

APPLICANT

Last Name _____ First Name _____ Middle Initial: _____

Address _____ Unit #: _____

City _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Email _____

CO-APPLICANT

Last Name _____ First Name _____ Middle Initial: _____

Address _____ Unit #: _____

City _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Email _____

Are you the registered owner of the home?

Applicant

Yes No

Co-Applicant

Yes No

Are you 55 years or older?

Yes No

Yes No

Do you have a mortgage on the home?

Yes No

Yes No

Are your mortgage payments current?

Yes No

Yes No

Are your Real Estate Taxes paid for all past years?

Yes No

Yes No

Do you have homeowner's insurance coverage?

Yes No

Yes No

Have you declared bankruptcy in the last 2 years?

Yes No

Yes No

Are you a U.S. Citizen or Resident Alien?

Yes No

Yes No

Are you listed as the owner of any other property?

Yes No

Yes No

Does your home have iron security bars?

Yes No

Yes No

If so, are you willing to remove if required?

Yes No

Yes No

REPAIRS NEEDED

Roofing
 Windows/Door
 Water Heater
 Heating/Cooling Units
 Other works

Please indicate on the lines below any other repairs needed:

HOUSEHOLD INFORMATION AND ASSETS

Include the names of ALL household members, including minors.

	Name	Date of Birth	Social Security Number	Relationship to Applicant	Total Cash Value of Assets
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

TOTAL ANNUAL HOUSEHOLD INCOME

Name	Wages/Salaries include Tips, Commission and Bonuses	Pensions/ Benefits	SSA/SSI	Any Other Income	Total Annual Income
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

I hereby authorize the Miami-Dade Economic Advocacy Trust (MDEAT) to verify my past and present employment records, bank statements, stock holdings, and any other asset balances that are needed to process this application. It is understood that a copy of this form will also serve as authorization. The information obtained herein is only used to ascertain your eligibility to receive housing rehabilitation assistance. This application and any documents collected or completed to support this application will remain the property of MDEAT. Assistance is in the form of a 15-year, 0% interest, deferred payment second mortgage. Homeowners will not be required to make any payments on the loan if they remain in the property for 15 years

Warning: Florida Statute 817 provides that willful false statements or misrepresentation 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

Print Name of Applicant

Signature of Applicant

Date

Print Name of Co-Applicant

Signature of Co-Applicant

Date