Miami-Dade County Community Action and Human Services Department(CAHSD)
Paint and/or Shuttering Program Overview

- The Paint and/or Shuttering Program provide assistance to homeowners of single-family detached homes located in Miami-Dade County with exterior painting and/or Accordion Hurricane Shutters.

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

- If approved Miami-Dade County will place a lien on the home for 5 years, if the applicant is receiving only one service (painting or shuttering) and 10 years if the applicant is receiving both services (painting and shuttering). The lien depreciates at 20% if the forgivable loan is attained for five (5) years, and 10% if the forgivable loan is attained for ten (10) years.

- 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	$66,640
2	$76,160
3	$85,680
4	$95,200
5	$102,900
6	$110,460
7	$118,160
8	$125,572

*effective March 2014

Miami-Dade County Community Action and Human Services Department (CAHSD)
Paint and/or Shuttering Program Overview

If you are interested in applying for the Paint and/ or Shutter program you MUST submit the following documentation with your completed application:

1. Valid State of Florida Driver's License or identification card.
2. Copy of Social Security Cards for owner/ co-owner of property.
3. Birth Certificates for all house members, or permanent legal residency.
4. One full month of pay check stubs for all employed individuals residing in the home.
5. Copy of 2015 Social Security Award letter and or retirement pension letter, child support, unemployment compensation, if applicable.
6. A copy of the 2014 tax return and 2014 W-2, including all pages and schedules.
7. Property taxes must be current.
8. Most recent mortgage statement.
9. Most recent utility bill. (Electric and Water bill)

Miami-Dade County Community Action and Human Services Department
Paint and /or Shuttering 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, 11th Floor, 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 _____ Shuttering _____

OFFICE USE ONLY

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: _____

MIAMI-DADE COUNTY

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 if available) City/Town

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) Accordion Hurricane Shutters

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

Miami-Dade County Community Action and Human Services Department
Paint and/or Shuttering Program
APPLICATION SUPPLEMENTAL

NOTE TO THE APPLICANTS: Please provide the information on the spaces below. **The information furnished on this form will be used for federal and local statistical reporting information purposes ONLY and WILL NOT be used when evaluating eligibility of your application.**

Name of Applicant: _____

I. Property Address: _____

II. Household Size: (Total Number in household including yourself) _____

III. Marital Status: Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐

IV. Household Status (Check as many of the following as pertains to your situation)

☐ Handicapped

☐ Female-Head of Household

☐ Senior Citizen (60 or older)

V. Minority Status: (Please check only one of the below)

☐ American Indian ☐ Hispanic

☐ Alaskan Native ☐ White

☐ Asian or Pacific Islander ☐ Other – Explain _____

☐ African American

VI. Total Annual Gross Household Income $ _____ (As reported on your Application)

ACKNOWLEDGEMENT OF RECEIPT OF THE
Notice of Privacy Practices Brochure

By signing the form, you acknowledge that Miami-Dade Community Action and Human Services, has provided you with a copy of the "Notice of privacy Practices: brochure.

Home Owner Signature

Date

Print Name

PAINT PROGRAM

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.

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 to be given to homeowner.

PERJURY STATEMENT

This is to certify, under penalty of perjury, that the Financial Statement/ Federal Tax Returns bearing my signature are a true and accurate accounting of financial information provided, or to be provided, to the Internal Revenue Services for income tax reporting purpose.

WARNING:

SECTION 1010 of TITLE 13 W.S.C. Federal Housing Administration

transactions provide the following: "Whoever for the purpose of influencing in any way the action of such administration...to be false...shall be fined not more than $5,000 or imprisoned not more than two (2) years or both."

_____ _____

Borrower *Date*

_____ _____

Co-Borrower *Date*

NOTICE TO BORROWER(S)

It is the policy of Miami-Dade County to comply with all of the requirements of the American with Disabilities Act (ADA).

Individual with disabilities who may need auxiliary aids, i.e. interpreters, brailed material, etc. must contact the Financial Advisor at (786) 469-2100.

_____	_____
Borrower	*Date*
_____	_____
Co-Borrower	*Date*

AFFORDABILITY PERIOD

I, _____, agree to the "Affordability Period", which requires that I own my property for a period of five (5) years for painting services and ten (10) years for shuttering services and/or painting and shuttering services.

Name: _____
Please Print

Signature: _____

Date: _____

Witness By: _____

Community Action and Human Services Department

Paint and/or Shuttering Program

HOLD HARMLESS AGREEMENT

Date _____

Re: Property located at (address, folio # and legal description) _____

_____

_____

In exchange for good and valuable consideration, *I agree to hold harmless*:

Miami-Dade County a political subdivision of the state of Florida through its Community Action and Human Services, Energy Division, Associated Construction Contractors of Greater Florida, Florida Home Builders Association, Roofing Contractor Association of South Florida; Florida Roofing, Sheet Metal and Air Conditioning Contractors Association, South Florida Associated General Contractors, and any and all of their sub-contractors, suppliers, and purveyors thereof, and all of their aforementioned officers, agents, employees or their representatives, or instrumentalities and *indemnify* and relieve them from any responsibility or liability from any claims, demands, suits, causes of action legal action or any other cause of action or proceeding or damage, cost or expense (including attorney's fee) arising from ***the performance of rehabilitation and other repairs undertaken pursuant to the Energy Program.*** I furthermore assume responsibility for the correction, if required, of work performed under the permit. In the event there has been a change of ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his or her intent to transfer the permit.

Owner(s):

_____ Date _____

_____ Date _____

The person(s) whose signature appears above, deposes that he/she/they is/are the legal owner(s) of the above property.

Witness_____ Witness_____

STATE OF FLORIDA
COUNTY OF DADE

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____, by

_____. Who is personally known _____ or produced the identification

_____.
SEAL

_____

Signature of Notary Public

_____

Print or Type Name of Notary Public

Media Release Form

I understand that information regarding the services I receive from Miami-Dade Community Action and Human Services (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

MIAMI-DADE COUNTY

AUTHORIZATION FOR RELEASE OF INFORMATION

This document is to authorize release of information regarding your Paint and/or Shuttering 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 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** authorization 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 Department**

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 USHUD Settlement Statement.

_____ _____
Signature of Applicant Signature of Co-Applicant

MIAMI-DADE COUNTY

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)
- ☐ Project-Based Voucher (PBV)
- ☐ Veterans Affair Supportive Voucher (VASH)
- ☐ Moderate Rehabilitation
- ☐ Substantial Rehabilitation
- ☐ Shelter Plus Care (S+C)
- ☐ Public Housing Rental
- ☐ Tenant-Based Rental Assistance (TBRA-maximum 2 years)
- ☐ Home-ownership Program (Second Mortgages)
- ☐ Home-owner Rehabilitation Program
- ☐ Home-owner Beautification Program
- ☐ 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.miamidade.gov/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: gdiazgr@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 Affair 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.