

Marital Status: Married Unmarried Separated

Sex: Female Male

Demographic Information: (Check as many of the following as pertains to your situation)

- | | |
|--|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> African American | |

Applicant/Co-Applicant employment information:

| | | |
|---|----------------|----------------|
| Employee Name: | Employer Name: | |
| Position: | | |
| Address/Phone: | | Time Employed: |
| Pay Rate: | | Pay Frequency: |
| Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ | | |

| | | |
|---|----------------|----------------|
| Employee Name: | Employer Name: | |
| Position: | | |
| Address/Phone: | | Time Employed: |
| Pay Rate: | | Pay Frequency: |
| Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ | | |

Note: Attach additional Sheets as necessary for all household members 18 years and over. If less than 2 years provide information on previous employments.

| | | |
|---|----------------|----------------|
| Employee Name: | Employer Name: | |
| Position: | | |
| Address/Phone: | | Time Employed: |
| Pay Rate: | | Pay Frequency: |
| Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ | | |

Household Income:

Including yourself, list every person in the household employed and/or receiving income.

Other Sources of Income (For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

| Name | Type of Income | Gross Annual Amount |
|------|----------------|--------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| | | Total \$ _____ |

Assets and Asset Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

| Type of Asset | Asset Value | Bank/Account # | Annual Asset Income |
|--------------------------|-------------|----------------|--------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| Total \$ _____ | | | Total \$ _____ |

Liabilities (For ALL Household Members 18 and Over, List Credit Card Debt, and Auto, real Estate and Mortgage Loans, etc.)

| Type Credit/ Loan | Creditors Name | Balance Owed | Monthly Payment |
|-------------------|----------------|--------------|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| | | | Total Annual Payments: \$ _____ |

Other Household Information

Do you own your home free and clear? Yes No. If no, to whom do you make your house payments?

Lender _____ Monthly Payment _____ Phone _____
Loan # _____

Name of HOA /Maintenance Association _____

Monthly Payment Amount _____ Phone _____

Special Assessment Fee _____

Describe Improvements including the 40-year Certification and any other recertifications (if applicable) for Special Assessment Financing _____

Do you have any liens on your property? Yes **No**

Is your home in foreclosure? Yes **No**

Is your home for sale? Yes **No**

Is your home for rent? Yes **No**

Do you have Homeowner's Insurance/Master Policy Yes **No**

If yes, please provide company's name and policy number. _____

Company Name: _____ Phone Number: _____

Policy Number: _____

Do you have Flood Insurance/Master Policy Yes **No**

If yes, please provide company's name and policy number.

Company Name: _____ Phone Number: _____

Policy Number: _____

To the best of my knowledge, the information provided on this application is true. I hereby authorize Miami-Dade County to verify this information, and any other information pertaining to this application.

Signature of Applicant Date

Signature of Co- Applicant Date

OFFICE USE ONLY:

Date Given to Applicant: _____

Date Returned: _____

Municipality: _____ Miami-Dade County District: _____

Property Folio Number: _____

Funding Source/ Year: _____

Year Built: _____ Homestead Exemption: Yes No



Miami-Dade County Public Housing and Community Development

AUTHORIZATION FOR RELEASE OF INFORMATION

This document is to authorize release of information regarding your home rehabilitation application with, the Miami-Dade County Public Housing and Community Development 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 **Public Housing and Community Development** Department 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:



Media Release Form

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

I hereby authorize PHCD 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 PHCD 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 PHCD 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)



Re: Policy on Collection of Social Security Information

Dear Borrower (s):

The Miami-Dade Department of Public Housing and Community Development of Miami-Dade County, Florida requires your Social Security Number for the following purposes: Identification and verification; credit worthiness; and data collection (which includes requesting credit reports from the three credit bureaus). This notification is in compliance with Section 119.071(5), Florida Statutes.

I (We) hereby acknowledge that we have been informed about the use of my (our) social security information for the purposes noted above.

Borrower

Date

Co-Borrower

Date



**MIAMI-DADE COUNTY, FLORIDA
DEPARTMENT OF PUBLIC HOUSING & COMMUNITY DEVELOPMENT
701 NW 1st COURT, 14th FLOOR
MIAMI, FLORIDA 33136**

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 Service for income tax reporting purpose.

WARNING: Section 1010 of Title 13 W.S.C. Federal Housing Administration transactions provides 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 \$5,000.00 or imprisoned not more than two years or both.

BORROWER

DATE

CO-BORROWER

DATE



Miami-Dade County Public Housing and Community
Development

**ACKNOWLEDGEMENT OF RECEIPT
OF THE LEAD-BASED PAINT HAZARDS**

By signing the form, you acknowledge that Miami-Dade Public Housing and Community Development has provided you with a copy of the "Renovate Right" brochure, which explains the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Homeowner Signature

Date

Print Name