

Please complete the form in its entirety.

Applicant			Co-Applicant		
Name: First	Middle	Last	Name: First	Middle	Last
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Home Telephone	Work Telephone	Cellular Telephone	Home Telephone	Work Telephone	Cellular Telephone
Social Security Number:		Date of Birth (MM/DD/YYYY):	Social Security Number:		Date of Birth (MM/DD/YYYY):
E-Mail Address			E-Mail Address		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership		Legal Status <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> US Citizen	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership		Legal Status <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> US Citizen
Emergency Contact		Relationship	Emergency Contact Telephone		Emergency Contact Email
Total Number of People in Household	Year Home Purchased		First Mortgage Holder	Second Mortgage Holder	

Children & Others in Household			
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant
Name	Date of Birth	Social Security Number	Relation to Applicant

Income Verification

Applicant			Co-Applicant		
Name: First	Middle	Last	Name: First	Middle	Last

Income Source(s) – Provide all that apply	Income Source(s) – Provide all that apply
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Please ensure to provide information for all income sources for each adult member of the household.

Employment	Source(s)	Annual Income	Employment	Source(s)	Annual Income
Retirement/Pension	Source(s)	Annual Income	Retirement/Pension	Source(s)	Annual Income
Disability	Source(s)	Annual Income	Disability	Source(s)	Annual Income
Other	Source(s)	Annual Income	Other	Source(s)	Annual Income
Total Annual Income:		\$	Total Annual Income:		\$

Additional Household Member #1			Additional Household Member #2		
Name: First	Middle	Last	Name: First	Middle	Last
Income Source(s) – Provide all that apply		Income Source(s) – Provide all that apply			
Employment	Source(s)	Annual Income	Employment	Source(s)	Annual Income
Retirement/Pension	Source(s)	Annual Income	Retirement/Pension	Source(s)	Annual Income
Disability	Source(s)	Annual Income	Disability	Source(s)	Annual Income
Other	Source(s)	Annual Income	Other	Source(s)	Annual Income
Total Annual Income:		\$	Total Annual Income:		\$

Additional Household Member #3			Additional Household Member #4		
Name: First	Middle	Last	Name: First	Middle	Last
Income Source(s) – Provide all that apply		Income Source(s) – Provide all that apply			
Employment	Source(s)	Annual Income	Employment	Source(s)	Annual Income
Retirement/Pension	Source(s)	Annual Income	Retirement/Pension	Source(s)	Annual Income
Disability	Source(s)	Annual Income	Disability	Source(s)	Annual Income
Other	Source(s)	Annual Income	Other	Source(s)	Annual Income
Total Annual Income:		\$	Total Annual Income:		\$

Financial Assets

Property Address	City	State

Please provide the total income for members in your household.

TOTAL HOUSEHOLD INCOME	\$
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1 – Please list all sources of income for all adult household members including disability, pensions, etc.

Your household income must not exceed the guidelines noted below in order to be screened for eligibility.

Percentage Category	1- Person	2- Person	3- Person	4 - Person	5 - Person	6-Person	7-Person	8-Person
Extremely Low- Income Limits (30%)	\$19,000	\$21,700	\$24,400	\$27,100	\$31,040	\$35,580	\$40,120	\$44,660
Very Low- Income (50%)	\$31,650	\$36,200	\$40,700	\$45,200	\$48,850	\$52,450	\$56,050	\$59,700
60% Limit	\$37,980	\$43,440	\$48,840	\$54,240	\$58,620	\$62,940	\$67,260	\$71,640
Low-Income (80%)	\$50,650	\$57,850	\$65,100	\$72,300	\$78,100	\$83,900	\$89,700	\$95,450
Moderate Income- (120%)	\$75,960	\$86,880	\$97,680	\$108,480	\$117,240	\$125,880	\$134,520	\$143,280

Applicant Questionnaire			
	Yes	No	N/A
Are you, the co-applicant or any member of your family a City of Miami Beach employee?			
Are you and the co-applicant a first-time homebuyer?			
Are all people who will be living with you listed in your household?			
Do you or the co-applicant have any outstanding unpaid judgments?			
Have you or the co-applicant declared bankruptcy in the last seven (7) years?			
Are you or the co-applicant a party to a current lawsuit?			
Are you and the co-applicant delinquent on mortgage payments?			
Is there a second mortgage on your property?			
Are you and the co-applicant delinquent on any utilities bills?			
Are you and the co-applicant delinquent on property taxes?			
Are there any liens currently on your property?			
Are you and the co-applicant delinquent on property insurance payments?			
Do you and the co-applicant pay for flood insurance?			
Is your home the primary residence for you and co-applicant?			
Do you receive income from renting/sub-letting your home?			
Do you intend to reside in this property for the next 15 years?			

If any reply above is in a shaded box, please provide a detailed explanation on next page.

Please indicate the scope of repair work or rehabilitation you seek for your property:

- | | |
|--|--|
| <input type="checkbox"/> Painting (interior and/or exterior) | <input type="checkbox"/> Floor Replacement (carpet, tile, etc.) |
| <input type="checkbox"/> Kitchen Upgrade (including appliances) | <input type="checkbox"/> Kitchen Upgrade (excluding appliances) |
| <input type="checkbox"/> Central Air Conditioning Unit Replacement | <input type="checkbox"/> ADA Modifications (exterior or interior) |
| <input type="checkbox"/> Roof Repair | <input type="checkbox"/> General Remodeling (including demolition) |
| <input type="checkbox"/> Bathroom Upgrade | <input type="checkbox"/> Other: |

Please provide a brief description of work you would like completed with assistance funds:

Please attach copies of the following documents:

- Property deed and mortgage documents
- Verification of homeowner insurance
- Homeowner(s) valid, state-issued photo identification
- Homeowner(s) Social Security card(s)
- Social Security card(s) for additional household member(s), if applicable
- Homeowner(s) proof of income (i.e. pay stubs, direct deposit slips, SSA benefits letter, etc.)
- Proof of income for additional adult household member(s), if applicable
- Copies of prior six (6) months' bank statements for all accounts
- Copies of six (6) months' electricity (FPL) utility bill
- Copies of six (6) months' expenses
- Letter of good standing with the association

Applicant(s) Certification

CONFLICT OF INTEREST ACKNOWLEDGEMENT: In accordance with 24 CFR 570.611, applicants can be denied participation in the City's programs if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official, an appointed official of the City of Miami Beach or its sub-recipients and if within the past 12 months, any of the following three (3) statements applies to any of the applicants:

1. Exercises or has exercised any functions or responsibilities with respect to funds for this program.
2. Participates or has participated in the decision-making process related to funds for this program.
3. Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of government who exercises any functions or responsibilities with respect to the City's programs.

Please initial acceptance of **Conflict of Interest** provision above:

Applicant's Initials: _____

Co-Applicant's Initials: _____

I/We hereby certify that all of the information furnished when applying for this program is true and correct to the best of my/our knowledge. Should it be found that I/we willfully falsified any information upon which eligibility was determined, this application shall be null and void and I/we shall return any sums spent by the City of Miami Beach on me or my property including any legal fees and administrative cost incurred by the City of Miami Beach.

I/We note further that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.083. I certify that the application information provided is true and complete to the best of my knowledge.

Applicant Signature

Co-Applicant Signature

Date

Date

NOTE: All applicant files and income documentation is subject to public review in accordance with Florida's public records law, Chapter 119, Florida Statutes.



THE CITY OF MIAMI BEACH PROVIDES EQUAL ACCESS AND EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES AND DOES NOT DISCRIMINATE ON THE BASIS OF RELIGION, CREED, RACE, SEX, COLOR, NATIONAL ORIGIN, AGE, FAMILIAR STATUS, SEXUAL ORIENTATION OR DISABILITY.

City of Miami Beach Use Only		
Date of Receipt	Attachments Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Reviewing
Documents Received: <input type="checkbox"/> Property deed and mortgage documents <input type="checkbox"/> Homeowner(s) valid, state-issued photo identification <input type="checkbox"/> Homeowner(s) Social Security card(s) <input type="checkbox"/> Social Security card(s) for additional household member(s), if applicable <input type="checkbox"/> Homeowner(s) proof of income (i.e. pay stubs, direct deposit slips, SSA benefits letter, etc.) <input type="checkbox"/> Proof of income for additional adult household member(s), if applicable <input type="checkbox"/> Copies of prior six (6) months' bank statements for all accounts <input type="checkbox"/> Copies of six (6) months' electricity (FPL) utility bill		
File Review Comments		
Forwarded for Award Review <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Forward

City of Miami Beach Use Only

Date of Receipt	Attachments Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Reviewing	
Scope of Work Approved:			
Contractor Approved	Amount Approved	Date of Approval	Expected Completion Date

Project History

Date of Completed Application		Staff Signature:
Date of Award Letter		Staff Signature:
Date Scope of Work Approved		Staff Signature:
Date of Bid Issuance		Staff Signature:
Date of Bid Opening		Staff Signature:
Date Contractor Contract		Staff Signature:
Date Building Permits Obtained		Staff Signature:
Date of First Inspection		Staff Signature:
Date of Final Inspection		Staff Signature:
Date of Check Completion		Staff Signature:
Date File Closed		Staff Signature: