



**CITY OF MIAMI GARDENS**  
**DEPARTMENT OF COMMUNITY DEVELOPMENT**  
**CDBG 2009-2010 Housing Rehabilitation Program**  
**1515 N.W. 167 Street, Bldg. 4, Miami Gardens, FL 33169**  
**Phone: (305) 622-8041**

**APPLICANT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address \_\_\_\_\_ Apt # ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**CO-APPLICANT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Relation to Applicant \_\_\_\_\_

|   | <b>Applicant</b>   | <b>Co-Applicant</b>                                      |
|---|--|--|
| Are you the only registered owner of the home?      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you officially disabled, receiving SSI?         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have a mortgage on the home?                 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are your mortgage payments current?                 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are your Real Estate Taxes paid for all past years? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have homeowner's insurance coverage?         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you declared bankruptcy in the last 2 years?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you a U.S. Citizen or Resident Alien?           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you listed as the owner of any other property?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does your home have iron security bars?             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If so, are you willing to remove if required?       | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**REPAIRS NEEDED**

Roofing  Windows  Shutters  Electrical  Plumbing

List any others: \_\_\_\_\_

**HOUSEHOLD INFORMATION AND ASSETS**

Include the names of all household members, including minors.

|              | Name | Date of Birth | Social Security Number | Relationship to Applicant | Total Cash Value of Assets |
|--------------|------|---------------|------------------------|---------------------------|----------------------------|
| 1            |      |               |                        | Applicant                 |                            |
| 2            |      |               |                        |                           |                            |
| 3            |      |               |                        |                           |                            |
| 4            |      |               |                        |                           |                            |
| 5            |      |               |                        |                           |                            |
| 6            |      |               |                        |                           |                            |
| 7            |      |               |                        |                           |                            |
| 8            |      |               |                        |                           |                            |
| <b>Total</b> |      |               |                        |                           |                            |

**TOTAL ANNUAL HOUSEHOLD INCOME**

|              | Name | Wages/ Salaries include Tips, Commission and Bonuses | Pensions/ Benefits | SSA/SSI | Other Income | Total Annual Income |
|--------------|------|--|--------------------|---------|--------------|---------------------|
| 1            |      |  |                    |         |              |                     |
| 2            |      |  |                    |         |              |                     |
| 3            |      |  |                    |         |              |                     |
| 4            |      |  |                    |         |              |                     |
| 5            |      |  |                    |         |              |                     |
| 6            |      |  |                    |         |              |                     |
| 7            |      |  |                    |         |              |                     |
| 8            |      |  |                    |         |              |                     |
| <b>Total</b> |      |  |                    |         |              |                     |

*I hereby authorize the City of Miami Gardens to verify my past and present employment records, bank statements, stock holdings and any other asset balances that are needed to process this application. I further authorize the City to order a consumer credit report and verify other credit information. It is understood that a copy of this form will also serve as authorization. The information obtained herein is only used to ascertain your eligibility to receive housing rehabilitation assistance. This application and any documents collected or completed to support this application will remain property of the City of Miami Gardens.*

**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

\_\_\_\_\_  
Print Name of Applicant

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Co-Applicant

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

\_\_\_\_\_  
Date



**CITY OF MIAMI GARDENS  
DEPARTMENT OF COMMUNITY DEVELOPMENT  
CDBG 2009-2010 Housing Rehabilitation Program  
Disclosure Form**

Please read and initial the following statements as they pertain to the program for which you are applying.

\_\_\_\_\_ The 2009-2010 CDBG Housing Rehabilitation Program provides assistance to homeowners whose total household income does not exceed 80% of Area Median Income per household size.

| <b>Household Size</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> |
|-----------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Maximum Income</b> | \$37,750 | \$43,100 | \$48,500 | \$53,900 | \$58,200 | \$62,500 | \$66,850 | \$71,150 |

\_\_\_\_\_ Assistance will be provided in the amount of up to \$35,000.00. If the total amount of work performed is less than this amount, no refunds or credit is given as this amount is used as maximum amount only.

\_\_\_\_\_ Assistance will be provided in a first-come, first-served, first-ready order, with priority being given to the elderly and disabled.

\_\_\_\_\_ A program sign will be placed at each property throughout the duration of program participation, approximately 4 months.

\_\_\_\_\_ The work to be performed will include the remedy of building code violations, and could include some City code violations. Not all City code violations can be addressed by this program.

\_\_\_\_\_ This is not a beautification program; repairs will not be made for remodeling or renovating purposes.

\_\_\_\_\_ The program will address issues that affect the health, safety and sanitary conditions of the home.

\_\_\_\_\_ This assistance is provided as a forgivable loan, and is secured by a mortgage being recorded on the property.

\_\_\_\_\_ Homeowners must be current with their mortgage, real estate taxes and any other debt provided by the City, State or Federal government.

\_\_\_\_\_ To participate, homeowners must have homeowner's insurance coverage which will also cover the City's mortgage.

\_\_\_\_\_ The work will be performed by an insured and licensed contractor selected through a formal bidding process. The lowest responsible bidder will be awarded the project.

\_\_\_\_\_ Homeowners will be required to provide reasonable access to the home throughout the week and during regular business hours to Staff, Inspectors and Contractors.

This program is subject to funding availability. The Department of Community Development reserves the right to modify or terminate this program as it deems necessary. This program is administered utilizing the Housing Program Policies as approved by the City of Miami Gardens Mayor and City Council.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date