



City of Miami
Department of Housing & Community Development
Application for Single Family Programs

If you wish to apply for any of the following programs, please use the attached application.

- Single Family Rehabilitation Program
- Single Family Emergency Rehabilitation Program
- Replacement Home Program



Snapshot of Single Family Rehabilitation Program Guidelines

Income Limits: Current year's income limits may be downloaded from:
www.miamigov.com/communitydevelopment

2018 – Income Limits								
Household Size	1	2	3	4	5	6	7	8
80% of Median Income	\$44,100	\$50,400	\$56,700	\$62,950	\$68,000	\$73,050	\$78,100	\$83,100

Eligible Properties:

- Single Family Residences (one unit);
- Townhomes;
- Condominiums;
- Property must be located in the City of Miami;

Eligible Repairs: All repairs necessary to bring the house to a decent, safe and sanitary condition. The following are the eligible trade areas: plumbing, electrical, roofing & structural. In accordance to the City of Miami Single-Family Programs Policy & Procedures Manual, the single-family rehabilitation program does not finance additions to existing buildings or projects that require a change to the Certificate of Occupancy.

Eligible Owners:

- Household income less than or equal to 80% of the area median income adjusted for family size.
- Must be able to afford a monthly payment based on income and debt;

Maximum Tax Assessed Market Value: Property must not exceed the maximum tax assessed market value of \$300,000 for the home to qualify.

Loan Terms:

- Amount of Assistance: Up to \$50,000;
- 3% non-amortizing;
- Deferred payment 10-year loan;
- Payment of principal and accrued interest will be forgiven at end of the loan term if the homeowner continues to own and reside in the property.

Underwriting Ratios: 60% total debt to income ration. 150% combined loan to value ration.

Security: The loan will be secured by a second mortgage on the property.

Other Restrictions: Applicant must reside in purchased unit at all times. All principal and accrued interest will be due at sale, transfer of property or if the unit ceases to be the main residence of the applicant. In the case of refinancing, the City Manager or his/her designee will determine the amount that has to be paid on such refinancing.

Applications should be mailed to:
Attn: Single Family Programs
City of Miami, Dept. of Housing & Community Development
14 NE 1 Ave., Second Floor
Miami, FL 33132



Department of
**Housing
& Community
Development**
City of Miami

**Department of Housing & Community Development
Application for Single Family Programs**

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I. PROPERTY INFORMATION

Subject Property Address (street, city, state & ZIP)

Commission District

APPLICANT

II. APPLICANT INFORMATION

CO-APPLICANT

Applicant's Name (First Name, Middle Initial, Last Name)

Co-Applicant's Name (First Name, Middle Initial, Last Name)

Applicant's Address (street, city, state & ZIP)

Co-Applicant's Address (street, city, state & ZIP)

Home Phone (include area code)

Work Phone (include area code)

Home Phone (include area code)

Work Phone (include area code)

III. OTHER INFORMATION

1. Does your property have more than one living unit? YES NO
2. Is there any code violation on your property? YES NO
3. Have you or your co-applicant declared bankruptcy in the last 2 years? YES NO
4. Do you or your co-applicant owe the City of Miami? YES NO

If you answered "YES" to question (1), your property is not eligible for assistance.

If you answered "YES" to question (2), attach a copy of the code violation letter.

Enter the names of all household members, including minors (i.e., bank and investment accounts)

IV. HOUSEHOLD INFORMATION

	Name	Date of Birth	SSN	Relationship to Applicant	Total Cash Value of Assets
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
Total					\$



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VI. ANNUAL HOUSEHOLD INCOME						
	Name	Wages/ Salary**	Benefits/ Pensions	Public Assistance	Other Income	Annual Income
1		\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$
4		\$	\$	\$	\$	\$
5		\$	\$	\$	\$	\$
6		\$	\$	\$	\$	\$
7		\$	\$	\$	\$	\$
Total		\$	\$	\$	\$	\$

** include tips, commissions, & bonuses

Disclosure of Information for Income Verification

I hereby authorize the City of Miami 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 reports 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 my eligibility to receive rehabilitation funds from the City of Miami.

I further irrevocably grant to the City of Miami, its assigns and successors, my consent and full right to, use my name, photograph, likeness, image, voice, and biography in any and all media, publications, advertising, and publicity, in connection with my participation any City funded program and any program related activity or project.

I certify that (i) neither I, the applicant, or the co-applicant is employed by the City of Miami or by any agency/ developer which built the "Subject Property" in this application utilizing funds provided by the City of Miami, and that (ii) neither I, the applicant, or the co-applicant is related to any employee of the City of Miami or of the agency/developer which built the "Subject Property" in this application utilizing funds provided by the City of Miami.

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 §775.082 or 775.83.

All persons age 18 and over in the applicant’s household (HH) must sign below indicating their understanding of the **Disclosure** above.

Name of Applicant (Print)

Signature of Applicant

Date

Name of Co-Applicant (Print)

Signature of Co-Applicant

Date

Name of other HH member age 18 and above (Print)

Signature of other HH member age 18 and above

Date

Name of other HH member age 18 and above (Print)

Signature of other HH member age 18 and above

Date

Name of other HH member age 18 and above (Print)

Signature of other HH member age 18 and above

Date



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NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The City of Miami collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, Section 119.071(5), Florida Statutes) requires the City to give you this written statement explaining the purpose and authority for collecting your social security number as part of this application. Your Social Security Number is being collected for the purposes of income certifying you for the City’s Single Family Rehabilitation OR Single Family Emergency Rehabilitation OR Replacement Home Programs, which requires third-party verification of assets, employment, and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits, and other related information necessary to determine income and assets, and your eligibility for this Program that is funded by local, Federal, and/or State program dollars. Your household’s social security number(s) will not be used for any other intended purpose other than verifying your household’s eligibility for the City’s Single Family Rehabilitation OR Single Family Emergency Rehabilitation Program OR Single Family Replacement Home Program.

Authorization to Collect Social Security Number

- 24 CFR 5.609, referred to as “Annual Income” – Code of Federal Regulations
- 24 CFR 92.203 Income Determinations for the HOME Program – Code of Federal Regulations
- U.S. HUD Technical Guide for Determining Income & Allowances for the HOME Program (3rd Ed. HUD 1780-CPD, Jan. 2005)
- State Housing Initiatives Partnership Program – *SHIP Program Manual (Revised July 2008)*
- City of Miami Housing Program Policies & Procedures

PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records. Information provided by you/your household that is *not* protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

- I/We agree to hold harmless and indemnify the **City of Miami**, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.
- I/We agree that the **City of Miami does not** have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the **City of Miami** in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.
- I/We agree that the **City of Miami does not** have any obligation or duty to provide me/us with notice that a public records law request has been made.
- I/We agree to hold harmless the **City of Miami** or any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for any grant or mortgage or my/our purchase of any real estate, or any matter arising out of any housing rehabilitation project funded by the **City of Miami**.

Name of Head of Household (Print)	Signature of Head of Household	Date
Name of Co-Head of Household (Print)	Signature of Co-Head of Household	Date
Name of Household Member Age 18+ (Print)	Signature of Household Member Age 18+	Date
Name of Household Member Age 18+ (Print)	Signature of Household Member Age 18+	Date