



Office Use Only  
Rental Application No. \_\_\_\_\_

**CITY OF OPA-LOCKA/OPA-LOCKA COMMUNITY REDEVELOPMENT AGENCY  
RENTAL ASSISTANCE PROGRAM (RAP)  
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
  - \_\_\_ Authorization to Verify Information
  - \_\_\_ Authorization for the Release of Information
  - \_\_\_ Self-Certification of Income  
(signed & notarized, if applicable)
  - \_\_\_ Resides within the OCRA boundaries
- \_\_\_\_\_ Current lease agreement (signed by renter and landlord)
- \_\_\_\_\_ Proof of financial hardship due to 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, statement of social security benefits or statement of unemployment benefits)
- \_\_\_\_\_ Proof of current income not exceeding the maximum income limit (see page 2)
- \_\_\_\_\_ Documentation showing rent past due (if applicable)
- \_\_\_\_\_ Form W-9 completed by the landlord (If landlord is not willing to provide W-9 to applicant, the landlord may send the completed Form W-9 to the Opa-locka Community Redevelopment Agency, 780 Fisherman Street, Opa-locka, FL 33054.
- \_\_\_\_\_ 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

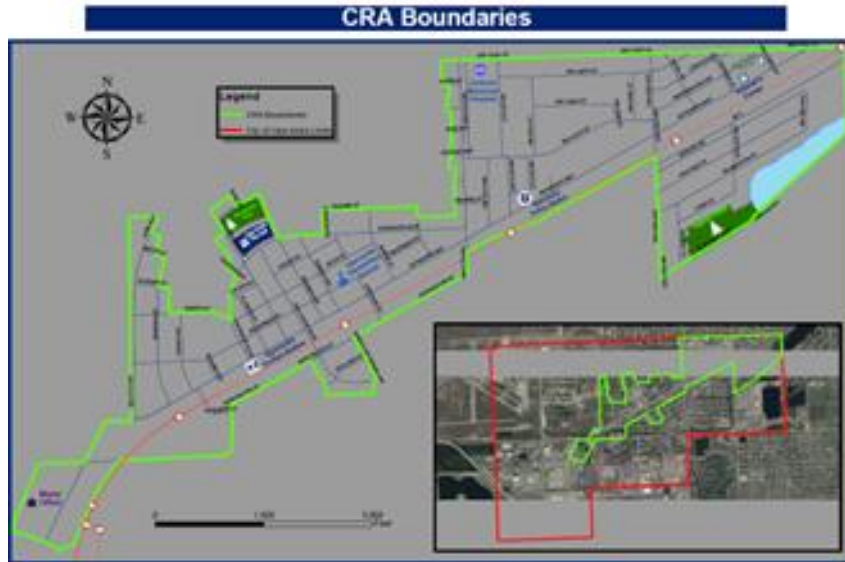
Other acceptable form of identification: School records (with the parent(s) name and address), Court-ordered Letter of Guardianship, or Letter of Adoption. These must also be accompanied with the Social Security Card.

**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.**



**NOTE:** Before starting this application, please confirm that your home is located **within the limits of the Opa-locka CRA Area**. Applicants may verify the location of their residence on the Opa-locka CRA 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.

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**

### AMOUNT OF RENTAL ASSISTANCE

The rental assistance will be based on the lesser of the monthly lease rent or up to \$1,500.

### 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)*

**RENTAL ASSISTANCE PROGRAM (RAP)  
INTAKE APPLICATION**

<b>1. APPLICANT INFORMATION (HEAD OF HOUSEHOLD):</b>		
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
<b>2. CO-APPLICANT INFORMATION:</b>		
Full Name:		
Daytime phone:		Mobile Phone:
Email address:		Date of Birth:
Marital Status:		Age:
Employed?	Yes      No	Self Employed?      Yes      No
<b>Household Size (Number of People):</b>	<b>Total Household Income:</b>	<b>Monthly Rent Payment:</b>



**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
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No



*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)

	<b>80%</b>	<b>120%</b>	<b>140%</b>
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**

Opa-locka CRA/City of Opa-locka 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 Opa-locka CRA/City of Opa-locka to give you this written statement explaining the purpose and authority for collecting your social security number.

<b>Form</b>	<b>Purpose</b>	<b>Authorization</b>
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 Community Redevelopment Agency Rental 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 and/or the 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 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 it is punishable by fines and imprisonment provided under Florida Statute 775.082 or 775.083.

**UNEMPLOYED APPLICANT’S AFFIDAVIT**

I, \_\_\_\_\_ an applicant of the City of Opa-locka/Opa-locka CRA Rental 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 Rental 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 OPA-LOCKA CRA
  - 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](mailto: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](mailto: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	

\_\_\_\_\_  
 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.

**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 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 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

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

I will inform City of Opa-locka 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

<b><u>FOR AN OATH OR AFFIRMATION:</u></b>	
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)







**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 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 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 CRA Rental 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 CRA 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 _____