



City of Miami
Department of Community Development
Application for Single Family Programs

If you wish to apply for any of the following programs, please use the attached application.

- Single Family Rehabilitation Program
- Single Family Emergency Rehabilitation Program
- Replacement Home Program



Snapshot of Single Family Rehabilitation Program Guidelines

Income Limits: Current year's income limits may be downloaded from:
www.miamigov.com/communitydevelopment

2009 - Income Limits								
Household Size	1	2	3	4	5	6	7	8
80% of Median Income	\$37,750	\$43,100	\$48,500	\$53,900	\$58,200	\$62,500	\$66,850	\$71,150

Eligible Properties:

- Single Family Residences (one unit);
- Townhomes;
- Condominiums;
- Property must be located in the City of Miami;

Eligible Owners:

- Household income less than or equal to 80% of the area median income adjusted for family size.
- Must be able to afford a monthly payment based on income and debt;

Maximum Tax Assessed Market Value: Property must not exceed the maximum tax assessed market value of \$300,000 for the home to qualify.

Loan Terms:

- Amount of Assistance: Up to \$35,000.
- 3% non-amortizing;
- Deferred payment 10-year loan;
- Payment of principal and accrued interest will be forgiven at end of the loan term if the homeowner continues to own and reside in the property.

Underwriting Ratios: 60% total debt to income ratio. 150% combined loan to value ratio.

Security: The loan will be secured by a second mortgage on the property.

Other Restrictions: Applicant must reside in rehabilitated unit at all times. All principal and accrued interest will be due at sale, transfer of property or if the unit ceases to be the main residence of the applicant. In the case of refinancing, the City Manager or his/her designee will determine the amount that has to be paid on such refinancing.

Applications should be mailed to:

Single Family Programs
Department of Community Development
444 SW 2nd Avenue, 2nd Floor
Miami, FL 33130



City of Miami Department of Community Development Application for Single Family Programs

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I. PROPERTY INFORMATION

Subject Property Address (street, city, state & ZIP)	Commission District
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Applicant

II. APPLICANT INFORMATION

Co-Applicant

Applicant's Name (First Name, Middle Initial, Last Name)		Co-Applicant's Name (First Name, Middle Initial, Last Name)	
Applicant's Address (street, city, state & ZIP)		Co-Applicant's Address (street, city, state & ZIP)	
Home Phone (include area code)	Work Phone (include area code)	Home Phone (include area code)	Work Phone (include area code)

III. OTHER INFORMATION

1. Does your property have more than one living unit? YES NO
2. Is there any code violation on your property? YES NO
3. Have you or your co-applicant declared bankruptcy in the last 2 years? YES NO
4. Do you or your co-applicant owe the City of Miami? YES NO

If you answered "YES" to question (1), your property is not eligible for assistance
 If you answered "YES" to question (2), attach a copy of the code violation letter

Enter the names of all household members, including minors (i.e., bank and investment accounts)

IV. HOUSEHOLD INFORMATION

#	Name	Date of Birth	SSN	Relationship to Applicant	Total Cash Value of Assets
1				Applicant	\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
Total					\$



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V. ANNUAL HOUSEHOLD INCOME

	Name	Wages/ Salary **	Benefits/ Pensions	Public Assistance	Other Income	Annual Income
1		\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$
4		\$	\$	\$	\$	\$
5		\$	\$	\$	\$	\$
6		\$	\$	\$	\$	\$
7		\$	\$	\$	\$	\$
Total		\$	\$	\$	\$	\$

** include tips, commissions, & bonuses

I hereby authorize the City of Miami 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 down payment and closing cost assistance.

I further irrevocably grant to the City of Miami, its assigns and successors, 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 any City Funded Program and any program related activity or project.

I certify that (i) neither I, the applicant, or the co-applicant is employed by the City of Miami or by any agency/developer which built the 'Subject Property' in this application utilizing funds provided by the City of Miami, and that (ii) neither I, the applicant, or the co-applicant is related to any employee of the City of Miami or of the agency/developer which built the 'Subject Property' in this application utilizing funds provided by the City of Miami.

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.

Name of Applicant (Print)

Signature of Applicant

Date

Name of Co-Applicant (Print)

Signature of Co-Applicant

Date