



MIAMI-DADE COUNTY
HUMAN RESOURCES DEPARTMENT

FIRST-TIME HOMEBUYER / EMERGENCY HOUSING ASSISTANCE PROGRAM

INSTRUCTIONS

Employees must have at least three years of employment with Miami-Dade County, and at least 80 hours of annual leave must remain in the annual leave bank after the leave is deducted. Employees may cash out the value of leave **not to exceed \$25,000 gross for the First Time Homebuyer Program**, and **\$12,000 gross for the Emergency Housing Assistance Program** for this **one-time election**. Please submit the completed form along with supporting documentation to your Departmental Personnel Representative (DPR) for review and validation, who will then forward to the Human Resources Department (HR) for final processing. To avoid delays, please ensure that the proper documentation is attached to this form. Please note that it may take up to three weeks for the transaction to be processed. Proof of closing, or mortgage or rent payment must be provided to your DPR within two weeks of disbursement.

SECTION I: EMPLOYEE INFORMATION

Last Name	First Name	MI	Employee ID Number
Job Title		Date of Hire	
Department		Email	
Phone Number	Work Phone Number	For which assistance program are you applying? First Time Homebuyer Emergency Housing Assistance	

SECTION II: COMPLETE THIS SECTION FOR THE FIRST-TIME HOMEBUYER ASSISTANCE PROGRAM (Resolution R-219-22)

Documentation: Purchase Contract ☐ AND (Loan Estimate ☐ OR Closing Disclosure ☐)

Expected Closing Date: _____ Estimated Closing Costs/ Down Payment: \$ _____ Adjusted Hourly Rate⁽¹⁾: \$ _____

Annual Leave: Current Balance: _____ - No. of Hours Requested to be Cashed Out: _____ = No. of Hours Remaining⁽²⁾: _____
(1) Less Night Differential (2) At least 80 hours must remain in the annual leave bank after the leave is deducted.

SECTION III: COMPLETE THIS SECTION FOR THE EMERGENCY HOUSING ASSISTANCE PROGRAM (Resolution 445-22)

Documentation: Copy of Driver's License ☐ AND (Recent Mortgage Statement for Primary Residence ☐ OR Rent/ Lease Agreement ☐)

Monthly Mortgage Payment: \$ _____ OR Monthly Rent Payment: \$ _____ Adjusted Hourly Rate⁽¹⁾: \$ _____

Annual Leave: Current Balance: _____ - No. of Hours Requested to be Cashed Out: _____ = No. of Hours Remaining⁽²⁾: _____
(1) Less Night Differential (2) At least 80 hours must remain in the annual leave bank after the leave is deducted.

SECTION IV: ATTESTATIONS AND ACKNOWLEDGEMENTS

By signing below, I am acknowledging and attesting to the following.

- I am authorizing a **one-time** conversion of a portion of my annual leave to cash for the Program indicated.
- If applying for the First-Time Homebuyer Program, I attest that I am a first-time homebuyer and I will provide proof of the home purchase to my DPR within two weeks after closing. Should I not close on this residence, I have the option to restore my annual leave by submitting a request in writing to my DPR and repaying the annual cash-out amount in a lump sum within two pay periods.
- If applying for the Emergency Housing Assistance, I understand and acknowledge that this Program is applicable solely for my **primary** residence and proof of payment must be furnished to my DPR within two weeks of disbursement. The address on my driver's license and the lease or mortgage statement must match, otherwise this application will be denied. I also understand that this transaction is irrevocable.
- I understand that this payment will not be paid in a separate check and will be taxed in accordance with the prevailing Internal Revenue Code.
- I understand that the number of hours that are cashed out will be included as Florida Retirement System (FRS) wages.
- I understand that this request and associated documentation may be subject to an audit.
- I attest that the information provided is accurate and true. I understand and acknowledge that the submittal of any false information may subject me to discipline, up to and including dismissal.
- I understand that night differential will be excluded from the leave payout calculation.

SECTION V: SIGNATURES

	Print Name	Signature	Date
Employee			
Reviewed by (Departmental Personnel Rep.)			
Reviewed By (Central HR)			
Processed By (Central HR)			

FOR CENTRAL HR USE ONLY

Annual Leave Balance _____ - Hours Requested To Be Cashed Out _____ = Annual Hours Remaining _____
No. of Annual Hours _____ X Adjusted Hourly Rate _____ = Gross Amount \$ _____