



**CITY OF MIAMI GARDENS
FLORIDA HOMEBUYER OPPORTUNITY PROGRAM**

PROPERTY TO BE PURCHASED

Address: _____ City: **Miami Gardens** State: **FL** Zip: _____
(Property must be located in the City of Miami Gardens.)

APPLICANT

Last Name _____ First Name _____ Middle Initial: _____

Address _____ Apt # () _____

City _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Monthly Income: _____

Employer Address: _____ Date Of Employment: _____

CO-APPLICANT

Last Name _____ First Name _____ Middle Initial: _____

Address _____ Apt # () _____

City _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Monthly Income: _____

Employer Address: _____ Date Of Employment: _____

	Applicant	Co-Applicant
Have you owned a home in the last 3 years?	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"/>
Will the property being purchased be your primary residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you attended an 8-Hour Approved Homebuyer Course?	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"/>
Are you in default with the City, County or Federal Loan or Assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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					
Total					

TOTAL ANNUAL HOUSEHOLD INCOME

	Name	Wages/ Salaries include Tips, Commission and Bonuses	Benefits, Pensions	Public Assistance	Other Income	Total Annual Income
1						
2						
3						
4						
5						
6						
7						
8						
Total						

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 consumer credit report and verify other credit information, including past and present landlord references. It is understood that a copy of this form will also serve as authorization. The information obtained here is only used to ascertain your eligibility to receive down payment and closing cost assistance.

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



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The Department of Community Development underwriting guidelines are based on CDBG and/or SHIP Funding. The first mortgage lender must submit the following information to the Department of Community Development within 2 weeks from the confirmed reservation of funds.

Applicant: _____

Completed Homeownership Assistance Application – Signed Original	
1003 Completed Signed Application	
1008 Transmittal Form	
Good Faith Estimate of Settlement Costs	
Appraisal Long Form – Acceptable Electronic Color Copy	
Last year tax returns including all documents	
Proof of Applicants \$500.00 Minimum Contribution (include copy of cancelled check(s) or money order or escrow letter)	
Certificate of Completion of Homebuyers Counseling Course	
Tri-merged Credit Report	
Fully Executed Sales Contract with at least 20 days remaining before expiring	
Authorization to Release Information – Signed by Applicant	
Third Party Verification of Employment – Signed by the Applicant	
Copy of Most Recent Tax Return and all Schedules	
Third Party Verification of Asset Income – Signed by Applicant	
Picture ID (i.e., Driver License, Employment ID, etc) from all adult household members	
Social Security Cards from all household members	
Birth Certificate(s) for Dependent(s), Letter confirming guardianship/adoption (if applicable) and School Records disclosing students address.	
Proof of Legal Residence: Resident Alien Card, INS Employment Authorization, or an I-94 which applies to Cuban Citizens only.	
If applicable: Award letters for all other income: Social Security Pension/Retirement, SSI, Welfare or Disability.	
If applicable: Divorce Decree and Property Settlement Agreement;	
If applicable: Proof of receipt of child support for the prior 12 consecutive months; Provide proof of non-receipt from the Department of Revenue, Child Support Enforcement Office and/or evidence “good faith” effort to collect in order to avoid inclusion in annual income figure. Third Party Verification of Regular Cash Contribution Letter for non-court ordered child support.	
Conflict of Interest Disclosure – Signed by Applicant	
Commitment Letter from Lender	
Commitment Letter from Agency or Agencies Providing Subsidy	