

Thank you for reaching out to apply for the Mortgage Relief Program!

Neighborhood Housing Services of South Florida (NHSSF) is partnering with Miami Dade County Community Action and Human Services Department (CAHSD) to provide up to \$1,500 per household towards past due: mortgage payments, homeowner association (HOA) fees, homeowner's insurance and/or utility assistance.

Please follow the steps below to get started!

For technical assistance you may visit one of the [12 Community Resource Centers \(CRCs\)](#) throughout Miami-Dade County, during regular business hours, Monday through Friday from 8:00 am until 5:00 pm.

Please be advised, Community Resource Center Staff, only provide computer access/ support. They will not process applications or be able to provide status updates.

[Register Now](#)

- **Apply:**

Type of Program: Mortgage Relief Program

Programs Applying For: Mortgage Relief Program (MRP)

- Complete and upload application package forms, attached (pg. 3 not required for applications submitted Online)
- Provide supporting documents

Program Contact Information:

Neighborhood Housing Services of South Florida

Mortgage Relief Program Department

Email: mortgagerelief@nhssf.org

Phone: 786.237.2118

Website: www.nhssf.org

There is no guarantee that Mortgage Relief Program funds will be awarded to you. Client access to funds is based on proper documentation, degree of client needs and the availability of program funds. In addition, your application will be reviewed, processed, and you will be contacted within five (5) business days to inform you of your application status.

Applicants who are seniors, disabled, families with children, and households with late mortgage of 3 to 12 months will be deemed a priority.

All required documents must be completed and submitted to our office within 15 days. Failure to submit required documents within the timeframe will result in the application being denied. Applicants may reapply.

Income Level	Income Limit by Number of Persons in Household							
	1	2	3	4	5	6	7	8
30%	20,500	23,400	26,350	29,250	32,470	37,190	41,910	46,630
50%	34,150	39,000	43,900	48,750	52,650	56,550	60,450	64,350
80%	54,600	62,400	70,200	78,000	84,250	90,500	96,750	103,000
110%	75,075	85,800	96,525	107,250	115,830	124,410	132,990	141,570
120%	81,960	93,600	105,360	117,000	126,360	135,720	145,080	154,440
140%	95,620	109,200	122,920	136,500	147,420	158,340	169,260	180,180



COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT
MORTGAGE RELIEF PROGRAM (MRP) Client ID: _____

CHECKLIST

Applicant Name: _____

Date: _____

REQUIRED DOCUMENTS:

Checklist

Application *(MUST BE IN ONE NAME)*

- Authorization for Release of Information
- Client Agreement Form

Identification:

- Valid Florida Driver's License
- Florida State ID
- U.S. Passport

Proof of Income:

- Pay stubs for the last 30 days
- If Self-employed, Last Year's, Tax Return and applicable forms *(1099, Schedule C, etc.)*
- Social Security/ Pension / Retirement
- VA Awards Letter
- Child Support
- Public Assistance
- Declaration of No Income
- Other Additional Income

Delinquent Mortgage Statement

Delinquent Homeowners Ins. Statement

Delinquent HOA Fees Statement

Utility Bill Final Notice

W-9 *(TO BE COMPLETED BY THE PROVIDER(S) FOR WHICH ASSISTANCE IS BEING REQUESTED: MORTGAGE SERVICER, HOMEOWNERS ASSOCIATION, HOMEOWNERS INSURANCE AGENCY, AND/ OR UTILITY PROVIDER)*

Proof of Ownership:

- Recent Property Tax Bill or
- Deed of Trust or
- Property Information

Visit: <https://www.miamidade.gov/Apps/PA/propertysearch/#/>

Address	Owner Name	Subdivision Name	Folio
SEARCH: 111 NW 1 St	Suite	<input type="button" value="Q"/>	

Select: Owner Name (last name, first name), search

Once the Property Information page is displayed: right click, print, destination: Adobe PDF, to save to your computer.

NOTE: Cases returned three (3) times or failure of client to provide all required documents within 45 days will be denied. Applicant can reapply.



**Community Action and Human Services Department
Mortgage Relief Program
Application MRP Client ID: _____**

There is no guarantee that MRP funds will be awarded to you. Client access to funds is based on proper documentation, degree of client crisis and availability of program funds. In addition your application will be reviewed, processed, and you can contact the caseworker after 10 business days to verify the status of your application. All required documents must be completed and submitted to this office within 5 business days from the date of application.

Personal Information:

Identifying Information

How are you completing your application? _____ Date: _____

Referral Source(s): _____

First Name: _____ Last Name: _____

Current Address: _____ Date of Birth: _____

_____ Rural Area: Y/N _____

Gender: _____ Ethnicity: _____ Citizenship: _____ Primary Language: _____ Race: _____

Phone Number: _____ Email Address: _____ Preferred Contact Method: _____

Additional Household Members:

Name:	Relation to Applicant:	DOB:	Gender:	Ethnicity:	Race:	Income:

Attach additional pages as needed

Income Information

Source of income: _____ (Wages/ Social Security/ Retirement/ Unemployment/ Child Support/ Other: Explain)

Employer, if applicable: _____ Job Title: _____

Rate of Pay: \$ _____ Payment Frequency: _____ Hours Per Period: _____ Start Date: _____

Wage and Weekly, Monthly, Annual Salary Details: To be completed by NHSSF staff

Yearly Total: _____ Monthly Total: _____ AMI: _____

Types of Assistance:

Supporting documentation must be provided, maximum assistance is \$1,500.00 and will be paid directly to the provider(s).

A completed W-9 is required, prior to determining eligibility, it is the responsibility of the applicant to request the W-9 from the service provider.

	Monthly Payment:	Total Amount Past Due:	Amount Requested:	W-9 Completed: (yes/ no)
Delinquent Mortgage				
Homeowners Insurance				
Delinquent HOA Dues				
Past Due Utilities				

Client Signature: _____ Date: _____



COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT
MORTGAGE RELIEF PROGRAM (MRP) Client ID: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize
NAME OF APPLICANT

Miami-Dade Community Action and Human Services Department to request the following:

- 1. Any information regarding my general condition, past and present;
- 2. Any information concerning services provided or required for me;
- 3. Other:

I understand that I may revoke this consent at any time except for the extent that action has been taken in reliance thereon. This consent, unless expressly revoked earlier via written notification, will expire after one (1) year from the date indicated below.

APPLICANT SIGNATURE

DATE



COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT
MORTGAGE RELIEF PROGRAM (MRP) Client ID: _____

CLIENT AGREEMENT FORM

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The **CLIENT** understands the following:

1. Funds must be available.
2. The mortgage lender or utility company may need to wait 3-4 weeks from the time of processing until payment is received.

*****WARNING*****

Florida statute 817 provides that willful false statements or misrepresentations 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 S 775.082 or 775.83.

*****OWNER PARTICIPATION CONSENT AND AGREEMENT*****

I have read or have had read to me and understand this application. I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts and information provided on this application are grounds for prosecution. I further understand that false or misleading information may be grounds for rejection of my application and termination from the program. I understand that submittal of this application does not automatically grant participation in the program. If selected for the program, I may be required to consent to additional terms and conditions set forth in a separate agreement.

Signing below indicates your understanding and acceptance of the terms listed above.

CLIENT NAME (PRINT)

DATE

CLIENT SIGNATURE

CLIENT EMAIL ADDRESS

Declaration of No Income

I, _____, do hereby declare that I havenot received any income for the month(s) of:

1. _____ 2. _____ 3. _____

The reason that I have had no income for the months listed above is as follows:

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Client Signature/Date

Agency Representative/Date