



CITY OF MIAMI GARDENS
DEPARTMENT OF COMMUNITY DEVELOPMENT
2012-2013 Housing Rehabilitation Program
1515 N.W. 167 Street, Bldg. 5, Suite 200, 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 _____ Work/Cell Phone: _____

	Applicant	Co-Applicant
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 Exterior Doors Shutters Existing Central A/C Unit Insulation

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	Pensions/ Benefits	SSA/SSI	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 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
2012-2013 Housing Rehabilitation Program
Disclosure Form**

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

_____ The 2012-2013 Housing Rehabilitation Program provides assistance to homeowners whose total household income does not exceed 80% of Area Median Income per household size.

Household Size	1	2	3	4	5	6	7	8
Maximum Income	\$36,750	\$42,000	\$47,250	\$52,500	\$56,700	\$60,900	\$65,100	\$69,300

_____ Assistance will be provided in the amount of up to \$15,000.00. 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.

_____ 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.

_____ The work will be performed by an insured and licensed contractor selected through a formal bidding process. The work will be performed on a rotating basis.

_____ 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