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| <u>Internal Use Only</u> Mortgage Application No. _____ |
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**CITY OF OPA-LOCKA/OPA-LOCKA COMMUNITY REDEVELOPMENT AGENCY
MORTGAGE ASSISTANCE PROGRAM
APPLICATION CHECKLIST**

- ___ Completed Intake Application (signed & dated)
- ___ Completed Verification Forms:
 - ___ Notice of Collecting Social Security Numbers
 - ___ Conflict of Interest Disclosure
 - ___ Unemployed Applicant’s Affidavit (signed & notarized, if applicable)
 - ___ Verification of Employment
 - ___ Verification of Assets on Deposit
 - ___ Mortgage Verification Request
 - ___ Authorization to Verify Information
 - ___ Authorization for the Release of Information
 - ___ Self-Certification of Income (signed & notarized, if applicable)
- ___ Proof of financial hardship due to employment situation (job termination letter, unemployment verification letter, furlough letter or any other proof that will demonstrate hardship that occurred on or after October 1, 2021)
- ___ Proof of employment (four (4) most recent paystubs if paid bi-weekly, eight (8) most recent paystubs if paid weekly and six (6) most recent bank statements)
- ___ If self-employed, current year profit and loss statement, affidavit of loss or reduced income and six (6) most recent bank statements
- ___ Proof of current income not exceeding the maximum income limit (see page 2)
- ___ Completed & signed W-9 from applicant
- ___ Homeownership document (warranty deed, homestead exemption, quit-claim deed or tax records)
- ___ Current mortgage statement or loan services statement
- ___ Proof applicant is current on their mortgage payments or not currently past due for more than three (3) months unless in a forbearance agreement
- ___ Household Members Identification:
 - ___ Driver’s License or Passport, Identification Card (ID), Certificate of Naturalization, Residency Card and Social Security Card for all persons over 18 years old currently residing in the household
 - ___ Birth Certificate (with the parent(s) or applicant’s name listed), Passport, Certificate of Naturalization
 - ___ Residency Card, School Records, Social Security Card for each resident under 18 years old
- Other acceptable form of identification: School records (with the parent(s) name and address), Court-ordered Letter of Guardianship, or Letter of Adoption. These must also be accompanied with the Social Security Card.

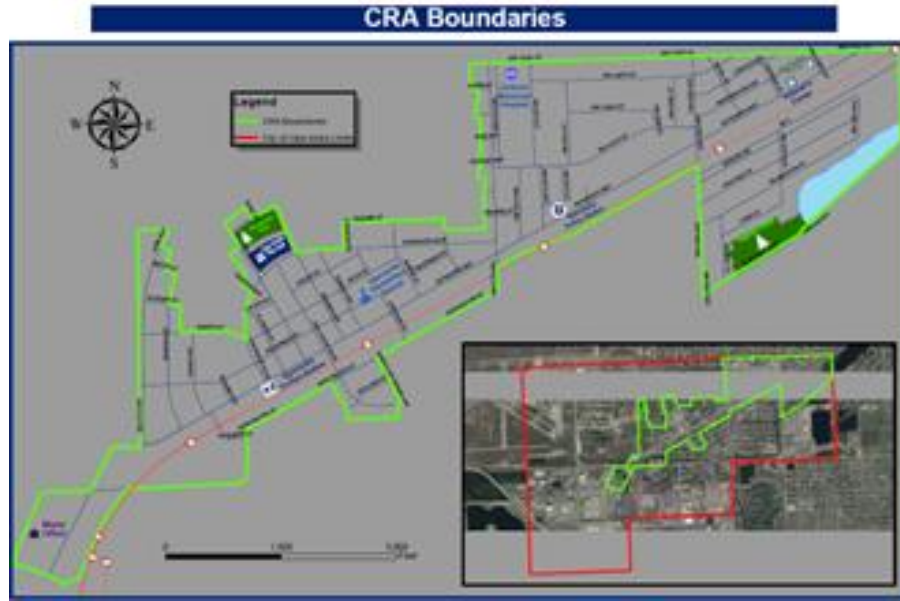
NOTE: APPROVAL IS NOT DETERMINED UNTIL ALL ITEMS LISTED ABOVE HAVE BEEN SUBMITTED. IF DOCUMENTS/INFORMATION ARE NOT SUBMITTED WITH COMPLETED APPLICATION AT THE TIME OF SCHEDULED APPOINTMENT, YOUR APPLICATION WILL NOT BE ACCEPTED.



CITY OF OPA-LOCKA/OPA-LOCKA COMMUNITY REDEVELOPMENT AGENCY MORTGAGE ASSISTANCE PROGRAM INSTRUCTIONS FOR APPLICATION

NOTE: Before starting this application, please confirm that your home is located **within the city limits of the OCRA Area**. Applicants may verify the location of their property on the OCRA area map link below:

- Opa-locka CRA Area Map: <https://www.opalockafl.gov/DocumentCenter/View/442>



GENERAL INSTRUCTIONS

Read the instructions for this application.

Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written in.

The applicant must be the owner of the property and the property must be owner occupied. The property must be located within the city limits.

All household members 18 years of age or older must sign and date the application.

Submit application with all the required documentation to: **City of Opa-locka, 780 Fisherman Street, Opa-locka, FL 33054**

MAXIMUM INCOME LIMIT

Households must meet gross annual income requirement, not exceeding 120% of the Area Median Income (AMI) limits established by the US Department of Housing and Urban Development for the jurisdiction of Opa-locka, Florida. The applicable low-income limits for determining program eligibility are published by HUD in the Federal Register and are updated annually. Priority will be given to the elderly, disabled and veterans during the initial application intake period.



Maximum Income Limit – Adjusted for Household Size

| Household Size | Maximum Income Limit |
|----------------|----------------------|
| 1 | \$75,960 |
| 2 | \$86,880 |
| 3 | \$97,680 |
| 4 | \$108,480 |
| 5 | \$117,240 |
| 6 | \$125,880 |
| 7 | \$134,520 |
| 8 | \$143,280 |

Income Limits Effective 4/1/2021 (subject to change)

ITEMIZED INSTRUCTIONS

1. APPLICANT INFORMATION: Provide your legal name, an address where you receive your mail, an e-mail address (if applicable), your date of birth, and your marital status and other fields.

2. CO-APPLICANT/OTHER HOUSEHOLD MEMBER INFORMATION: List all other members of the household residing in the unit. Attach additional sheets if necessary.

3. ALTERNATE CONTACTS INFORMATION: This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. List contacts who are helping you through this process, if applicable.

4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS: As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.

5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD: This information is collected for reporting purposes only.

6. ELIGIBILITY INFORMATION: The information collected here is important to determine eligibility as it relates to emergency assistance.

7. OTHER ASSISTANCE RECEIVED: Provide all information any other type of related assistance to the disaster.

8. INCOME INFORMATION: Provide information on all household income sources. Income includes the following: wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members. Food benefits are NOT considered income.

9. ASSET INFORMATION: Provide the requested information on assets for all household members. Examples of what constitutes assets are listed below:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, annuities, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;



- Mortgage or deeds of trust held by the applicant.

Some items of personal property are **NOT** counted as assets for the purposes of determining annual income:

- Automobiles;
- Jewelry; and/or
- Term life insurance policies

10. FALSE STATEMENTS

Chapter 817 of the Florida Statutes 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 §775.082 or 775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

11. PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Information provided by you/your household 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 finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify the City, 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 the City does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that the City does not 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 the City, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

12. ELIGIBILITY RELEASE: It is required that you sign this form, which allows the Subrecipient, State, or Vendor to request information from Third Parties if it chooses to do so, concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

Applicant Signature

Date

Co-Applicant Signature

Date



**MORTGAGE ASSISTANCE PROGRAM
INTAKE APPLICATION**

| | |
|--|-------------------------------------|
| Application Number: | |
| Application Received By: | Date/Time Application Received: |
| What type of housing assistance are you requesting? Circle all that apply | |
| Mortgage | Rental |
| Provide the mortgage company name, address, phone number and loan number: | |
| 1. APPLICANT INFORMATION (HEAD OF HOUSEHOLD): | |
| Full Name: | |
| Current Address: | Apt# |
| City, State Zip: | |
| Daytime phone: | Mobile Phone: |
| E-mail Address: | Date of Birth: |
| Marital Status: | Age: |
| Employed? Yes No | Self Employed? Yes No |
| 2. CO-APPLICANT INFORMATION: | |
| Full Name: | |
| Daytime phone: | Mobile Phone: |
| Email address: | Date of Birth: |
| Marital Status: | Age: |
| Employed? Yes No | Self Employed? Yes No |



2. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS: - As of today, all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household.

| Household Member Name | Relationship to Head of HH | Age | Date of Birth | Marital Status | Is household member listed disabled? Y/N | Employed | |
|-----------------------|----------------------------|-----|---------------|----------------|---|----------|----|
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |
| | | | | | | Yes | No |

3. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one): -This information is being collected for reporting purposes only.

RACE (Check all that apply):

| | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Multi-Racial |

4. ETHNICITY (Check one):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

5. ELIGIBILITY INFORMATION: - If the answer to any of the following questions is NO, you are not eligible for assistance:



CITY OF
OPA LOCKA
FLORIDA

City of Opa-locka
780 Fisherman Street, Opa-locka, FL 33054
Phone (305) 953-2868
OCRA@opalockafl.gov

| |
|--|
| What was the annual gross income of this person prior to or on October 1, 2021 whichever is later? |
| Current employer: |
| What was the projected annual gross income of this household after being affected by employment situation? |
| Is the person receiving unemployment benefits? Yes or No |
| If yes, how much are they receiving monthly \$ |
| Provide additional information about Hardship: |



| 6. PROPERTY INFORMATION | | |
|---|--|-----------------------------|
| Do you rent or own a pre-1994 mobile or manufactured home? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you past due or delinquent on your mortgage? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| What is your monthly mortgage payment? | | |
| What are the penalties due, if any? | | |
| How many mortgage payments are past due? | | Amount Due |
| How many months of HOA fees are past due? | N/A | Amount Due |
| <i>The following question will require a special review to determine eligibility:</i> | | |
| Did you apply for COVID-19 assistance to any other program or organization? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| List agency providing services | | |
| Have you received any COVID related assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Amount Approved? | Amount Received to date: | |
| | | |



7. INCOME INFORMATION: Income includes: Wages, salaries and tips, alimony, child support, military income, part- time income, temporary income, TANF, Social Security, unemployment benefits, other benefits for all household members. List ALL household members and their incomes. Attach a separate sheet if you need more space.

FOOD STAMPS ARE NOT CONSIDERED INCOME- do not list food stamps.

| Household Member Name | Full Time Student? Y/N | Source of Income (include employer name) If Applicable | Rate of Pay | Payment Basis (hourly, weekly, monthly, etc.) |
|-----------------------|------------------------|--|-------------|---|
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8. ASSET INFORMATION: Provide the requested information on any property you may own or assets you may have.

| | |
|---|---|
| Do you own any other real estate? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If yes, provide address, city and state of property(s): | |
| What is the tax roll value of the property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what is the current balance owed on the mortgage? | |
| Do you have income from the property? (rental income) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered yes, provide amount of annual income | \$ |
| Is your primary residence currently in foreclosure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.) Provide this information for all household members.

| Household Member Name | Type & Source of Asset | Cash Value of Asset | Annual Income from Asset |
|-----------------------|------------------------|---------------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. ELIGIBILITY RELEASE: It is required that you sign this form, which allows the City to request information from Third Parties concerning your eligibility and participation in this program.

Information Covered: Inquiries may be made about items initialed below by the applicant.

Instructions to Applicant: Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the City or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the CRF Program for disaster assistance. Each adult member of the household must sign this Eligibility Release.

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

10. APPLICANT CERTIFICATION: Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the City or any of its duly authorized representatives to verify the information listed herein.



I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the CRF program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information for the purpose of obtaining assistance is grounds for termination of housing assistance and is punishable under Chapter 817 of the Florida Statutes as a first-degree misdemeanor.

I/We authorize the above-referenced City and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

Applicant's Authorization:

I authorize the City of Opa-locka/Opa-locka Community Redevelopment Agency to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the City and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the City in the eligibility verification process.
- (5) If the applicant falsified information to obtain assistance, all funds paid on behalf of the applicant must be repaid to the program.

| | |
|-----------------------------------|-------------|
| Signature of Applicant: | Date |
| Signature of Co-Applicant: | Date |
| Signature of Co-Applicant: | Date |
| Signature of Co-Applicant: | Date |

Warning: Chapter 817 of the Florida Statutes 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 §775.082 or 775.083.



The information being requested is only for monitoring and auditing purposes and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

Participation Data – FY 2021 – 2022

1. Head of Household: Are you the head of the household? Yes No

2. Household Size and Total Annual Household Income:

A. Household Size: Circle the total number of people in your household (in the first column, circle one)

B. Total Household Income: On the line corresponding to your household size, check the box that corresponds to your household’s total annual income (check only one box)

| | 80% | 120% | 140% |
|-----------|---|---|--|
| 1 | <input type="checkbox"/> \$50,640 or less (ELI) | <input type="checkbox"/> \$75,960 or less (VLI) | <input type="checkbox"/> \$88,620 or less (LI) |
| 2 | <input type="checkbox"/> \$57,920 or less | <input type="checkbox"/> \$86,880 or less | <input type="checkbox"/> \$101,360 or less |
| 3 | <input type="checkbox"/> \$65,120 or less | <input type="checkbox"/> \$97,680 or less | <input type="checkbox"/> \$113,960 or less |
| 4 | <input type="checkbox"/> \$72,320 or less | <input type="checkbox"/> \$108,480 or less | <input type="checkbox"/> \$126,560 or less |
| 5 | <input type="checkbox"/> \$78,160 or less | <input type="checkbox"/> \$117,240 or less | <input type="checkbox"/> \$136,780 or less |
| 6 | <input type="checkbox"/> \$83,920 or less | <input type="checkbox"/> \$125,880 or less | <input type="checkbox"/> \$146,860 or less |
| 7 | <input type="checkbox"/> \$89,680 or less | <input type="checkbox"/> \$134,520 or less | <input type="checkbox"/> \$156,940 or less |
| 8 or more | <input type="checkbox"/> \$95,520 or less | <input type="checkbox"/> \$143,280 or less | <input type="checkbox"/> \$167,160 or less |

Check here if your income does not fall into any of the income ranges corresponding with your household size.

3. Do you receive income from any of the following sources?

- Unemployment General Assistance/Welfare Social Security
 Food Stamps Medicaid Other: _____

4. Race (Check only one):

- American Indian/Alaskan Native Asian White Native Hawaiian/Pacific Island
 Asian & White Black/African American American Indian/Alaskan Native & White
 Black/African American & White American Indian/Alaskan Native & Black/African American
 Other Multi-Racial (specify) _____
 Hispanic Ethnicity (you must also check one of the racial categories if you select this category)

5. Gender/Age

- Male Female 62 years or older (Check if you are 62 years or older)



**NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR
GOVERNMENT PURPOSES**

City of Opa-locka/ Opa-locka CRA collects your social security numbers under the **CDBG**, **SHIP** and **HOME** program for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City of Opa-locka/ Opa-locka CRA to give you this written statement explaining the purpose and authority for collecting your social security number.

| Form | Purpose | Authorization |
|--|---------------------------|--|
| Housing Assistance Application | SHIP, CDBG, HOME Programs | Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015) |
| Verification of Unemployment Benefits | SHIP, CDBG, HOME Programs | Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015) |
| Verification of Social Security Benefits | SHIP, CDBG, HOME Programs | Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015) |
| Verification of Employment | SHIP, CDBG, HOME Programs | Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015) |
| Verification of Child Support | SHIP, CDBG, HOME Programs | Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015) |
| Verification of Assets | SHIP, CDBG, HOME Programs | Chapter 420, Section 420.9071, Florida Statutes; Chapter 67-37.007, Florida Administrative Code SHIP Program Manual (rev.7/2015) |

Signature

Print Name

Date



CONFLICT OF INTEREST DISCLOSURE

As a prospective applicant of the City of Opa-locka/Opa-locka CRA Mortgage Assistance Program, I understand that I must disclose my relationship with other persons who I may be associated with in the City of Opa-locka/Opa-locka CRA. I, therefore, attest to the following: Initial your answer

_____ I **am not** a current Opa-locka CRA/City of Opa-locka official, employee, board member, Commissioner, agent and/or other representative of the OCRA/City.

_____ I **am** a current Opa-locka CRA/City of Opa-locka official, employee, board member, Commissioner, agent and/or other representative of the OCRA/City.

Position/Title _____

_____ I **am** a former Opa-locka CRA/City of Opa-locka official, employee, board member, Commissioner, agent and/or other representative of the OCRA/City.

Position/Title _____

Date Employment/Term Ended _____

_____ To the best of my knowledge, I **am not** aware of any current Opa-locka CRA/City of Opa-locka official, employee, board member, commissioner, agent and/or other representative of the OCRA/City who is related to me or with whom I am a business associate.

_____ I **am** related to or have a business relationship with a current Opa-locka CRA/City of Opa-locka official, employee, board member, commissioner, agent and/or other representative.

His/her name is _____

This person is associated with the OCRA/City in the capacity as: _____

The relationship of the person is as follows:

___Parent___Spouse___Immediate family___Business associate other_____

Applicant Name (Print)

Applicant Signature

Date

Applicant Mailing Address

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false fictitious or fraudulent statement of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 8 years or both.

“WARNING: Florida Statue 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 it is punishable by fines and imprisonment provided under Florida Statue 775.082 or 775.083.



UNEMPLOYED APPLICANT'S AFFIDAVIT

I, _____ an applicant of the City of Opa-locka/Opa-locka CRA Mortgage Assistance Program, being of sound mind and legal age, state the following:

1. I have made an application for assistance from the City of Opa-locka/Opa-locka CRA Mortgage Assistance Program
2. Check (a) or (b) as applicable:
 - a. _____ I AM NOT presently employed, BUT anticipate becoming employed within the next three months
 - b. _____ I AM NOT presently employed and DO NOT anticipate becoming employed within the next three months
 - c. _____ I AGREE THAT I WILL REPORT ANY CHANGES REGARDING MY INCOME TO THE CITY OF OPA-LOCKA/OPA-LOCKA COMMUNITY REDEVELOPMENT AGENCY
 - d. _____ I AGREE TO PROVIDE DOCUMENTATION REGARDING MY EMPLOYMENT AND/OR SOURCE OF INCOME AT THE TIME OF RECERTIFICATION EVERY THREE MONTHS
3. Based on my past work experience, skills and income history as reflected in my income tax return for the most recent tax year (see attached copy) and with adjustments to reflect circumstances anticipated within the next twelve months, I expect to earn \$_____ per year when I become employed.
4. Under penalties of perjury, I declare that I have read the foregoing affidavit and the facts stated in it are true.

Affiant Signature

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this _____ day of _____
20 ____, by _____ who is personally known to me, or who has
produced the following: _____

as identification and who did not take an oath.

Notary Public Signature

(NOTARY SEAL / STAMP)



VERIFICATION OF EMPLOYMENT

TO: _____

ATTENTION: _____

Street Address: _____

City, State & Zip: _____

(APPLICANT INFORMATION)

Name of Applicant:

AUTHORIZATION: State and Federal Regulations require us to verify Employment Income of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Return to:

City of Opa-locka
780 Fisherman Street
Opa-locka, FL 33054
Email: OCRA@opalockafl.gov

Employed Since _____ Occupation _____

Salary – Base Pay Rate:
Hr _____; Wk _____; or Mo _____

Average Hrs./Wk at Base pay Rate: _____ Hours _____
Weeks _____ or Months _____ worked per year.

Overtime Pay Rate: Per Hr. _____

Expected average number of hours overtime worked per week during next 12 months _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

FOR _____ \$ _____ Per _____

Is pay received for vacation? ___No. of days/yr. _____

Total Base Pay Earnings for past 12 mos. \$ _____

Total Overtime Earnings for past 12 mos. \$ _____

Probability & Expected Date of Any Pay Increase: _____

Does Employee have access to Retirement Account? [Y] [N]

If Yes, what amount can they get access to: \$ _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

or
A copy of the executed “Release of Information Form” is attached which authorizes the release of information requested.

Signature of Authorized Representative

Name: _____

Title: _____

Date: _____

Telephone: _____

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.



VERIFICATION OF ASSETS ON DEPOSIT

TO: _____

ATTN: _____

Street Address: _____

City, State & Zip: _____

NAME OF APPLICANT: _____

AUTHORIZATION: State and Federal Regulations require us to verify Income from Assets of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

RETURN TO:

City of Opa-locka
780 Fisherman Street
Opa-locka, FL 33054
Email: OCRA@opalockafl.gov

RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

(Signature of Applicant)

Date

or: A copy of the executed "Release of Information Form" is attached which authorizes the release of information requested.

| Checking Account # | Average Monthly Balance for Last 6 Mos. | Current Interest Rate | |
|----------------------------------|---|-----------------------|-----------------------|
| | | | |
| Savings Account # | Current Balance | Current Interest Rate | |
| | | | |
| Certificate of Deposit Account # | Amount | Withdrawal Penalty | Current Interest Rate |
| | | | |

| IRA, Keogh, Retirement Accounts | | | |
|---------------------------------|--------------------------|--------------------|-----------------------|
| Account No. | Amount | Withdrawal Penalty | Current Interest Rate |
| | | | |
| Money Market Funds | Amount (Avg. 6 Mo. Bal.) | Interest Rate | |
| | | | |



CITY OF
OPA LOCKA
FLORIDA

City of Opa-locka
780 Fisherman Street, Opa-locka, FL 33054
Phone (305) 953-2868
OCRA@opalockafl.gov

Signature of Authorized Representative

Print Name

Title: _____ Telephone: _____ Date: _____

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.



MORTGAGE VERIFICATION REQUEST

TO: (Financial Institution) _____

ATTENTION: _____

Street Address: _____

City, State & Zip: _____

RELEASE AND AUTHORIZATION

RELEASE: I/WE HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION TO THE CITY OF NORTH MIAMI:

Applicant(s) name and address:

AUTHORIZATION: State and Federal Regulations require us to verify Employment Income of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household. Your prompt return of the requested information will be appreciated.

Return to:

City of Opa-locka
780 Fisherman Street
Opa-locka, FL 33054
Email: OCRA@opalockafl.gov

MORTGAGE DATA VERIFICATION

Loan Number: _____

Current Balance: _____

Monthly Payment Amount: _____

Property taxes paid, if any: _____

Insurance on property paid, if any: _____

Delinquent on Payment? YES / NO

TIMES DELINQUENT IN THE PAST 12 MONTHS: _____

Date Last Payment Received: _____

Any Foreclosure Action against this loan: YES / NO

If yes, Date of last Lis Pendens: _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

or

A copy of the executed "Release of Information Form" is attached which authorizes the release of information requested.

Signature of Authorized Representative

Name: _____

Title: _____

Telephone: _____



AUTHORIZATION TO VERIFY INFORMATION

This is authorization for the City of Opa-locka to verify previous or current information regarding me/us. The undersigned specifically acknowledge(s) that (1) verification or re-verification of any information contained in this application may be made by the City of Opa-locka 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 Opa-locka 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 Opa-locka. 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. 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.

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 Opa-locka/Opa-locka CRA is hereby authorized to verify any of the above information and to inspect the property prior to approval or later. 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 Opa-locka.

Penalty for False or Fraudulent Statement

Federal law, U.S.C. Title 18, Sec. 1001, 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 Name | Applicant’s Signature | Date |
| | | |
| Co-Applicant Name | Co-Applicant’s Signature | Date |



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to _____, for the purposes of verifying information provided as part of determining eligibility for assistance under the _____ 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, certificated 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 | Printed Name | Date |
|---------------------|--------------|------|

| | | |
|------------------------|--------------|------|
| Co-Applicant Signature | Printed 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" and prepare and sign separately.



SELF-CERTIFICATION OF INCOME
To Be Completed By Each Adult Household Member

Household Member _____ Local Government _____
Address _____ Phone# _____ Email _____

1. I hereby certify that I have been negatively impacted by being either underemployed or unemployed.
2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):
 - Y N Wages from employment (including commissions, tips, bonuses, fees, etc.); \$ _____
 - Y N Net income from operation of a business; \$ _____
 - Y N Rental income from real or personal property; \$ _____
 - Y N Interest or dividends from assets; \$ _____
 - Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits; \$ _____
 - Y N Unemployment; \$ _____
 - Y N Disability payments; \$ _____
 - Y N Public assistance payments; \$ _____
 - Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household; \$ _____
 - Y N Sales from self-employed resources; \$ _____
 - Y N Any other source not named above; \$ _____
 - Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

CONTINUE TO NEXT PAGE



CITY OF
OPA LOCKA
FLORIDA

City of Opa-locka
780 Fisherman Street, Opa-locka, FL 33054
Phone (305) 953-2868
OCRA@opalockafl.gov

I certify my anticipated gross annual income for the next 12 months to be : \$ _____.

I will inform the City of Opa-locka/Opa-locka CRA staff if my income changes during the period when I am receiving assistance. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

| | | |
|---------------------|--------------|-------|
| _____ | _____ | _____ |
| Applicant Signature | Printed Name | Date |

| | | |
|------------------------|--------------|-------|
| _____ | _____ | _____ |
| Co-Applicant Signature | Printed Name | Date |

Witness _____

Witness _____

or

FOR AN OATH OR AFFIRMATION:
 STATE OF FLORIDA
 COUNTY OF _____

Sworn to (or affirmed) and described before me this _____ day of _____, 20____, by _____

| | |
|--|---|
| (NOTARY SEAL) Personally Known _____ OR Produced Identification _____ | Signature _____ |
| Type of Identification Produced _____ | Name of Notary (Typed, Printed, or Stamped) _____ |



CITY OF
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Applicant Certification

By signing this form, I hereby certify that the above information is factual, accurate, complete, and true to the best of my knowledge. I agree to immediately notify the City of Opa-locka/Opa-locka Community Redevelopment Agency and its affiliated Administrators of any changes to this information. I understand that as a condition of participating in this program, the City of Opa-locka/Opa-locka Community Redevelopment Agency and its affiliated Administrators are permitted to request additional verification if the information reported appears to be inconsistent or incorrect. I understand that if I provide any false information or misrepresentation it will be grounds for denying my participation in the City of Opa-locka/Opa-locka Community Redevelopment Agency Mortgage Assistance Program. In addition, my signature acknowledges my understanding and consent to the release of the information within this document to the City of Opa-locka/Opa-locka Community Redevelopment Agency Mortgage Assistance Program and its affiliated Administrators. I also understand and consent to the release of this information pursuant to the Public Records Act, to the extent required under Florida law.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

| | |
|--|---|
| STATE OF FLORIDA | |
| COUNTY OF _____ | |
| Sworn to (or affirmed) and described before me this _____ day of _____, 20____, by _____ | |
| (NOTARY SEAL) | Signature _____ |
| Personally Known _____ OR Produced Identification _____ | _____ |
| Type of Identification Produced _____ | Name of Notary (Typed, Printed, or _____) |