

INFILL HOUSING INITIATIVE PROGRAM GUIDELINES

EXHIBIT "F"



Public Housing and Community Development
 Infill Program
 701 NW 1 Court, 16th Floor
 Miami, Florida 33136
 Main Number: (786) 469-4226
 Fax Number: (786) 469-4199

Date Received ____/____/____
 Received By: _____

INFILL HOUSING INITIATIVE PROGRAM Impact Fee Refund Application

Name of Applicant (Owner) _____ Tax ID Number _____
 Phone No. _____ E-Mail Address _____
 Mailing Address: _____
 City _____, State _____ ZIP Code _____
 Property Location _____ Folio No. _____

In order to obtain a refund of impact fees, the following documentation must be provided along with this application to the Infill Program:

1. Copy of recorded Warranty Deed (including Infill Program language) of the current owner
2. Proof in the form of a certificate of qualification and/or loan commitment letter stating that the buyer meets the eligibility requirements of a low-income buyer (80% or less of median income)
3. Receipts of paid impact fees, if available.
4. Developer Affidavit executed by developer and buyer

Mark "X" to sections that apply:

- _____ Pursuant to Section 14 (d) (2) of Chapter 33E of the Code of Miami-Dade County (Road Impact Fee Ordinance) and Section VII. G. 2. of the Miami-Dade County Road Impact Fee Manual, as amended.
- _____ Pursuant to Section 8.G.1 of Chapter 33J of the Code of Miami-Dade County (Fire & Emergency Medical Services Impact Fee Ordinance) and Section V. H.1 of the Miami-Dade County Fire & Emergency Services Impact Fee Manual, as amended.
- _____ Pursuant to Section 7.G.1 of Chapter 33I of the Code of Miami-Dade County Ordinance (Police Services Impact Fee) and Section IV.D.1. of the Miami-Dade County Police Services Impact Fee Manual, as amended.
- _____ Pursuant to Section 14.C of chapter 33H of the Code of Miami-Dade County (Park Impact Fee Ordinance) and Section XIII. C. (1) of the Miami-Dade County Park Impact Fee Manual, as amended.

Process #	Site Address & Unit # (if any)	Type of Housing	Folio #	Loan #
Sales Price	Family Size	Family Name	Gross Yearly Income	% of Median Income

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AFFIDAVIT

The Developer hereby certifies that the information reflected in this form is true and correct to the best of his/her knowledge and belief. The applicant, further certifies that if the affordable homebuyers' total family income is higher than the current 80% AMI percent (updated annually by HUD) on the closing date, the applicant will be responsible to pay for all applicable Impact Fees to the County by certified check payable to the Department of Regulatory and Economic Resources, immediately following the sale of the affordable home.

Applicant Signature

Name of Developer

Applicant Name (Print Full Name)

Date

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

Sworn to and subscribed before this
_____ day of _____, 20____

Notary Public, State of Florida

My Commission Expires:

BELOW FOR OFFICIAL USE ONLY

Public Housing and Community development (PHCD) through its Infill Program hereby certifies that the purchaser(s) of the above mentioned housing unit was, at the time of closing, determined to be at or below 80% of the median income for the area.

Approved By: _____ Title: PHCD Director Date _____

	Amount	Distribution
Refund amount road impact fee	_____	_____
Refund amount fire & emergency service fee	_____	_____
Refund amount police services impact fee	_____	_____
Refund amount parks impact fee	_____	_____

The Regulatory and Economic Resources Department, through its Impact Fee Section, hereby certifies that the above housing unit(s) complies with the affordable housing exemption of the aforesaid sections of the Miami-Dade County Code and is entitled to a refund of the Miami-Dade County road, fire police and parks impact fees.

Approved By: _____ Title: Regulatory and Economic Resources Director

Date _____

EXECUTED FORMS MUST BE FORWARDED TO:

Miami-Dade Department of Regulatory and Economic Resources / Miami-Dade Permitting and Inspection Center,
Impact Fee Section, 11805 SW 26 Street (Coral Way), Miami, Florida 33175; phone 786-315-2670