



LANDSCAPE & FACADE IMPROVEMENT PROGRAM

APPLICATION

APPLICANT'S INFORMATION

Head of Household: _____

Street Address: _____

Home Phone Number _____ Cell Phone Number _____

E-Mail Address: _____

PROPERTY INFORMATION

Own: Yes _____ No _____ (If no, applicant is not eligible)

Name and address of Mortgage Holder: _____

Are mortgage payments current? Yes _____ No _____

Property Folio Number: _____

Are there any code violations on the property? Yes _____ No _____

Explain: _____

SCOPE OF WORK REQUESTED



CITY OF HOMESTEAD CRA RESIDENTIAL REHABILITATION GRANT PROGRAM

APPLICATION

HOUSEHOLD INFORMATION

Number Living in Unit: _____

Head of Household Marital Status:

_____ Married _____ Unmarried (single, divorced or widowed) _____ Separated

	NAME	RELATIONSHIP TO HOUSEHOLD	SS #	AGE	SEX
1					
2					
3					
4					
5					
6					
7					
8					

Head of Household Race: _____ Black _____ White
_____ Asian/Pacific Islander _____ Other (Specify)

Head of Household Ethnicity: _____ Hispanic _____ Non-Hispanic

Check all that apply to Head of Household: _____ Elderly (Over 62)
_____ Female Head of Household
_____ Handicap/Physically Disabled



CITY OF HOMESTEAD CRA RESIDENTIAL REHABILITATION GRANT PROGRAM

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HOUSEHOLD INCOME

Annual (Per Year) Income of Head of Household and each additional member of the household (use additional sheet if you need additional columns for other household members).

SOURCE OF INCOME	HEAD OF HOUSEHOLD _____	HOUSEHOLD MEMBER _____	HOUSEHOLD MEMBER _____	HOUSEHOLD MEMBER _____	INCOME VERIFICATION
Salary	\$	\$	\$	\$	Check Stubs
Tips/Bonuses	\$	\$	\$	\$	Check Stubs
Interest/Dividends	\$	\$	\$	\$	Bank Statement
Pension	\$	\$	\$	\$	Check Stubs
Social Security	\$	\$	\$	\$	Letter
Unemployment Benefits	\$	\$	\$	\$	Letter
Workers Compensation	\$	\$	\$	\$	Letter
Alimony/Child Support	\$	\$	\$	\$	Court Order
Welfare Payments	\$	\$	\$	\$	Letter
Rental Income	\$	\$	\$	\$	Lease/Tax Return Form
Business Income	\$	\$	\$	\$	Tax Return Form
Other	\$	\$	\$	\$	
TOTAL	\$	\$	\$	\$	



CITY OF HOMESTEAD CRA RESIDENTIAL REHABILITATION GRANT PROGRAM

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SOURCES OF INCOME VERIFICATION

1. Name: _____
Position/Title: _____
Employer Name: _____
Business Address: _____

Business Phone: _____
Dates Worked: _____
2. Name: _____
Position/Title: _____
Employer Name: _____
Business Address: _____

Business Phone: _____
Dates Worked: _____
3. Name: _____
Position/Title: _____
Employer Name: _____
Business Address: _____

Business Phone: _____
Dates Worked: _____
4. Other Income Source: _____
Name: _____
Address: _____

Phone: _____
Dates Worked: _____
5. Other Income Source: _____
Name: _____
Address: _____

Phone: _____
Dates Worked: _____



CITY OF HOMESTEAD CRA RESIDENTIAL REHABILITATION GRANT PROGRAM

APPLICATION

APPLICATION CERTIFICATION FORM NOTICE – PLEASE BE AWARE THAT:

Fl statute section 837.06 - false official statements law states that: "whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree," punishable as provided by a fine to a maximum of \$500 and/or maximum of a 60 day jail term.

The undersigned specifically certifies that: (1) all statements made in this application are made for the purpose of obtaining the assistance indicated herein and are true and accurate; (2) verification or re-verification of any information contained in the application may be made at any time by the City or its consultant during the project to verify applicants qualification: (3) pay restitution for all costs occurred may be required for supplying false income information: (4) I hereby waive my rights under the privacy and confidentiality provision act, and give my consent to the City of Homestead, its agents and contractors to examine any confidential information given herein: (5) I further grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.

Applicant's Name: _____

Signature: _____ Date: _____

Co Applicants Name: _____

Signature: _____ Date: _____

**FLORIDA
MIAMI DADE COUNTY**

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, this _____ day
of _____, 20_____.

Notary Public
Signature _____

My Commission Expires: _____



CITY OF HOMESTEAD CRA RESIDENTIAL REHABILITATION GRANT PROGRAM

APPLICATION

***** Each additional household members receiving income must sign below******

Verification or re-verification of any information contained in the application may be made at any time by the City or its consultant during the project to verify applicants qualification:

1. Print Name: _____

Signature: _____ Date: _____

2. Print Name: _____

Signature: _____ Date: _____

3. Print Name: _____

Signature: _____ Date: _____

4. Print Name: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

a. Total Annual Income as listed above: \$ _____

b. Number of people living in household: _____

c. Section 8 Income Limits 30% _____ 50% _____ 80% _____

Income determination (check category that applies based on Section 8 HUD standards)

_____ Very Low Income _____ Low/Moderate Income _____ Over Income

Staff Members Signature: _____

Date of Determination: _____



CITY OF HOMESTEAD
CRA RESIDENTIAL REHABILITATION GRANT PROGRAM

APPLICATION

CONFLICT OF INTEREST STATEMENT

Check the following that apply:

___ I hereby certify that I am **NOT** related to any of the current City Council members as identified by the attached list.
OR

___ I **AM** related to Council Member _____;
Relationship _____

___ I hereby certify that I am **NOT** a City of Homestead employee with the City of Homestead nor am I related to any City of Homestead employees **OR**

___ I **AM** a City of Homestead employee or I am related to the following City employee(s).

Name _____

Department _____ Relationship _____

Name _____

Department _____ Relationship _____

Applicant Signature: _____

Print Name: _____

Co-Applicant Signature: _____

Print Name: _____

Elected Officials of the City of Homestead

Mayor Steven D. Losner
Councilwoman Erica G. Ávila
Councilwoman Clemente Canabal
Councilman Larry Roth

Vice-Mayor Sean L. Fletcher
Councilwoman Jenifer N. Bailey
Councilman Tom Davis



CITY OF HOMESTEAD CRA RESIDENTIAL REHABILITATION GRANT PROGRAM

APPLICATION

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to the City of Homestead, its agents, and consultants, for the purposes of verifying information provided as part of determining eligibility for assistance under the City of Homestead's CRA Residential Rehabilitation Grant Program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

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

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

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

Agreement to Conditions:

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

_____	_____	_____
Applicant Signature	Print Name	Date

**FLORIDA
MIAMI DADE COUNTY**

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, this _____ day
of _____, 20_____.

Notary Public Signature _____

My Commission Expires: _____

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", prepare, and sign separately.