

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 \$40,000**) 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 closing cost. The HOME or SHIP funding received per applicant will be based on their needs and ability to repay a private lender loan.

Eligible Properties:

- Single Family Residences; townhomes, condominiums
- The property must be located in the City of North Miami. You can search property addresses using the County Property Appraiser’s website at 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 three years;
- Household income less than or equal to 80% of the area median income adjusted for family size using HOME Funds. If using SHIP Funds, income less than or equal to 140% of the area median Income
- 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 (HOME): \$415,000

Maximum Sales Price (SHIP): \$460,000

Prospective homebuyers will also be required to attend an 8-hour Homebuyer Education Workshop. This comprehensive workshop is designed to equip you with the knowledge and skills necessary for successful homeownership. Upon completion, you will obtain a certificate of completion, valid for one (1) year from the completion date. You may contact one of the following agencies for more information on the date and time of workshops or visit the 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 through a zero-interest forgivable deferred loan. 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.

1st Time Homebuyer Assistance

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)

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/bookkeeper'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 the 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 / provide the above documentation for each household member as stated. ALL documentation must be submitted with the application. Incomplete applications will not be accepted.

1st Time Homebuyer Assistance

APPLICATION FOR 1ST 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: \$

1st Time Homebuyer Assistance

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"/> 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
<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.	

1st Time Homebuyer Assistance

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

1st Time Homebuyer Assistance

Participation Data –FY 2024-2025

The U.S. Department of Housing and Urban Development (HUD) funds the service being provided to you. HUD monitors the City as to the income and ethnicity of program participants. As HUD requires, the requested information is only for monitoring and auditing purposes 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"/> \$23,850 or less	<input type="checkbox"/> \$39,750 or less	<input type="checkbox"/> \$63,550 or less	<input type="checkbox"/> \$95,400 or less
2	<input type="checkbox"/> \$27,250 or less	<input type="checkbox"/> \$45,400 or less	<input type="checkbox"/> \$72,650 or less	<input type="checkbox"/> \$108,960 or less
3	<input type="checkbox"/> \$30,650 or less	<input type="checkbox"/> \$51,050 or less	<input type="checkbox"/> \$81,700 or less	<input type="checkbox"/> \$122,520 or less
4	<input type="checkbox"/> \$34,050 or less	<input type="checkbox"/> \$56,750 or less	<input type="checkbox"/> \$90,800 or less	<input type="checkbox"/> \$136,200 or less
5	<input type="checkbox"/> \$36,800 or less	<input type="checkbox"/> \$61,300 or less	<input type="checkbox"/> \$98,100 or less	<input type="checkbox"/> \$147,120 or less
6	<input type="checkbox"/> \$41,960 or less	<input type="checkbox"/> \$65,850 or less	<input type="checkbox"/> \$105,350 or less	<input type="checkbox"/> \$158,040 or less
7	<input type="checkbox"/> \$47,340 or less	<input type="checkbox"/> \$70,400 or less	<input type="checkbox"/> \$112,600 or less	<input type="checkbox"/> \$168,960 or less
8 or more	<input type="checkbox"/> \$52,720 or less	<input type="checkbox"/> \$74,950 or less	<input type="checkbox"/> \$119,900 or less	<input type="checkbox"/> \$179,880 or less

☐ Check here if your income does not fall within any of the income ranges corresponding to 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: _____

1st Time Homebuyer Assistance

NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

The City of North Miami collects your social security numbers under the CDBG, HOME, and SHIP programs 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

1st Time Homebuyer Assistance

CONFLICT OF INTEREST DISCLOSURE

As a prospective applicant of the ☐ 1st Time Homebuyer Assistance Program

I understand that I must disclose my relationship with others 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.

1st Time Homebuyer Assistance

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.
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.**
2. 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.
3. Under penalties of perjury, I declare that I have read the foregoing affidavit and that 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

1st Time Homebuyer Assistance

VERIFICATION OF: EMPLOYMENT

TO: _____

ATTENTION: _____

Street Address: _____

City, State & Zip: _____

(APPLICANT INFORMATION)

Name of Applicant: _____

AUTHORIZATION: State and Federal Regulations require us to verify the Employment Income of all members of the household applying for assistance. We ask for 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

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 the 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 the past 12 mos. \$ _____

Total Overtime Earnings for the past 12 mos. \$ _____

Probability & Expected Date of Any Pay Increase: _____

Does the Employee have access to a 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 775.083.

1st Time Homebuyer Assistance

VERIFICATION OF ASSETS ON DEPOSIT

TO: _____

ATTN: _____

Street Address: _____

City, State & Zip: _____

NAME OF APPLICANT: _____

AUTHORIZATION: State and Federal Regulations require us to verify the Income from Assets of all members of the household applying for assistance. We ask for 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.

1st Time Homebuyer Assistance

AUTHORIZATION TO VERIFY INFORMATION

This is an authorization for the City of North Miami to verify previous or current information regarding me/us. The undersigned specifically acknowledge(s) that (1) the City of North Miami may make verification or re-verification of any information contained in this application 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 this application's intent is for pre-qualifying only and does not guarantee acceptance or approval. No commitment is hereby made by 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 that 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 authorized to verify any of the above information and inspect the property before 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

The agency collecting it or its assignees will use this information to determine 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 the 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

1st Time Homebuyer Assistance

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize _____ to release, without liability, information regarding my employment, income, and/or assets to the 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 are 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

Banks, Financial or Retirement Institutions

State Unemployment Agency

Welfare Agency

Alimony/Child Support Providers

Social Security Administration

Veteran's Administration

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

Signature of Co-Applicant

Printed Name

Date

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.