \$56,550 or less	<input type="checkbox"/> \$90,500 or less
7	<input type="checkbox"/> \$41,910 or less	<input type="checkbox"/> \$60,450 or less	<input type="checkbox"/> \$96,750 or less
8 or more	<input type="checkbox"/> \$46,630 or less	<input type="checkbox"/> \$64,350 or less	<input type="checkbox"/> \$103,000 or less

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

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

- Unemployment General Assistance /Welfare Social Security
- Food Stamps Medic-Aid Other: _____

ELDERLY EMERGENCY REPAIR PROGRAM

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

ELDERLY EMERGENCY REPAIR PROGRAM

CONFLICT OF INTEREST DISCLOSURE

As a prospective applicant of the Elderly Emergency Repair 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 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 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 it is punishable by fines and imprisonment provided under Florida Statute 775.082 or 775.083.

**ELDERLY EMERGENCY REPAIR PROGRAM
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 (a) or (b) as applicable:**
 - 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)

ELDERLY EMERGENCY REPAIR PROGRAM

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 & Social Services
 12300 NE 8th Avenue
 North Miami, FL 33161
 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: _____

ELDERLY EMERGENCY REPAIR PROGRAM

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.

ELDERLY EMERGENCY REPAIR PROGRAM

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 & Social Services
12300 NE 8th Avenue
North Miami, FL 33161
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: _____

ELDERLY EMERGENCY REPAIR PROGRAM

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
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Co-Applicant’s Name	Co- Applicant’s Signature	Date
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ELDERLY EMERGENCY REPAIR PROGRAM

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.