

INFILL HOUSING INITIATIVE PROGRAM GUIDELINES

EXHIBIT "H"



Public Housing and Community Development
Infill 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 (TEMPORARY)

Name of Applicant (Owner): _____
Phone Number: _____ E-mail Address: _____
Mailing Address: _____ City: _____ State: ____ Zip: _____
Property Folio Number: _____
Property Address: _____ City: _____ State: ____ Zip: _____
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 (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 to Public Housing and Community Development Department, Infill Housing Program, 16th Floor, 701 NW 1 Court, Miami, FL 33136.

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. Annually present to PHCD a copy of the lease, annual certification of total family income.
6. Cashier's check or money order in the amount of \$200.00 payable to the Public Housing & Community Development.

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 minimum of 12 months, 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 Program and in accordance with IO 3-44 and Infill Program Guidelines. I will notify the Infill Program of any change in renter or terms annually. Upon the County's approval to rent an eligible home, I shall comply with all applicable federal and state housing laws and regulations. I shall also rent the eligible home for a minimum of one year and will not be permitted to sell said eligible home during the first year it is rented, unless it is sold to the existing tenant. I further depose and say that I have been provided a copy of the Infill 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: