



**Miami-Dade County Community Action and Human Services
Department (CAHSD)
Beautification Program Overview**

- The Beautification Program for owner occupied single-family detached homes in District One (1) provides homeowners with exterior painting and landscaping assistance

- Participation in the Program is subject to availability of funds and is subject to change without notice. Loans will be provided based on a first come first served basis.

- Miami-Dade County will provide financing through Public Housing and Community Development for the painting and landscaping to your home. Contractors to do the work will be assigned by Miami-Dade County. Property Owners must select one color combination from a palette of eight (8) paint color combinations and one landscape design from three (3) landscaping options. After work has been completed the County will reimburse the contractor from funds secured by the forgivable loan executed by the owner not to exceed fifty nine hundred (\$5,900.00) dollars per property. Loan service fee, documentary stamps, recording fees and Construction Administration fees are included in the loan amount.

- 5 year lien will be placed on the home, until the loan is forgiven.

- *Assuming the resident uses the maximum amount of the loan, \$5900.00.
 1. (12 months) 5899.80
 2. (24 months) 4719.84
 3. (36 months) 3539.88
 4. (48 months) 2359.92
 5. (60 months) 1179.96
 6. (61 month) 0.00



**Miami-Dade County Community Action and Human Services
Department (CAHSD)
Beautification Program Overview**

➤ The requirements to qualify for this program are as follows:

- A.** Be the owner / occupant of the home.
- B.** The home is a single family home (not an apartment or duplex).
- C.** Not own other investment properties.
- D.** Meet the maximum income requirements listed in the table below:

Household Size	Income Limit*
1	\$ 89,600.00
2	\$102,480.00
3	\$115,220.00
4	\$127,960.00
5	\$138,320.00
6	\$148,540.00
7	\$158,760.00
8	\$168,980.00

*Effective May 2020

- E.** The home is located in the following target area:

District One (1)



**Miami-Dade County Community Action and Human Services
Department (CAHSD)
Beautification Program Overview**

If you qualify for the Beautification Program then the following documents MUST be submitted:

1. A copy of the last completed tax return, and W-2, if employed.
2. One full month of pay check stubs for all employed individuals living in the household, if employed.
3. If not employed and you receive retirement's pension or social security benefits then submit a copy of the award letters.
4. Picture I.D. of applicant and household members.
5. Copy of Social Security Cards for all household members and Birth Certificates.
6. Property taxes shall be current and in paid status.
7. Most recent mortgage statement.
8. Electric Bill and Water Bill
9. Copy of warranty deed.



Miami-Dade County Community Action and Human Services Department
District One
Beautification Program Application

INSTRUCTIONS

Complete application in its entirety. Only one (1) application per household will be processed. For more information or to request assistance in completing this application, please contact Miami-Dade Community Action and Human Services at (786) 469-4730. Return your complete application to: Miami-Dade Community Action and Human Services, 701 NW 1st Court, Suite 11. Miami, Florida 33136

Property Owner Information

Name: _____ SSN: _____

Property Address: _____ Home Phone (____) _____

City: _____ Zip: _____ Work Phone: (____) _____

Sex: _____ Age: _____ DOB: _____

Marital Status: Married ___ Single ___ Divorced ___ Widow ___

Household Gross Annual Income: \$ _____
(Attach copy of last income tax return and last month pay stubs)

Household Size: _____ Currently Employed: Yes ___ No ___

Type of Improvement Requested: Paint _____ Landscape _____

OFFICE USE ONLY

Location is: Opa-Locka Target Area _____ Liberty City Target Area _____

Folio #: _____ Year Built: _____

Homestead Exemption (Y) ___ (N) ___

I HEREIN CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____



RIGHT OF ENTRY AND LIABILITY WAIVER AGREEMENT

I/We _____ (the
"Owner(s)")
owner(s) of the property commonly identified as:

Folio No(s): _____

_____, _____ (the
"Property")
Street (attach legal description City/Town
if available)

In consideration of one or more of the following activities to be conducted on the Property, the Owner(s) thereof hereby grant to Miami-Dade County, a political subdivision of the State of Florida, a right of entry and a waiver of liability from the Owner in order to conduct one or more activities on the Property:

- _____ (1) painting of the exterior;
- _____ (2) landscaping; and/or
- _____ (3) improvements to the façade of the home.

This right of entry and waiver of liability granted by the Owner(s) in accordance with the Beautification Program (the "Program"), which was established by the Miami-Dade County Board of County Commission, through Resolution Numbers **R- 88-06** ,as amended by R-1438-06. The purpose of the Program is to provide assistance to qualified home owners, who use their homes as their primary residence, to landscape, paint the exterior of their homes and/or complete other improvements to the façade of their homes,

Right of Entry to said property is hereby granted by the Owner to Miami-Dade County and its contractors and their subcontractors thereof, for the purpose of accomplishing the above purpose. The undersigned agrees and warrants to hold harmless Miami-Dade County, its contractors, their subcontractors, officers, agents, employees, or assigns for damage of any type, whatsoever, either to the above described Property or to any persons present thereon and hereby releases, discharges and waives any action against Miami-Dade County, its contractors, their subcontractors, officers, agents, employees, or assigns from all liability to Owner(s), Owner(s)'s children, relatives guests, representatives, assigns, or heirs, for bodily injury, death or property damage that Owner(s) may suffer in connection with any activities on the Property, whether caused solely or partially by the negligence of Miami-Dade County, its contractors, their subcontractors, officers, agents, employees, or assigns.

I/we have read this Right of Entry and Liability Waiver Agreement, or it has been read to

me/us, and I/we fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

WHEREOF, the undersigned has caused this Right of Entry and Waiver of Liability Agreement to be executed on this _____ day of _____, 20____.

Property Owner Name

Telephone No.

Address

Witness

Date



PAINT COLOR SELECTION AGREEMENT

Property Owner Name (Please print): _____

Property Address (Please print): _____

MAIN COLOR (Please print): _____

TRIM COLOR (Please print): _____

Please pick a Main Color and a Trim Color at your local Sherwin-Williams store.

The undersigned property owner hereby agrees to the paint color selection described above. I understand that once the color selection is made, colors cannot be changed.

Property Owners Signature

Date

Copy of this form should be given to the homeowner.

Beautification Program 701 North West 1st Court; 11th Floor, Miami, Florida 33136
Phone: (786) 469-4730 Fax: (786) 469-4750



LANDSCAPE DESIGN SELECTION AGREEMENT

Property Owner Name: _____
(Please print)

Property Address: _____
(Please print)

The undersigned property owner agrees to meet with the landscaper to discuss their individual design.

Property Owner's Signature

Date

Copy of this form should be given to the homeowner.

Beautification Program 701 North West 1st Court, 11th Floor, Miami, Florida 33136
Phone: (786) 469-4730 Fax: (786) 469-4750



Media Release Form

I understand that information regarding the services I receive from Miami-Dade Community Action and Human Services Department (herein after referred to as "CAHSD") maybe used by agents, employees or representatives of CAHSD to promote, market and educate the community about its programs and services.

I hereby authorize CAHSD to copy, exhibit, publish or distribute any and all such information including images and audio of me or wherein I appear, including composite or artistic forms and media, forms and media, for purposes of publicizing CAHSD programs and services or for any lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my information or likeness appears.

I hereby hold harmless and release and forever discharge CAHSD and Miami-Dade County from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have be reason of this authorization

_____ (Signature) _____ (Date)

_____ (Print Name) _____ (Street address)

_____ (City, State, Zip code)

(If individual signing is under 18 years of age, there should be consent by parent or guardian, as follows)

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

_____ (Parent/ Guardian's Signature) _____ (Date)

_____ (Parent/ Guardian's Signature)

Miami-Dade Community Action and Human Services is a department of Miami-Dade County Government



AUTHORIZATION FOR RELEASE OF INFORMATION

This document is to authorize release of information regarding your home Beautification application with, the Miami-Dade County Community Action and Human Services Department, for the purposes of verifying information supplied in your application.

I _____ hereby grant permission to the Miami-Dade County, a political subdivision of the State of Florida through its **Community Action and Human Services Department and Public Housing and Community Development** Departments to verify information provided in this application.

I hereby state that I have read and fully understand the above statements as it applies to me and do herein express my consent to disclosure of information for the purpose of determining eligibility.

A photographic copy or facsimile of this authorization may be deemed equivalent to an original, and may be used as a duplicate original.

(Lender Name)

Loan #

Primary Borrower's Name

Social Security #

Signature

Secondary Borrower's Name

Social Security #

Signature

Property Address:



Miami-Dade County Community Action and Human Services Department

DISCLOSURE STATEMENT

Date: _____

I/We _____
Applicant/Co-Applicant

am not related by blood or marriage to any employee, currently working for the Department of Public Housing & Community Development and/or the Community Action & Human Services.

am related by blood or marriage to an employee (please name)

Currently working for the Department of Public Housing & Community Development and/or the Community Action & Human Services

I attest also, that I have not made payment of any additional fees, inducements, or other transactions that are not (or will not be) disclosed in the USHUB Settlement Statement.

Signature of applicant

Signature of Co-Applicant

Beautification Program District One, 701 North West 1st Court 11th Floor Miami, Florida 33136
Phone: (786) 469-4730 Fax: (786) 469-4750



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

ETHICS DISCLOSURE STATEMENT FOR ALL PHCD PROGRAMS

Applicant: _____ Mailing Address: _____
Co-Applicant: _____ Zip Code: _____
E-mail Address: _____ Telephone: _____

The Miami-Dade County Conflict of Interest and Code of Ethics at Sec. 2-11.1 (c)(5)(5) allows County Employees and their immediate family members to apply for direct housing assistance programs from the County's Public Housing and Community Development department (PHCD) if they meet certain conditions and if the following criteria are met. Check if any of the following applies to you:

- 1. Please mark the PHCD Program you are applying for:
[] Section 8 Housing Choice Voucher (HCV) [] Public Housing Rental
[] Project-Based Voucher (PBV) [] Tenant-Based Rental Assistance (TBRA-maximum 2 years)
[] Veterans Affairs Supportive Voucher (VASH) [] Home-ownership Program (Second Mortgages)
[] Moderate Rehabilitation [] Home-owner Rehabilitation Program
[] Substantial Rehabilitation [] Home-owner Beautification Program
[] Shelter Plus Care (S+C) [] Other (please list): _____
2. Mark the type of participation you are seeking for the program marked above:
[] Owner/Landlord [] Housing Assistance Applicant

3. [] I/we do not currently work for Miami-Dade County.
4. [] I/we am/are a School Board or Federal Employee. These employees are not covered under Section 2-11.1 of the Miami-Dade County Conflict of Interest and Code of Ethics Ordinance.
IF YOU MARKED BOXES 3 OR 4, NO FURTHER ACTION IS NEEDED. THE PHCD REPRESENTATIVE MUST PLACE THIS FORM IN APPLICANT'S FILE.

5. [] I/we am/are a Miami-Dade County Employee (including Jackson Public Health Trust Employees). Please provide the department and division you are working for:
6. [] I/we am/are an appointed or elected County Official.
7. [] I/we am/are *immediate family to a Miami-Dade County employee, appointed or elected official. (*Immediate family is defined as spouse, domestic partner, parents, stepparents, children and stepchildren.
Please provide the following information regarding the Miami-Dade County employee, appointed or elected official:
Name of employee, appointed or elected official: _____
Department, Division, or Board: _____
IF YOU MARKED BOXES 5, 6, or 7, THE APPLICANT MUST OBTAIN THE REQUEST FOR OPINION APPLICATION AT http://ethics.miamidadegov/frequently-used-forms.asp. THE APPLICATION MUST BE FULLY COMPLETED AND SENT TO THE CONTACT PERSON INDICATED.

Signature of Applicant: _____ Signature of Co-Applicant: _____
Date: _____

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.





County Employees or Relative of County Employee Seeking Assistance from Public Housing and Community Development - Other Than Section 8 Vouchers

Please submit the following information by mail, fax, or email to:

Gilma Diaz-Greco, Staff Attorney
The Commission on Ethics and Public Trust
19 West Flagler Street, Suite 820
Miami, FL 33130

Phone: (305) 350-0638
Fax: (305) 579-0273
Email: gdiagr@miamidade.gov

County Employee

Employee's Name _____

Employee's Dept. and Section _____

Employee's Title _____

Employee's Job Description and Duties _____

Supervisor's Name _____

Supervisor's Phone Number and Email _____

Employee's Mailing Address _____

Employee's Phone Number _____

Employee's Email _____

Immediate Family Member of County Employee

(Miami-Dade County's Ethics code at Section (b)(9) defines "Immediate Family" as spouse, domestic partner, parents, stepparent, children, and stepchildren)

Your Name _____

Your Mailing Address _____

Your Daytime Phone Number _____

Your Email _____

Name of County employee _____

What is the relationship? (spouse, child, parent, etc...) _____

County employee's department or division _____

County employee's title _____

List names, titles, and departments of any other immediate family members currently employed by Miami-Dade County _____

Please check below the PHCD of Loan or Rental Assistance program:

Section 8 Programs

(Those wishing to file to become **Section 8 Landlords** must complete the COE application for Section 8 Landlords at:
<http://ethics.miamidade.gov/frequently-used-forms.asp>)

- Housing Choice Voucher (HCV)
- Project-Based Voucher (PBV)
- Veterans Affairs Supportive Voucher (VASH)
- Moderate Rehabilitation
- Substantial Rehabilitation
- Shelter Plus Care (S+C)

Other Rental (not Section 8 related) and Mortgage Programs

- Public Housing Rental
- Tenant-Based Rental Assistance (TBRA-maximum 2years)
- Home-ownership Second Mortgages
- Home-owner Rehabilitation Program
- Home-owner Beautification Program
- Other (please list): _____

The Miami-Dade County Conflict of Interest & Code of Ethics at Sec. 2-11.1 (c)(5)(5) allows County Employees and their immediate family members to apply for direct housing assistance programs from the County's Public Housing and Community Development department (PHCD) if they meet certain conditions and if the following criteria are met. Please check one of the following categories and affirm that you meet the criteria for that category:

County Employees:

1. I am eligible to receive such assistance from PHCD.
2. I do not work in PHCD, the department that enforces, oversees, or administers the contract.

PHCD Employee:

1. I am eligible to receive such assistance from PHCD.
2. I will not participate in the administration of the program during the entire term of the loan or rental assistance provided.

Immediate Family Member of a County Employee

1. I am an immediate family member of an employee who is not employed by the County Public Housing and Community Development department.
2. I am eligible to receive such assistance from PHCD.

I affirm that the information I have provided is true and I pledge to abide by the requirements listed here.

Signature

Date

Your ethics opinion will be sent to by first class mail and email. Please submit the letter to the PHCD department.