



# Department of Community Services

18605 N.W. 27<sup>th</sup> Avenue, Suite 151,

Miami Gardens, FL 33056

Phone: (305) 622-8041 • Homeownership@miamigardens-fl.gov

## APPLICATION FOR HOMEOWNERSHIP DOWN PAYMENT ASSISTANCE

### APPLICANT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

### CO-APPLICANT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

### PROPERTY TO BE PURCHASED

Address: \_\_\_\_\_ City: **Miami Gardens** State: **FL** Zip: \_\_\_\_\_

*(Property must be located in the City of Miami Gardens)*

- |   | <b>APPLICANT</b>   | <b>CO-APPLICANT</b>                                      |
|---|--|--|
| 1. Have you owned a home in the past 3 years?<br><i>(A mobile home titled as a personal property is not considered a home)</i>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. If you answered <b>YES</b> above, are you a displaced Homemaker?<br><i>(If you answered YES to both questions above, a divorce decree showing the method of disposition of the marital home will required)</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Have you declared bankruptcy in the last 2 years?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

### 2022 INCOME LIMITS FOR HOUSING REHABILITATION PROGRAM

Household Size	1	2	3	4	5	6	7	8
<b>Maximum Income</b>	\$81,960	\$93,600	\$105,360	\$117,000	\$126,360	\$135,720	\$81,960	\$93,600

**HOUSEHOLD INFORMATION & ASSETS**

Include the names of ALL household members, including minors. (Example, bank and investment accounts)

	Name	Date of Birth	Social Security Number	Relationship to Applicant	Total Cash Value of Assets
1				SELF	
2					
3					
4					
5					
6					
7					
8					
Total					

**ANNUAL HOUSEHOLD INCOME**

	Name	Wages/ Salaries include Tips, Commission & Bonuses	Benefits, Pensions	Public Assistance	Other Income	Annual Income
1						
2						
3						
4						
5						
6						
7						
8						
Total						

I hereby authorize the City of Miami Gardens to verify my past and present employment records, bank statements, stock holdings and any other asset balances that are needed to process this application. I further authorize the City to order consumer credit report and verify other credit information, including past and present landlord references. It is understood that a copy of this form will also serve as authorization. The information obtained here is only used to ascertain your eligibility to receive housing rehabilitation assistance.

**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 S 775.082 or 775.83

\_\_\_\_\_  
Print Name of Applicant

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

\_\_\_\_\_  
Date

Print Name of Co-Applicant

Signature of Co-Applicant

Date

### THIRD PARTY VERIFICATION OF ASSET INCOME

(One Form to Be Completed for Each Household Member)

State and/or Federal Regulations require us to verify asset income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:** I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature

Print Name

SSN#

Date

#### ↓ TO BE FILLED OUT BY YOUR BANKING INSTITUTION ↓

Please return information to:

City of Miami Gardens – Department of Community Development  
18605 NW 27 Avenue, Suite 151  
Miami, Florida 33056

Complete the (applicable) sections below:

Institution Name: \_\_\_\_\_ Checking Account # \_\_\_\_\_

Average Monthly Balance (last 6 months): \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance/Interest Rate: \$ \_\_\_\_\_ %

Certificate of Deposit # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Withdrawal Penalty: \$ \_\_\_\_\_

IRA, Keogh, Retirement Account # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Withdrawal Penalty: \$ \_\_\_\_\_

Other Account # \_\_\_\_\_ Amount/Interest Rate: \$ \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Warning: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

**Note:** For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate employment source; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.

# THIRD PARTY VERIFICATION OF EMPLOYMENT

(One Form to Be Completed for Each Household Member)

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**Authorization:** I hereby authorize the release of requested information. A copy of the executed "Authorization for Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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Signature	Print Name	SSN#	Date
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↓ **TO BE FILLED OUT BY YOUR EMPLOYER** ↓

Please return information to:

City of Miami Gardens – Department of Community Development  
18605 NW 27 Avenue, Suite 151  
Miami, Florida 33056

Please provide information about anticipated employment income during the next 12 months:

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

Position: \_\_\_\_\_ Length of Time Employed: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Pay Frequency (Hr, Wk, Mo): \_\_\_\_\_

Overtime Pay Rate: \_\_\_\_\_ Average Overtime Hours/Wk: \_\_\_\_\_

Total Annual Base-Pay Earnings: \$ \_\_\_\_\_ Total Overtime Base-Pay Earnings: \$ \_\_\_\_\_

Amount and frequency of other Compensation (bonus, raise, commission, tips): \$ \_\_\_\_\_

Vacation Pay(Y or N): \_\_\_\_\_ If yes, number of days: \_\_\_\_\_

Retirement Account (Y or N): \_\_\_\_\_ Amount Accessible to Employee: \$ \_\_\_\_\_

Total Gross Annual Income, including other compensation, for next 12 months: \$ \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Warning: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

Note: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate employment source; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.



**DISCLOSURE AND AUTHORIZATION FOR THE RELEASE OF INFORMATION**

Authorization is hereby granted to the City of Miami Gardens, Department of Community Development to obtain a tri-merge consumer credit report exclusively for the purpose of determining eligibility for homeownership assistance under the Neighborhood Stabilization Program to purchase a home.

**Credit Report and Verifications:** My signature below authorizes the release to the City to obtain a credit report, and further authorizes them to obtain previous and current information to confirm my eligibility. This includes but is not limited to information regarding my employment, bank accounts, outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc), disability or worker’s compensation, welfare assistance, net income from operations of a business, and alimony and child support payments.

**Public Records Law:** I understand and acknowledge that the City of Miami Gardens is a municipal corporation in the State of Florida and the records maintained by it as a municipality, are open for personal inspection and copying by any person. Providing access to public records is a duty of each municipal agency, pursuant to Florida Statute, Chapter 119.01, known as the Sunshine Law.

**Computer Matching Notice & Consent:** I understand that the City of Miami Gardens may conduct computer-matching programs with other agencies, including federal, state, tribal or local agencies including, but not limited to:

- |                                 |                            |
|---------------------------------|----------------------------|
| U.S. Postal Service             | Employment Security        |
| Welfare and food stamp agencies | U.S. Department of Defense |

The match will be used to verify information from me and other members of my household.

**Agreement to Conditions: I further irrevocably grant to the City of Miami Gardens my consent and full right to, use my name, photograph, likeness, image, voice, and biography in any and all media, publications, advertising, and publicity, in connection with my participation in the Neighborhood Stabilization Program and any program related activity or project.**

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.

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature Printed Name Date



**City of Miami Gardens  
Department of Community Services**

**Application Package MUST contain the following:**

1. A Completed and Signed Application for this property
2. Picture ID from All Adult Household Members
3. Proof of Citizenship or Legal Residency for all Adult Household Members
  - (Passport, Birth Certificate, Voter's Reg., Resident Alien Card)
4. Birth Certificates for All Minor Household Members
5. Social Security Cards from All Household Members
6. Course Certificate for 8-Hour First Time Homebuyer (Issued within the past 12 months)
7. Most Recent Three (3) Months of Bank Statements for Each Household Member
8. Last Four (4) Pay-Stub for Each Household Member
9. Evidence of Other Sources of Income, Such As Social Security, Child Support, Alimony, Etc.
10. Last Two (2) Years IRS Tax Returns

**Additional Forms:**

1. Third Party Verification of Asset Income (Signature Only/Do Not Complete)
2. Verification of Employment (Signature Only/Do Not Complete)
3. Conflict of Interest Disclosure
4. Disclosure and Authorization for the Release of Information
5. Pre-Approval Letter from a Lender
6. Executed Sales Contract to purchase a home (home must be located within the City of Miami Gardens)