

## PROGRAM OVERVIEW

The City of North Miami (“City”) offers assistance on a first-come, first-served basis (while funding is available) to first-time homebuyers. Funding is provided by the U.S. Department of Housing and Urban Development (“HUD”) through the Home Investment Partnerships Program (“HOME”) Program (**up to \$40,000**) and by the State of Florida through the State Housing Initiatives Partnership (“SHIP”) Program (**up to \$25,000**) which can be used to “fill the gap” or subsidize the difference between the price of the house to be purchased and the amount of the private sector mortgage that the buyer can afford along with their available funds for down payment and/or closing cost. The amount of HOME or SHIP funding received per applicant will be based upon their needs and ability to repay a private lender loan.

### Eligible Properties:

- Single Family Residences; townhomes, condominiums
- Property must be located in the City of North Miami; You can search property addresses by using the County Property Appraiser’s website at [www.miamidade.gov/Apps/PA/propertysearch](http://www.miamidade.gov/Apps/PA/propertysearch). If your property is in the City of North Miami, the **folio number will begin with "06"**.
- Property must meet Housing Quality Standards as per HUD.

### Eligible Buyers:

- Must not have owned a home in the past 3 years;
- Household income less than or equal to 80% of the area median income adjusted for family size. [View income chart](#).
- Must be able to afford a monthly payment based on income and debt.
- Must have sufficient funds available to cover 3% of the total purchase price for the property.

Maximum Sales Price of the Home: \$370,000

Prospective homebuyer will also be required to attend an 8-hour Homebuyer Education Workshop and obtain a certificate of completion which will be valid for 1 year from the date of completion. You may contact one of the following agencies to get more information on date and time of workshops or visit HUD.gov website for other HUD approved agencies.

- |                                       |          |                |
|---------------------------------------|----------|----------------|
| 1. Experts Resources Community Center | Phone #: | (305) 652-7616 |
| 2. Haitian American CDC               | Phone #: | (786) 230-3782 |

Income eligible households are offered financing in the form of a zero interest forgivable deferred loan and assisted units are required to meet the affordability period requirements of **seven (7) years** for the **SHIP** program or **up to fifteen (15) years** for the **HOME** Program.

# 1<sup>st</sup> Time Homebuyer Assistance

**Housing & Social Services Department**  
12300 NE 8<sup>th</sup> 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)**

### **Documents to be provided by Applicant**

- Application for Homebuyer Assistance.
- Proof of income: pay stubs (last 60 days); Award Letter (Social Security, Pension or Public Assistance, Veteran's Benefits); child Support, SSI income may be subject to Federal restrictions, which may limit their use) 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
- Verification of applicant's funds available for minimum down payment contribution
- Income Tax returns for the past two (2) years
- Bank statements for the last six (6) months
- Rent verification (canceled rental payment checks or letter from landlord)
- Sales contract
- Certificate of Completion: Homebuyer Counseling Workshop
- Copy of Social Security card for all adult (18 years and older) household members
- Copy of State issued ID cards or Birth Certificates for all members of the household

### **Documents to be provided by Lender**

- Registration Letter
- Uniform Residential Loan Application (URLA 1003) properly signed by the applicant(s)
- Uniform Underwriting and Transmittal Summary (form 1008)
- Good Faith Estimate and Truth in Lending forms (signed)
- Credit report
- Verification of Employment (VOE) - required
- Affordability Study
- Commitment Letter from all lenders
- Copy of Property Appraisal
- Subordinate Commitment Letters to be received within 30 days of the City's Conditional Approval.

**Note:** Be sure to bring in the above documentation for each household member as stated. ALL documentation must be submitted with application. Incomplete applications will not be accepted.

# 1<sup>st</sup> Time Homebuyer Assistance

## APPLICATION FOR 1<sup>ST</sup> TIME HOMEBUYER ASSISTANCE

### APPLICANT

First Name:	Last Name:	Middle Initial
Address:		
City:	State:	Zip Code:
Phone Number:	Email:	Social Security:

### SPOUSE / CO-APPLICANT

First Name:	Last Name:	Middle Initial
Phone Number:	Email:	Social Security:

### 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: \$

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## 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.

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

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## 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						

### 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

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## 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	<input type="checkbox"/> \$34,150 or less	<input type="checkbox"/> \$54,600 or less
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: \_\_\_\_\_



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## 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
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

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

**Date:** \_\_\_\_\_

\_\_\_\_\_ **Signature**

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## CONFLICT OF INTEREST DISCLOSURE

*As a prospective applicant of the  1<sup>st</sup> Time Homebuyer Assistance Program 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 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.



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## 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 SEAL / STAMP)**

\_\_\_\_\_  
**Notary Public Signature**



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## 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 8<sup>th</sup> 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: \_\_\_\_\_



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## 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.

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## 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.

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<b>Applicant’s Name</b>	<b>Applicant’s Signature</b>	<b>Date</b>
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<b>Co-Applicant’s Name</b>	<b>Co- Applicant’s Signature</b>	<b>Date</b>
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