



## CITY OF MIRAMAR NEIGHBORHOOD STABILIZATION PROGRAM (NSP)

The City of Miramar, through the use of Federal Neighborhood Stabilization Program (NSP3) funds, is pleased to provide purchase and repair assistance for low to middle-income households for the purchase of foreclosed and vacant properties in Miramar to *occupy as their primary residence*. Assistance is in the form of a 0% interest deferred second loan that reverts to a grant if all program conditions are met. This program is administered by the City of Miramar in conjunction with the City's consultant, Community Redevelopment Associates of Florida, Inc (CRA). Should you have any questions pertaining to this application please contact:

**Community Redevelopment Associates of Florida, Inc (CRA)**  
**8569 Pines Boulevard, Suite 201**  
**Miramar, Florida 33024**  
**(Phone) 954-431-7866 – Option 3 or 1-877-CRA-FLA1**

---

### PURCHASE ASSISTANCE

1. Maximum assistance for home purchase is **up to \$60,000**. (Depending on household income. See income chart below and assistance levels on Page 9).
2. Applicants will be able to find their own property within the City's target area. Please see page 3 for the target area map.
3. All applicants must be pre-approved by a lender on the City's registered lenders' list before an application will be accepted.
4. Applicant does not have to be a first time homebuyer but **cannot own any other residential real estate** at the time of completing this application and prior to receiving any assistance from the City.
5. The purchase price for homes may not exceed **\$250,000**.
6. Properties for purchase must meet NSP guidelines. Single-family detached homes, condos, town homes and villas are eligible. NSP requires that the property must be least 60 days delinquent on its mortgage and the owner has been notified; **or** the property owner is 90 days or more delinquent on tax payments; **or** under state or local law, foreclosure proceedings have been initiated **or** completed; **or** foreclosure proceedings have been completed and title has been transferred to an intermediary aggregator or servicer that is not an NSP grantee, subrecipient, developer, or end user. Bank approved short sales, that meet these requirements will also be accepted.
7. Applications will be accepted during the open enrollment period or until sufficient applications are received.
8. Funds are available on a first come, first served basis. Funds will be reserved only after an executed purchase contract is received. If the purchase is a short sale, funds will be reserved once bank approves the short sale.
9. Should your income change after you were determined income eligible and assistance has not been provided, your program eligibility will have to be recertified.
10. You may use any licensed real estate professional of your choice. We also recommend you seek competent legal advice.



## HOME REPAIR ASSISTANCE

11. Assistance for repair is **budgeted for an average of \$60,000**. (Depending on household income, see chart below & Pg.10) Repair costs may exceed \$60,000 for extreme circumstances on a case-by-case basis.
12. For households who purchase an NSP eligible property on their own or with the assistance of their agent, the City will make available additional NSP funds to address repairs. You will sign a separate mortgage for repair.
13. Within 48 hours of the closing, CRA will order and inspection to develop a comprehensive set of work specifications to begin the repairs of your home. The City's pool of general contractors will be invited to bid on your home repair project. The lowest, most responsive bidder will be assigned the project.
14. When the purchase transaction is completed and the housing unit has transitioned to home repair assistance, applicants are not to begin their own repairs or remodeling, if receiving home repair assistance from the City. The property must remain in the condition it was purchased in for the program to properly budget for and address repairs.

\*Please be aware that depending on the condition of the home, you may not be able to occupy the unit right away or during the repair process. You may have to arrange to live elsewhere until the unit is habitable. Some repairs can take several months to complete. You will be required to pay the mortgage while still maintaining your existing home until repairs are completed on the NSP3 property.

### Maximum Income Limits Per Income Category

Household Size	0-30% AMI Very Low Income	31-50% AMI Low Income	51-80% AMI Moderate Income	81-120% Middle Income
1	\$ 15,050.00	\$ 25,100.00	\$ 40,150.00	\$ 60,150.00
2	\$ 17,200.00	\$ 28,650.00	\$ 45,850.00	\$ 68,750.00
3	\$ 19,350.00	\$ 32,250.00	\$ 51,600.00	\$ 77,350.00
4	<b>\$ 21,500.00</b>	\$ 35,800.00	\$ 57,300.00	\$ 85,900.00
5	\$ 23,250.00	\$ 38,700.00	\$ 61,900.00	\$ 92,800.00
6	\$ 24,950.00	\$ 41,550.00	\$ 66,500.00	\$ 99,650.00
7	\$ 26,700.00	\$ 44,400.00	\$ 71,100.00	\$ 106,550.00
8	\$ 28,400.00	\$ 47,300.00	\$ 75,650.00	\$ 113,400.00

\*Income Limits Effective December 1, 2011



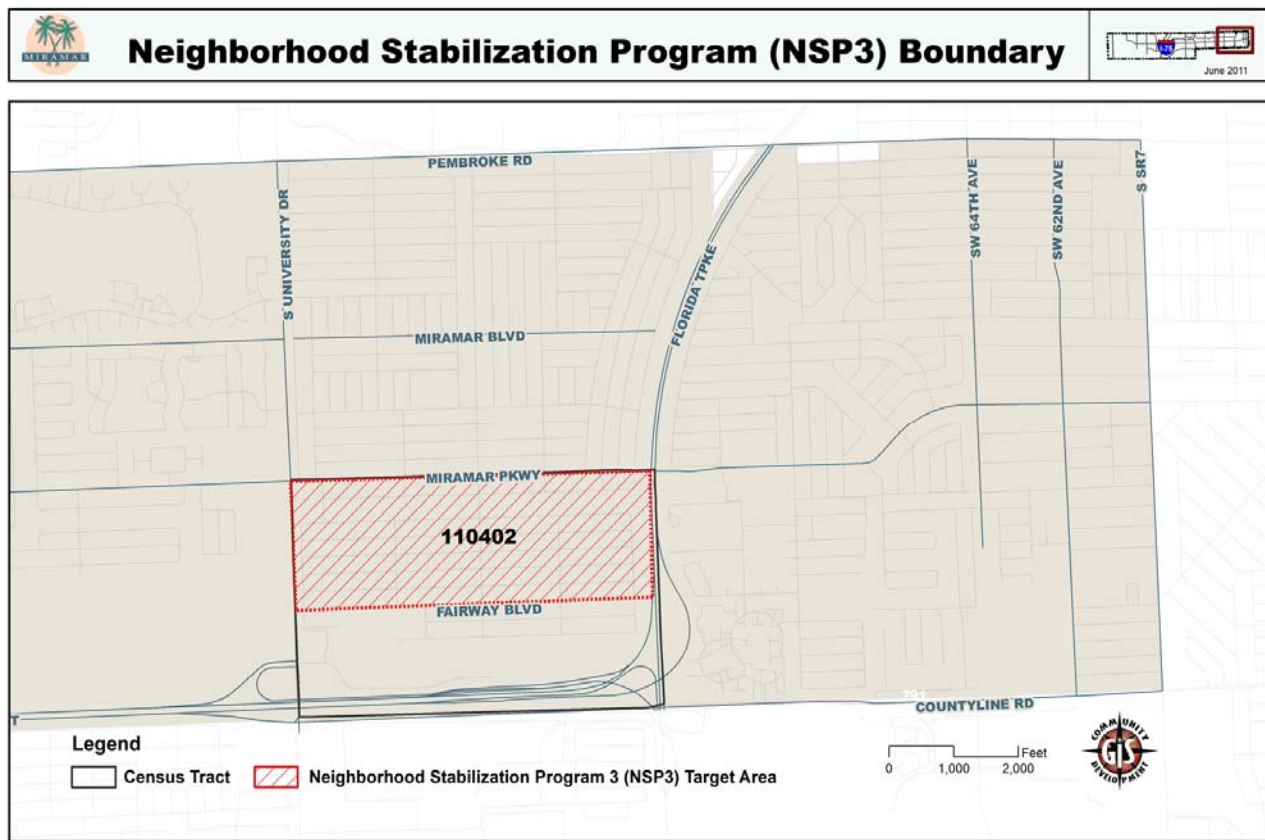
# CITY OF MIRAMAR

## NEIGHBORHOOD STABILIZATION PROGRAM (NSP)

### PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM DISCLOSURES

The following map indicates the target census tracts in the City of Miramar where NSP funds will be used to stabilize neighborhoods.

*Figure 1: NSP3 Target Area - South of Miramar Parkway, North of Fairway Boulevard, West of the Florida Turnpike and East of University Drive*



All properties purchased with NSP funds must meet NSP guidelines in order to be considered eligible. NSP funds **cannot** be used as foreclosure prevention to assist you with staying in your current property. The terms of the City’s purchase assistance program are outlined on the following pages.



## **CITY OF MIRAMAR NEIGHBORHOOD STABILIZATION PROGRAM (NSP) PURCHASE/HOME REPAIR ASSISTANCE PROGRAM DISCLOSURES**

### **City of Miramar NSP Purchase and Home Repair Assistance Process**

1. Read, understand and sign program application disclosures. Signed disclosures must accompany application.
2. Be pre-qualified/pre approved by a participating lender.
3. Schedule an appointment with Community Redevelopment Associates of Florida, Inc.(CRA) to submit your completed application.
4. Your application will receive an initial review from CRA and you will receive a pre-award letter acknowledging receipt of your application. This does not reserve funding for you and all information presented will be verified. Funds will not be reserved until an executed contract is received. A final approval is based on the verification of income and NSP property eligibility.
5. Once your application is submitted to CRA, you will be responsible for finding an NSP eligible property within the target area.
6. All purchase contracts must contain the program's required addendum which outlines program conditions and disclosures. Program requirements must be acknowledged by both buyer and seller.
7. Once your offer for purchase is accepted on the property of your choice, you will need to order your own appraisal and property inspection.
8. Executed contracts must be forwarded to CRA to review property eligibility and reserve funding. CRA will stop accepting applications once NSP funds are committed. Funds are on a first come, first qualified basis.
9. Your lender will need your executed purchase contract to finish processing your loan.
10. You will be required to attend and satisfactorily complete a HUD Approved 8 Hour Homebuyer's Education Class. We advise you do this as early as possible to help you understand the home buying process. It is valid for 12 months. This must be on file before your scheduled closing.
11. Once your purchase transaction is complete, the property will immediately transition to the home repair process.
12. Within 48 hours of the closing, CRA will order and inspection to develop a comprehensive set of work specifications to begin the repairs of your home. The City's pool of general contractors will be invited to bid on your home repair project. The lowest, most responsive bidder will be assigned the project.
13. Once repair costs are determined, you will sign a mortgage and promissory note for the home repair assistance.
14. If you are receiving repair assistance from the City, do not start any major or minor repair work on your own. Your property was approved for assistance based on the condition it was in at the time of closing.
15. Please be aware that depending on the condition of the home, you may not be able to occupy the unit right away or during the repair process. You may have to arrange to live elsewhere until the unit is habitable. Some repairs can take several months to complete. The home must be accessible during the weekdays so that contractors can complete the repairs.



Community Redevelopment Associates of Florida, Inc. will not be able to accept an application without a pre-qualification/pre-approval letter from one of the approved lenders in the lenders consortium. The lender will require you to complete a loan application and will review your credit, income and other standard loan information to determine if you qualify for a mortgage and how much you are able to afford. Members of the lenders consortium have agreed to provide mortgages to qualified borrowers at preferential rates and terms. Interest rates, loan amounts and terms of any loan are subject to negotiation between lender and borrower. Throughout the process, the lender who pre-qualified you may request additional information from you to complete the loan application. You must be determined both income eligible for the purchase assistance program and able to secure a loan to receive assistance from the City.

**Income Certification Process**

A third party will verify all household income information. The verification is required to determine your eligibility for assistance under NSP program guidelines. If you qualify for assistance, your income will be certified and you will a notice of eligibility. Should your income change after you were determined income eligible and assistance has not yet been provided, your program eligibility will have to be recertified.

**Finding a NSP Eligible Property**

With your pre-award letter from CRA and pre-qualification/approval from a lender, you will be responsible for finding a NSP eligible property. All properties must have an appraisal that is no older than 60 days, a roof inspection, termite inspection and other inspections that may be determined under the program. All sales contracts will require the completion of the “NSP Eligible Property Addendum.” Once your contract to purchase has been accepted, you will need to work with your lender to finalize your mortgage process.

NSP may provide additional assistance to address minor home repairs in the unit as identified during the inspection process. You must close on the property and possess title to property to receive NSP home repair assistance.

CRA of Florida reviews all final loan packages and inspection reports to determine program eligibility. All loan documentation, sales contracts and property inspections will be forwarded to CRA of Florida by your lender. Once you have received a mortgage commitment from your lender, you must be sure that CRA of Florida receives a copy of your HUD 1 closing statement at least **48 hours** prior to closing to enable final compliance review with NSP program rules.

Community Redevelopment Associates of Florida, Inc, and the City of Miramar are not acting in any capacity relating to mortgage or real estate transaction. You agree to hold harmless Community Redevelopment Associates of Florida, Inc. and the City of Miramar , any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to you applying for any grant or mortgage or your purchase of any real estate. *Applicants should always seek competent, professional legal advice when engaging in any real estate related transaction.*

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date



**CITY OF MIRAMAR  
 NEIGHBORHOOD STABILIZATION PROGRAM (NSP)  
 PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM DISCLOSURES**

**FALSE STATEMENTS DISCLOSURE AND ACKNOWLEDGMENT**

By completing and submitting this application, you acknowledge that the intent of the NSP program is to assist households who would like to purchase a foreclosed property as an owner occupied residence. You do not have to be a first-time homebuyer to receive assistance under the City’s NSP Purchase Assistance program. Under the City’s NSP program, you could have owned a property within the last 3 years. However, at the time of completing this application and prior to receiving any assistance from the City, you cannot own any other residential real estate.

By signing this disclosure and completing this application, you attest to the fact that you do not currently own any other residential real estate and that you intend to purchase a property as your primary residence as stipulated in the terms of your agreement with the City. You will be required to maintain a homestead exemption status and maintain flood and hazard/homeowners insurance for the duration of the term stipulated in your agreement with the City.

**FEDERAL WARNING:** There are fines and imprisonment—\$10,000/5years—for anyone who makes false, fictitious, or fraudulent statements or entries in any matter within the jurisdiction of the Federal Government (18 U.S.C 1001).

**STATE 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 S775.082 o 775.83.

**LOCAL WARNING:** The local government overseeing the administration of this program, may also impose fines and/or imprisonment for anyone who makes false, fictitious or fraudulent statements regarding, income assets, liabilities, household size, occupancy and any other information necessary to determine eligibility for this program.

I/We have read, understand and acknowledge the above disclosure.

\_\_\_\_\_  
 Applicant’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Applicant’s Signature

\_\_\_\_\_  
 Date



## PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding Open Records. Information provided by you that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Having been advised of this fact prior to making application for assistance or supplying any information, I/We agree to hold harmless and indemnify Community Redevelopment Associates of Florida, Inc., and the City of Miramar, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that neither Community Redevelopment Associates of Florida, Inc. nor the City of Miramar, have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to Community Redevelopment Associates of Florida, Inc. or the City of Miramar in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/we agree that neither Community Redevelopment Associates of Florida, Inc. nor the City of Miramar have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless Community Redevelopment Associates of Florida, Inc., and the City of Miramar or any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for any grant or mortgage or my/our purchase of any real estate, or any matter arising out of any housing rehabilitation project funded by the City of Miramar .

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The City collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City to give you this written statement explaining the purpose and authority for collecting your social security number.

Your social security number is being collected for the purposes of income certifying you for the City's housing assistance program, which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, Federal and/or State program dollars.

### Authorization to Collect Social Security Number

- 24 CFR 5.609, referred to as "Part 5 Annual Income" - Code of Federal Regulations.
- City of Miramar NSP Implementation Procedures.

Your social security number will not be used for any other purpose other than verifying your eligibility for the City's program.

I/We have read and understand this information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## CONFLICT OF INTEREST DISCLOSURE

In accordance with 24 CFR 570.611 applicants can be denied participation in the City's Purchase Assistance/Residential Repair Program if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official, appointed official of the City of Miramar or its subrecipients and if within the past 12 months, any of the following three statements applies to any of the applicants:

1. Exercises or has exercised any functions or responsibilities with respect to funds for this program.
2. Participates or has participated in the decision making process related to funds for this program.
3. Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the City's program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge and disclose that conflict. **Please note if a conflict of interest exists, we are required to seek a legal opinion to make it known to the public that you are applying for this program either by newspaper or at through the City Commission public hearing process and then request an exception from the U.S. Department of HUD. This process is mandatory for all City of Miramar employees and any time a conflict exists.**

Please read statement #1 and #2 and check the statement that applies to you.

**1. I/We DO NOT have a conflict of interest as it relates to applying for assistance from the City**

**2. I/We HAVE a conflict of interest as it relates to applying for assistance from the City.**

If you placed a checkmark by statement #2, please explain the Conflict of Interest:

---

---

---

I/We have read and understand what a Conflict of Interest is as it pertains to this application for assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## CITY OF MIRAMAR PURCHASE ASSISTANCE PROGRAM TERMS AND CONDITIONS

**Minimum Contribution from Borrowers Own Funds:** 1% (one percent) or up to half of the lender’s required down payment.

**First Mortgage Maximum LTV (Loan to Value): 95% LTV and 96.5% (For FHA).** Applicant must be pre-qualified based on ability to pay without consideration of assistance from the City.

**Maximum Combined LTV (Loan to Value):** 105% CLTV

**Second Mortgage Purpose:**

- Soft Second Mortgages - Zero percent (0%) interest deferred second mortgage that does not require payment by the NSP recipient as long as terms of agreement between the City and owner are maintained for duration of the affordability period. Interest rate and principal buy down may be permitted.

**Maximum Amount of Assistance:** Very Low and Low Income: 50% AMI or Lower - Up to \$60,000  
 Moderate Income: 51% AMI to 80% AMI - Up to \$40,000  
 Middle Income: 81% up to 120% AMI - Up to \$30,000  
 (Based on Area Median Income – AMI, See income chart on page 2)

**Second Mortgage Interest Rate:** 0% interest for the term of the loan – 15 Years

Zero percent interest, deferred payment loan secured by a mortgage and note. The loan is forgivable in its entirety at the end of the term. The term begins the date of the closing, provided the title remains under the ownership of the original purchaser.

**Borrower Income Limitations:** 120% of the area median income (AMI) adjusted for household size.

**Property Eligibility:** Single-family detached homes, condominiums, townhomes, and villas that have been foreclosed on and vacant.

Purchase Price for homes may not exceed **\$250,000**

Purchase checks are issued by the City. CRA is not responsible for issuance of checks. Prospective homebuyers must have their title company coordinate the closing with CRA of Florida. Federal and State statutes, regulations and programs governing this application are subject to change at any time

**I/We understand and agree with the terms mentioned above.**

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CITY OF MIRAMAR HOME REPAIR PROGRAM TERMS AND CONDITIONS

The City’s NSP program has set aside funds to address minor repairs that may be needed in the foreclosed units you have purchased with NSP funds. If the City of Miramar provides additional assistance to repair your home, the following terms and conditions will apply for NSP home repair assistance.

**Average Amount of Assistance:** Very Low and Low Income: 50% AMI or Lower - \$60,000\*  
Moderate to Middle Income: 51%-120% AMI - \$60,000\*  
(Based on Area Median Income – AMI, See income chart on page 2)  
(\* Repairs may exceed \$60,000 on a case-by-case basis)

**Second Mortgage Interest Rate:** 0% Interest Deferred Loan - 15 Years

Zero percent interest, deferred payment loan secured by a mortgage and note. The loan is forgivable in its entirety at the end of the term. The term begins the date of the closing, provided the title remains under the ownership of the original purchaser.

**Property Eligibility:** Housing units that have been purchased with NSP funds

**Standard Repairs Permitted** (Subject to availability of funds): The City maintains a list of standard repairs that it will complete in a NSP assisted unit. These repairs address code issues, health, safety, welfare, and other non-cosmetic type repairs. If a home needs repair assistance, purchasers should take into consideration the maximum amount of funding available for repairs.

Federal and State statutes, regulations and programs governing this application are subject to change at any time.

I/We understand and agree to the terms and conditions outlined above.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date

**(END OF DISCLOSURES)**



**CITY OF MIRAMAR**

**PURCHASE ASSISTANCE / HOME REPAIR**

**PROGRAM**

**NSP**

**APPLICATION**

ORIGINAL



## CITY OF MIRAMAR PURCHASE ASSISTANCE/HOME REPAIR PROGRAM

*Please provide photocopies of the below documents that apply to you.*  
**WE DO NOT MAKE COPIES.**

1. **Three (3) most recent pay stubs or earnings statements showing the employee's name, gross pay per pay period, deductions, and frequency of pay for every household member over 18 years old.**
2. **Last six (6) months bank statements for every household member.** We need every page of the bank statements – including any “blank” pages.
3. **Federal income tax returns filed with the IRS for the last two (2) years AND W-2s for the last two (2) years. We will accept:**
  - a. A copy of the original signed federal tax return with W-2s **or**
  - b. A transcript of your federal return from the IRS with W-2s. You can request a transcript by filling out IRS form 4506-T and sending to the IRS. The form can be obtained from the IRS website [www.irs.gov](http://www.irs.gov), by calling the IRS at 1-800-829-3676, or by going to the IRS office.
4. **Proof of number of dependants claimed** (Dependants must be listed on your federal tax return).
  - a. Birth Certificate on which the parent/applicant's name is listed **or**
  - b. School records which give the parents names and address **or**
  - c. Court-ordered letters of guardianship **or**
  - d. Divorce decree **or**
  - e. Letters of adoption
  - f. If a dependant over 18 is a full time student please submit a copy of their class schedule in addition to the above documents.
5. **Signed Social Security Cards for all household members.**
6. **Proof of citizenship or legal alien status documents.**
  - a. United States of America birth certificate **or**
  - b. U.S. Passport **or**
  - c. Alien registration card
7. **If you are divorced, we need a copy of your divorce decree or certified court documents.**
8. **If you are separated, we need 5 years tax returns showing single filing AND spouses drivers license or utility bill showing a different address.**
9. **Self-Employment Income.** Schedule C, E, or F must be included with your federal income tax return **AND**
  - a. Accountant or bookkeeper's statement of net income expected for the next 12 months printed on the accountant/book keeper's company letterhead **or**
  - b. A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months



10. **Social Security, Supplemental Security Income (SSI), and Disability benefits** - An award or benefit notification letter prepared and signed by the authorizing agency.
11. **Unearned Income.** Please provide documents for all that apply.
  - a. Unemployment Compensation - Unemployment benefit award notice with three (3) copies of unemployment check stubs.
  - b. Disability Compensation - Notice of eligibility from employer or authorizing agency and three (3) copies of check stubs.
  - c. Worker's Compensation - Notice of eligibility with amount awarded and three (3) check stubs.
  - d. Severance Pay - Notice of employer stating the amount received in severance pay.
  - e. Welfare of other needs based payments given to any household members.
12. **Unemployed household member not receiving unemployment benefits or income.** Please provide a notarized, sworn statement from the household member stating that unemployment benefits are not received and he/or she is not receiving any income.
13. **For Alimony or Child Support Payments**
  - a. A printout from the court or governmental agency through which payments are being made **or**
  - b. An original notarized letter from the non-custodial parent stating the amount given weekly, bi-weekly, or monthly **or**
  - c. An original notarized statement from custodial parent stating that child support is not received for each child.

**For Scholarships, Grants, and Veteran's Administration Benefits** - Benefactor's written confirmation of amount of assistance and educational institution's written confirmation of expected cost of the student's tuition, fees, books, and equipment for the next 12 months.

13. **Assets** - Please bring current statements for the assets mentioned below for each household member if applicable. We need all pages of each statements submitted and listed on your application form.
  - a. 401(K) account statement
  - b. Retirement statement
  - c. Pension statement
  - d. IRA statement
  - e. Certificate of deposit (CD) statement
  - f. Annuities
14. **Life Insurance policy with current cash value and the type (term or whole).** We need all pages of the most current policy statement.
15. **Recurring Contributions and Gifts.** Example: non-household member paying all or part of bills, mortgages or contributing money on a regular basis.
  - a. Notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts **or**
  - b. A letter from a bank, attorney, or a trustee providing required verification.



**CITY OF MIRAMAR  
PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM  
GENERAL APPLICANT INFORMATION**

**APPLICATION DUE DATE:** \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Co-Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Household Size: \_\_\_\_\_ Anticipated Gross Annual Household Income: \_\_\_\_\_

Marital Status of Applicant: \_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature \_\_\_\_\_  
Date

\*\*\*\*\*

**For Office Use ONLY**

Assigned to Program Specialist: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF MIRAMAR  
PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM**

**APPLICANT'S INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

CO-APPLICANT'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**ANNUAL GROSS INCOME: Attach additional sheet(s) if necessary.**

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBER 18 OR OVER	TOTAL
Gross Salary				
Overtime, Tips, Bonuses, etc.				
Interest/Dividends				
Business Net Income				
Rental Net Income				
Social Security, Pensions, Etc.				
Unemployment, Workers Comp.				
Alimony, Child Support				
Welfare Payments				
Other (List)				



**CITY OF MIRAMAR  
PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM**

**APPLICANT/CO-APPLICANT, EMPLOYER(S) and all household members over 18:**

Attach additional sheet if necessary.

Name of Employee (Applicant): \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

\*\*\*\*\*

Name of Employee (Co-Applicant): \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

*Please use the space below to list the employment information for other household members over the age of 18 or to provide information on additional employment of applicant and/or co-applicant. Use additional sheets if necessary.*

\*\*\*\*\*

Name of Employee: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

\*\*\*\*\*

Name of Employee: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

\*\*\*\*\*

Name of Employee: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_



**CITY OF MIRAMAR  
PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM**

Please complete the following for ALL members of the household. Attach an additional sheet, if needed.

<b>FULL NAME First Middle Last</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP</b>	<b>SOCIAL SECURITY #</b>

**ASSETS:**

Name: \_\_\_\_\_

<b>TYPE</b>	<b>CASH VALUE</b>	<b>ANNUAL INCOME FROM ASSETS</b>	<b>BANK NAME</b>	<b>ACCOUNT NO.</b>
Checking Accounts:				
Savings Accounts:				
Credit Union Account:				
Stock, Life Insurance :				
Other:				
Other:				



**CITY OF MIRAMAR  
PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM**

**ASSETS:**

Name: \_\_\_\_\_

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NO.
Checking Accounts:				
Savings Accounts:				
Credit Union Account:				
Stock, Life Insurance :				
Other:				
Other:				

**ASSETS:**

Name: \_\_\_\_\_

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NO.
Checking Accounts:				
Savings Accounts:				
Credit Union Account:				
Stock, Life Insurance :				
Other:				
Other:				



**CITY OF MIRAMAR  
PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM**

**LIABILITIES:**

List debts including auto loans, credit cards, charge accounts, real estate & mortgage loans, etc.

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
Mortgage			
Rent/Lease Payment			

Do you have any outstanding unpaid collections or judgments?      Yes No    Amount \$ \_\_\_\_\_  
 Have you declared Bankruptcy in the last 7 years?                      Yes No  
 Are you a party in a lawsuit?    Yes No

**IMPORTANT - APPLICANT READ BEFORE SIGNING**

The information provided is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information of purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agrees to provide any other documentation needed to verify eligibility.

**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 S775.082 o 775.83.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



**CITY OF MIRAMAR  
PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM**

**Statement of Household Size**

This is to certify that \_\_\_\_\_ person(s) will be residing in the property that I/We intend to purchase.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

ORIGINAL



CITY OF MIRAMAR
PURCHASE ASSISTANCE PROGRAM

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We \_\_\_\_\_, the undersigned, hereby authorize the release without liability, information regarding my/our employment income, and/or assets to Community Redevelopment Associates, Inc. for the purposes of verifying information provided, as part of determining eligibility for assistance under the NSP Purchase Assistance/Home Repair Program. I/We understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: personal identify; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions disability or death benefits; unemployment, disability and/or worker's compensation; welfare assistance; net income from the operation of a business; and, alimony or child support payments, etc.

Organizations/Individuals that may be asked to provide written/oral verification are, but not limited to:

- Past/Present Employers
Banks, Financial or Retirement Institutions
State Unemployment Agency
Welfare Agency
Alimony/Child/Other Support Providers
Social Security Administration
Veteran's Administration
Other: \_\_\_\_\_

Agreement to Conditions:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/We have the right to review this file and correct any information found to be incorrect.

Signature of Applicant, Print Name, Date
Signature of Co-Applicant, Print Name, Date

NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506. Request for Copy of Tax Return will need to be signed separately.



**COMMUNITY REDEVELOPMENT ASSOCIATES OF FLORIDA, INC.  
PROGRAM ADMINISTRATOR FOR THE CITY OF MIRAMAR  
NEIGHBORHOOD STABILIZATION PROGRAM  
PURCHASE ASSISTANCE/RESIDENTIAL HOME REPAIR PROGRAM**

Credit Bureau Services, Inc. REPOSITORY REPORT ORDER FORM

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

Client Code: \_\_\_\_\_

APPLICANT INFORMATION:

BORROWER: \_\_\_\_\_

A.K.A./FKA: \_\_\_\_\_

SS#: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CO-APPLICANT INFORMATION:

CO-BORROWER \_\_\_\_\_

A.K.A./FKA \_\_\_\_\_

SS #: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I (We) authorize Credit Bureau Services, Inc. to access repository information from a credit reporting agency of its choice and provide this information to Community Redevelopment Associates of Florida, Inc.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Co- Borrower's Signature

\_\_\_\_\_  
Date