



City of North Lauderdale
Community Development Department
701 S.W. 71st Avenue
North Lauderdale, Florida 33068
Telephone: (954) 722-0900

40TH YEAR CDBG RESIDENTIAL REHABILITATION PROGRAM

If you are interested in making improvements to your home to protect it from wind damage, the City of North Lauderdale has funds available to assist income eligible homeowners. This assistance will provide for qualified wind resistance construction and installations to reinforce the existing housing and maintain the structural integrity of your home. This program is funded by the U.S. Department of Housing and Urban Development (HUD) through Broward County. To be **eligible**, you must meet the income eligibility limits below and be able to verify income and assets, the property must be owner occupied as the “primary residence”, must have current homeowners and flood insurance, and be up-to-date with first mortgage without having a second or equity line of credit if not fully owned outright.

The City of North Lauderdale is not responsible for code violations, liens, open permits, or illegal structures. The City of North Lauderdale will not award subsidy financing if any code violations, liens, open permits or illegal structures exist.

Household-Size Income Eligibility

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$38,650	\$44,200	\$49,700	\$55,200	\$59,650	\$64,050	\$68,450	\$72,900

Effective July 1, 2014 – Established by Federal Guidelines – Subject to Change.

The assistance will be in the form of an interest-free loan requiring no repayment if program requirements are met. Owner occupancy for five (5) years after receiving assistance is required. You will need to occupy your home for five (5) years; however, if you default, sell or rent your home within five (5) years, you will be subject to full repayment as this constitutes the instance that the five-year requirement is not met.

Terms & Conditions: If applicant receives a loan:

- A mortgage (lien) is placed on the house as security for the loan.
- Borrowers are required to keep property taxes current and adequate homeowner’s insurance for term of the loan.
- Loan becomes due in full upon transfer of ownership of home or when borrower no longer occupies the home as their primary residence.
- Declaration of Domicile must be completed and returned annually with required documents during the term of the loan.

Application process: You must fully complete the application and provide copies of the required documentation as described in this application in order to be considered for any assistance. The applicant is the person who owns the house and is responsible for the mortgage payment. If you own the house with someone else, and they also occupy the property as their primary residence, co-applicant information **must** be provided. If you’re married, your spouse must be listed as the co-applicant in the application.

Please call (954) 597-4745 if you need assistance or for information about the application, **as well as to schedule an appointment to submit your application and required documentation. Both applicant & co-applicant must attend appointment. No walk-ins will be accepted.**

Note: The program does not reimburse for any rehabilitation/hardening expenses incurred by the homeowner prior to applying and/or completed outside the program guidelines.

**** STAFF WILL NOT MAKE COPIES OF REQUIRED DOCUMENTS ****
BE SURE TO HAVE YOUR COPIES ALREADY MADE FOR SUBMISSION WITH THE APPLICATION

APPLICATION SUPPORTING DOCUMENTATION LIST

Dear Applicant(s),

Thank you for showing interest in the Residential Hardening Program. Attached is the application package. Due to Federal funding requirements, all the information in the package must be completed. In addition to filling out the Borrower Application, **COPIES** of the following documents are **required** to be submitted with your application: (These documents will not be returned to you.)

1. Proof of Identification (for both Applicant and Co-Applicant) and marriage certificate.
 - State issued picture ID
 - Resident Card
 - Passport
 - Naturalization Papers

Note: If divorced, a copy of the divorce decree will need to be provided.
2. Proof of Number of Dependents (*dependents must be listed on your tax return*). Submit **one** of the following:
 - Birth Certificate on which the parent/applicant's name is listed
 - Court ordered letter of guardianship
 - Divorce decree
 - Letter of Adoption
3. Social Security Cards for all household members.
4. Proof of Property Ownership.
 - Warranty deed or Quit claim deed or Satisfaction of Mortgage
5. Most recent mortgage statement, showing that you are current in your payments.
6. Proof that you are current on your property taxes.
 - Broward County Property Tax payment receipt or Notice of Valorem Taxes
7. "Declaration Page" of your current Homeowners **and** Flood insurance.
8. Proof that you are current on your Homeowner Association Dues (*if applicable*)
9. Proof of Income (household members 18 years old and older). **Submit all that apply.**
 - **Three (3)** recent and consecutive pay stubs.
 - Child Support – court order, divorce decree, or a printout from the agency ordering support.
 - Alimony/Palimony – divorce decree or court order.
 - Social security benefit award letter.
 - Pension/Retirement statement – Most recent statement (three for pension).
 - Food Stamps, WIC

Note: If unemployed, an unemployment affidavit will need to be completed at our office.
10. Assets (for all household members).
 - **Six (6)** months of recent and consecutive bank statements for all bank accounts. **ALL PAGES**
 - Most recent statements for your IRA, 401 (K), Retirement/Pension, stocks, bonds, annuities.
 - Proof of the value of additional property that you own (land, homes, & boats).
11. **Two (2)** most recent Federal Income Tax Return **OR** Transcript from the IRS (*For Transcript call 1-800-829-1040*)
 - Self-employment - Three (3) most recent Federal Income Tax Return or Transcript from the IRS
12. Two (2) Associated W2 or 1099s

Once your completed application and all required documents are received, staff will review and make a determination of eligibility.

Sincerely,

Sandy Lila

Neighborhood Improvement Coordinator



City of North Lauderdale
 Community Development Department
 701 S.W. 71st Avenue
 North Lauderdale, Florida 33068
 Telephone (954) 724-7069

Residential Rehabilitation Program Application

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility in the Residential Rehabilitation Program. **PLEASE PRINT CLEARLY.**

APPLICANT

First Name:	Last Name:	Middle Initial
Address:		
City:	State:	Zip Code:
Home/Cell Phone:	Work Phone:	E-mail:

SPOUSE / CO-APPLICANT

First Name:	Last Name:	Middle Initial
Home/Cell Phone:	Work Phone:	E-mail:

EMPLOYMENT INFORMATION: APPLICANT

Employer Name:	Supervisor:
Position:	Address:
Phone:	Length of Employment:
Annual Income (gross salary, overtime, tips, bonuses, etc.) \$	Pay Rate: \$

EMPLOYMENT INFORMATION: SPOUSE / CO-APPLICANT

Employer Name:	Supervisor:
Position:	Address:
Phone:	Length of Employment:
Annual Income (gross salary, overtime, tips, bonuses, etc.) \$	Pay Rate: \$

OTHER INFORMATION

- Are you a City of North Lauderdale Employee? Yes No
If yes, what department _____
- Are you related to a City: employee, elected official, or any Board member? Yes No
If yes, name of relative and relationship to relative _____
- Repairs Needed: Roofing Windows Exterior Doors Garage Door Sliding Glass Doors
- Are you part of a Home Owner Association (HOA)? Yes No
- Have you recently filed a claim with your insurance carrier? Yes No
- Have you filed a claim with FEMA? Yes No
- If yes, do you expect to receive a check for damages and/or repairs? Yes No

Office Use Only

(Date stamp once verify application is completed)

APPLICANT

Marital Status: Married Single Divorced
 Widower Separated
 Relationship to Co Applicant: _____
 Race: Black not Hispanic White Hispanic
 Other (Specify) _____
 Sex: Male Female
 Citizen / Resident Alien: Yes No

SPOUSE / CO-APPLICANT

Marital Status: Married Single Divorced
 Widower Separated
 Relationship to Applicant: _____
 Race: Black not Hispanic White Hispanic
 Other (Specify) _____
 Sex: Male Female
 Citizen / Resident Alien: Yes No

HOUSEHOLD INFORMATION (Must include ALL household members)

	Name	Relationship to Applicant	Age	Date of Birth	Social Security Number	Occupation
1		Applicant				
2						
3						
4						
5						
6						
7						
8						

SOURCES OF INCOME (For ALL household members 18 years old and older)

List employment, child support, alimony, social security pensions, unemployment and/or Workers Compensation, etc.

	Name	Wage/Salaries Include Tips, Commission And Bonuses	Benefits, Pensions	Public Assistance	Other Income	Annual Income
1						
2						
3						
4						
5						
6						
7						

ASSETS (For **ALL** household members) (Please attached additional page if needed)

Type (Circle One)	Bank Name	Account Number	Cash Value	Annual Income From Assets
Checking Savings Both				
Checking Savings Both				
Checking Savings Both				

MORTGAGE INFORMATION

1 st Mortgage Lender: _____ 800 Customer Service No.: _____	Loan No.: _____ Payment Amount:\$ _____ Next payment due date: _____
2 nd Mortgage Lender: _____ 800 Customer Service No.: _____	Loan No.: _____ Payment Amount:\$ _____ Next payment due date: _____

AVERAGE MONTHLY HOUSEHOLD EXPENSES: (For everyone who pays the following)

Water: \$	Phone: \$	Car Payments: \$	Debt:\$
Cell Phones: \$	Cable /Internet:\$	FPL: \$	Car Insurance: \$

APPLICANT	<u>YES</u>	<u>NO</u>	SPOUSE/CO-APPLICANT	<u>YES</u>	<u>NO</u>
Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you declared bankruptcy within the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>	Have you declared bankruptcy within the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>
Been party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	Been party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN IN THE BELOW SPACE PROVIDED.

EXPLANATION: _____

AUTHORIZATION TO VERIFY INFORMATION

This is authorization for the City of North Lauderdale to verify previous or current information regarding me/us. The undersigned(s) specifically acknowledge(s) that (1) verification or re-verification of any information contained in this application may be made by the City of North Lauderdale from any source named in this application, as well as banks, credit unions, a credit reporting agency and other sources not specifically identified here; (2) the City of North Lauderdale may make copies of this application for distribution to any party with which (we) have a financial or credit relationship and that any party may treat such copy, including a faxed copy, as an original; (3) the property will be occupied as the applicant’s primary residence.

AGREEMENT

The undersigned understands that the intent of this application is for the purpose of pre-qualifying only and does not guarantee acceptance or approval, and no commitment is hereby made on the part of either the applicant or the City of North Lauderdale. I/We understand that after I/we are determine to be eligible, there may be several home visits (i.e. pre-inspection, inspection, pre-bid meeting) made by a City representative. However, this does not guarantee that my/our home will receive rehabilitation funding. I/We further understand that all information and documents provided with, and in association with this application, are public records, and as such are subject to the State of Florida’s public records laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application. The undersigned(s) further understands that all statements made in this application are true and made for the purposes of participating in this Residential Rehabilitation Program. The undersigned warrants that all income from every person in the household is accurately listed on this application. Any property assisted under this program will not be used for any illegal or restricted purposes, and will be used solely as my/our principal residence. The undersigned further understands that he/she must own and live in the unit for a period of five (5) years. As well as complete the Declaration of Domicile and provide the requested documents during the term of the loan if awarded. The undersigned applies to participate in the Residential Rehabilitation Program indicated in this application, which requires a loan to be secured as a second mortgage on the property received through this program. The City of North Lauderdale is not responsible for any damage, and I/we the undersigned release and hold harmless the City of North Lauderdale from any and all liabilities to myself/ourselves and personal property.

Any intentionally false or fraudulent statement or supporting document will constitute cancellation of this application, and liability in any legal action brought against me/us by the City. The City of North Lauderdale is hereby authorized to verify any of the above information and to inspect the property prior to approval. I/we agree to have no claim for defamation, violation of privacy or other claims against any person, firm or corporation by reason of any statement or information released by them to the City of North Lauderdale.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: Federal law, U.S.C. Title 18, Sec. 1001 and 1014, provides: Whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willfully falsifies or makes false, fictitious or fraudulent statements, or entries, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

PRIVACY ACT NOTICE

This information is to be used by the agency collecting it, or its assignees, in determining whether you qualify as a prospective grant or loan client under its Program. It will not be disclosed outside the agency except as required and permitted by law. Failure to provide this information may delay or result in rejection of your application. All information you provide is subject to Florida’s public records laws.

_____	_____	_____
Applicant’s Name	Applicant’s Signature	Date
_____	_____	_____
Co-Applicant’s Name	Co-Applicant’s Signature	Date

**AFFIDAVIT OF ALTERNATIVE INCOME SOURCES
AND
FINANCIAL RECORDS RELEASE**

NOTE: This form must be filled out, witnessed and notarized in its entirety to be valid.

*****WARNING***** Section 817, Florida Statutes, provides that willful false statements or misrepresentations concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and are punishable by fines and imprisonment as provided pursuant to Sections 775.082 and 775.083, Florida Statutes.

I/We do solemnly swear that I/We do not receive ANY form of alternative income at the present time nor in the past 12 months other than which is reported on my application. I/We understand that the term "alternative income applies to ANY form of funds that I/We may have received whether taxable or non-taxable.

I/We hereby grant permission and authorize any: bank, employer, insurance agency, lender, creditor and Governmental Agency to release information that is requested by the City of North Lauderdale or its authorized representative. I/We understand this information shall only be used to determine my financial status to qualify for a City of North Lauderdale sponsored program.

I/We understand this information is required to process the Residential Rehabilitation Program application. Refusal to provide this form in a properly completed manner will be grounds for disqualification. I/We understand that incorrect or misleading statements of material fact shall be grounds for disqualification. I/We understand this form is only to be used for determining my status and in no way assures qualification. I/We agree to provide all requested information.

I/We certify that I/We have read the terms and conditions of this release. I/We fully understand and grant permission as requested. I/We understand this form will only be valid for 6 (six) months after the date of signing.

Applicant Name Printed _____

Applicant Signature _____ **Date:** _____

Co-Applicant Name Printed _____

Co-Applicant Signature _____ **Date:** _____

STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

By _____

- Personally known Produced Identification Driver License/State Id/US Passport

Notary Public Stamp/Seal: _____
Notary Public Signature



CITY OF NORTH LAUDERDALE

NOTE: This form must be completed in its entirety to be valid.

(Please make a copy and provide form to each employed member of the household.)

Section 817.03, Florida Statutes, provides that willful false statements or misrepresentations concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and are punishable by fines and imprisonment as provided pursuant to Sections 775.082 and 775.083, Florida Statutes.

APPLICANTS PLEASE COMPLETE THE TOP PORTION AND THEN SUBMIT TO SUPERVISOR OR HUMAN RESOURCES DEPARTMENT.

Dear Employer,

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in CDBG funded program which we administer. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

RELEASE: I hereby authorize the release of requested information for the sole purpose of determining eligibility for this program assistance.

Signature of Applicant _____ Printed Name _____ Date _____

Please submit form to your employer to be completed.

APPLICANT NOT TO FILL OUT FORM BELOW THIS LINE

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

Applicant Name: _____

Position: _____

Length of employment: _____ Pay Rate: \$ _____ # of hours worked per week _____

Frequency of Pay: Hourly Weekly Bi-Weekly Monthly

Overtime Pay Rate: \$ _____ Average overtime hours/wk: _____ Is overtime guaranteed: Yes No

Amount of other compensation (bonus, raise, commission, tips): \$ _____

Frequency of other compensation: Monthly Quarterly Annually

Gross Income for last year: \$ _____ Year to date income: \$ _____

Retirement Account (Yes No): \$ _____ Amount Accessible to employee: \$ _____

Company Name: _____

Representative Printed Name: _____

Title: _____

Phone #: _____

Signature of Authorized Representative: _____ Date: _____

Thank you in advance for your cooperation in this matter. Your prompt return of the requested information will be appreciated. Should you have any questions, please call our office at (954) 597-4745. This form can be faxed to (954) 597-4845, Attention: Sandy Lila, Neighborhood Improvement Coordinator or mailed to the address below or returned with the employee.

City of North Lauderdale
Community Development Department
701 SW 71st Avenue
North Lauderdale, FL 33068-2395
Attn: Sandy Lila, Neighborhood Improvement Coordinator