



Public Housing and Community Development
Infill Housing Program
701 NW 1 Court, 16th Floor
Miami, Florida 33136
Main Number:(786) 469-4226
Fax Number: (786) 469-4199

Date Received ___/___/___
Received by:_____

INFILL HOUSING PROGRAM
Rental Application

Name of Applicant (Owner):_____

Phone No. _____ E-mail Address _____

Mailing Address: _____ City _____, State _____ ZIP Code _____

Property Folio Number _____

Property Address _____ City _____, State _____ ZIP Code _____

Name of Renter (Head of Household) _____ No. of Family Members _____

Move-In Date _____ Length of Lease (years) _____

Renter Eligibility (check one) _____ Section 8 Choice Voucher Holder _____ Transition Housing Program
_____ Domestic Violence Program _____ Other Program (specify) _____

In order for the County to approve this application, the developer shall submit the following documents along with the application a minimum of 30 days prior to the expected move-in date.

- 1. Copy of Multiple Listing Agreement
2. Photo of the "For Sale" sign with the property for rent in the background
3. Executed Copy of the Lease Agreement
4. Documentation from an affordable housing rental program stating that the renter is a program participant
5. Cashier's check or money order in the amount of \$100.00 payable to the Board of County Commissioners

OWNER AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am the owner of the property herein described and agree to rent the property to an affordable family for no more than 2 years or past April 1, 2014, whichever date occurs sooner and I further attest that I have listed my property for sale in the multiple listing services for no less than 3 months, I have posted a "For Sale" sign at the property address, and I have lowered my asking price at a minimum of 5% in accordance with the County's Infill Housing Program and in accordance to County Resolution R-347-10 and Ordinance No. 10-25. I will notify the Infill Program of any change in renter or terms. I further depose and say that I have been provided a copy of the Infill Housing Program Guidelines and understand the Program requirements.

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to and subscribed before this
_____ day of _____, 20__

Notary Public, State of Florida
My Commission Expires: