Miami-Dade County Community Action and Human Services Department (CAHSD)

Beautification Program Overview

➢ The Beautification Program for owner occupied single-family detached homes in District One (1), District Twelve (12) and District Thirteen (13), provides homeowners with exterior painting and landscaping assistance.

➢ Participation in the Program is subject to availability of funds and is subject to change without notice.

➢ The requirements to qualify for this program are as follows:

  A. Be the owner / occupant of the home.
  B. The home is a single family home (not an apartment or duplex).
  C. Not own other investment properties.
  D. Meet the maximum income requirements listed in the table below:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income Limit*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$42,300.00</td>
</tr>
<tr>
<td>2</td>
<td>$48,350.00</td>
</tr>
<tr>
<td>3</td>
<td>$54,400.00</td>
</tr>
<tr>
<td>4</td>
<td>$60,400.00</td>
</tr>
<tr>
<td>5</td>
<td>$65,250.00</td>
</tr>
<tr>
<td>6</td>
<td>$70,100.00</td>
</tr>
<tr>
<td>7</td>
<td>$74,900.00</td>
</tr>
<tr>
<td>8</td>
<td>$79,750.00</td>
</tr>
</tbody>
</table>

*Effective 2017

E. The home is located in one of the following target areas:

District One (1), District Twelve (12) and District Thirteen (13)
Applicants are required to submit the following information If you qualify for the Beautification Program then the following documents MUST be submitted:

1. A copy of the last completed tax return, and W-2, if employed.
2. One full month of pay check stubs for all employed individuals living in the household, if employed.
3. If not employed and you receive retirement’s pension or social security benefits then submit a copy of the award letters.
4. Picture I.D. of applicant and household members.
5. Copy of Social Security Cards for all household members and Birth Certificates.
6. Property taxes shall be current and in paid status.
7. Most recent mortgage statement.
8. Electric Bill and Water Bill
9. Copy of warranty deed.
INSTRUCTIONS

Complete application in its entirety. Only one (1) application per household will be processed. For more information or to request assistance in completing this application, please contact Miami-Dade Community Action and Human Services at (786) 469-4730. Return your complete application to: Miami-Dade Community Action and Human Services, 701 NW 1st Court 11th Floor Miami, Florida 33136

Property Owner Information

Name: ____________________________ SSN: ____________________________

Property Address: ____________________________ Home Phone (____)______________

City: ___________ Zip: _________ Work Phone: (____)____________________

Sex: _________ Age: _________ DOB: __________________

Marital Status: Married___ Single___ Divorced___ Widow______

Household Gross Annual Income: $__________________

(Attach copy of last income tax return and last month pay stubs)

Household Size: _________ Currently Employed: Yes _____ No _______

Type of Improvement Requested: Paint _____________ Landscape ___________

OFFICE USE ONLY

Folio #: ____________________________ Year Built: ____________________________

Homestead Exemption (Y) ___ (N) ______

________________________________________________

I HEREBIN CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: ____________________________ DATE: ______________

PRINT NAME: ____________________________________________
RIGHT OF ENTRY AND LIABILITY WAIVER AGREEMENT

I/We ____________________________________________________________ (the "Owner(s)"

"Owner(s)"")

owner(s) of the property commonly identified as:

__________________________________________________________________________

Folio No(s).:______________________________________________________________

__________________________________________________________________________ (the "Property")

Street (attach legal description if available)_______________________________ City/Town ______________

In consideration of one or more of the following activities to be conducted on the Property, the Owner(s) thereof hereby grant to Miami-Dade County, a political subdivision of the State of Florida, a right of entry and a waiver of liability from the Owner in order to conduct one or more activities on the Property:

____________(1) painting of the exterior;
____________(2) landscaping; and/or

This right of entry and waiver of liability granted by the Owner(s) in accordance with the Beautification Program (the "Program"), which was established by the Miami-Dade County Board of County Commission, through Resolution Numbers R- 88-06 , as amended by R-1438-06. The purpose of the Program is to provide assistance to qualified home owners, who use their homes as their primary residence, to landscape, paint the exterior of their homes and/or complete other improvements to the façade of their homes,

Right of Entry to said property is hereby granted by the Owner to Miami-Dade County and its contractors and their subcontractors thereof, for the purpose of accomplishing the above purpose. The undersigned agrees and warrants to hold harmless Miami-Dade County, its contractors, their subcontractors, officers, agents, employees, or assigns for damage of any type, whatsoever, either to the above described Property or to any persons present thereon and hereby releases, discharges and waives any action against Miami-Dade County, its contractors, their subcontractors, officers, agents, employees, or assigns from all liability to Owner(s), Owner(s)’s children, relatives guests, representatives, assigns, or heirs, for bodily injury, death or property damage that Owner(s) may suffer in connection with any activities on the Property, whether caused solely or partially by the negligence of Miami-Dade County, its contractors, their subcontractors, officers, agents, employees, or assigns.
I/we have read this Right of Entry and Liability Waiver Agreement, or it has been read to me/us, and I/we fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

WHEREOF, the undersigned has caused this Right of Entry and Waiver of Liability Agreement to be executed on this _____ day of ______________, 20_____.

Property Owner Name

____________________________________

____________________________________

Telephone No.

____________________________________

Address

____________________________________

Witness Date
Paint Color Selection Agreement

Property Owner Name (Please print): ________________________________________________

Property Address (Please print): _________________________________________________

Main Color (Please Print): ______________________________________________________

Trim Color (Please Print): ______________________________________________________

Please pick a Main Color and a Trim Color at your local Sherwin-Williams store.

The undersigned property owner hereby agrees to the paint color selection described Above. I understand that once the color selection is made, colors cannot be changed.

_________________________________________                     _________________________________
Property Owners Signature                     Date
Landscaping Design Selection Agreement

Property Owner Name: ________________________________
(Please print)

Property Address: __________________________________
(Please print)

The undersigned property owner agrees to meet with the landscaper to discuss their individual design.

_________________________ Property Owner’s Signature   __________________________ Date
Media Release Form

I understand that information regarding the services I receive from Miami-Dade Community Action and Human Services Department (herein after referred to as “CAHSD”) maybe used by agents, employees or representatives of CAHSD to promote, market and educate the community about its programs and services.

I hereby authorize CAHSD 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 CAHSD 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 CAHSD 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)  

Miami-Dade Community Action and Human Services is a department of Miami-Dade County Government
AUTHORIZATION FOR RELEASE OF INFORMATION

This document is to authorize release of information regarding your home Beautification application with, the Miami-Dade County Community Action and Human Services Department, for the purposes of verifying information supplied in your application.

I ______________________________________ hereby grant permission to the Miami-Dade County, a political subdivision of the State of Florida through its Community Action and Human Services Department and Public Housing and Community Development Departments 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:

__________________________________________ ______________________________
Miami-Dade County Community Action and Human Services Department

DISCLOSURE STATEMENT

Date: ______________

I/We ____________________________________________.
Applicant/Co-Applicant

☐ am not related by blood or marriage to any employee, currently working for the Department of Public Housing & Community Development and/or the Community Action & Human Services.

☐ am related by blood or marriage to an employee (please name)

________________________________________________________________________________________

Currently working for the Department of Public Housing & Community Development and/or the Community Action & Human Services

I attest also, that I have not made payment of any additional fees, inducements, or other transactions that are not (or will not be) disclosed in the USHUB Settlement Statement.

______________________________________        _________________________________
Signature of applicant                                                 Signature of Co-Applicant