



## CITY OF MIRAMAR FORECLOSURE PREVENTION PROGRAM

The Foreclosure Prevention Program provides qualified homeowners the opportunity to avoid foreclosures and retain their homes. The program is designed to assist households that need immediate financial assistance to either stop their homes from being foreclosed, sold for non-payment of taxes, or protect it if it is damaged. Funds will be provided as a deferred loan to eligible homeowners to assist them in bringing current their first and/or subordinate mortgage payments (Principal, Interest, Taxes and Insurance) Attorneys Fees, Late Fees, HOA, Assessments, and other customary fees. Evidence that mortgage or fee is no less than 30 days late is required and evidenced by current mortgage statement or applicable statement.

Eligible homeowners will be selected in the order in which they apply to the program and assisted on a first qualified, first served basis. All special needs households, as defined by Chapter 67-37.002(13), F.A.C. will be given priority by income (very-low/low and moderate income) respectively. **The applicant(s) must show their ability to continue to maintain their mortgage payment after assistance is given.** The City will pay 100% of the delinquent mortgage amount – up to \$10,000. If this is not enough to bring the situation current, the homeowner must pay the remainder to bring the situation current. Applicants must show the non-payment of their mortgage is due to the following eligible reasons:

- 1) **Loss of Pay due to involuntary job loss;**
- 2) **Divorce which resulted in temporary loss of income;**
- 3) **Death of a spouse which resulted in a temporary loss of income;**
- 4) **Sudden unforeseen medical expenses; or**
- 5) **Unforeseen emergency home repairs including condo/homeowner association assessments.**
- 6) **Involuntarily loss of verifiable income from other sources (Temporary or permanent).**

Applicant is responsible for the fees associated with the credit report, title report and overnight courier. Applicant shall make payment for such fees in the form of a money order.

The applicant **must** undergo budget/credit counseling from an approved credit counseling service. Priority will be given to persons who received prior down payment/purchase or rehabilitation assistance through the City's Grant Program.



**Applicants should always seek competent, professional legal advice when engaging in any real estate related transaction.**

Community Redevelopment Associates of Florida, Inc. and the City of Miramar are not acting in any capacity relating to mortgage or real estate transactions. You agree to hold harmless Community Redevelopment Associates of Florida, Inc. and the City of Miramar, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to your applying for any grant or mortgage or your purchase of any real estate.

_____	_____	_____	_____
Applicant Signature	Date	Co-Applicant Signature	Date
_____	_____	_____	_____
Household Member (18 and over)	Date	Household Member (18 and over)	Date
_____	_____	_____	_____
Household Member (18 and over)	Date	Household Member (18 and over)	Date



## PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant may be subject to Chapter 119, Florida Statutes, regarding Open Records. Information provided by you 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. The determination regarding the release of information pursuant to an Open Records request shall be made by the City pursuant to statute.

Having been advised of this fact prior to making application for assistance or supplying any information, I/We agree to hold harmless and indemnify Community Redevelopment Associates of Florida, Inc., the **City of Miramar**, any governmental agency, 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 neither Community Redevelopment Associates of Florida, Inc. nor the **City of Miramar**, have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to Community Redevelopment Associates of Florida, Inc. or the **City of Miramar** in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/We agree that neither Community Redevelopment Associates of Florida, Inc., nor the **City of Miramar**, 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 Community Redevelopment Associates of Florida, Inc., the **City of Miramar**, or any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for any grant or mortgage or my/our purchase of any real estate, or any matter arising out of any housing rehabilitation project funded by the **City of Miramar**.

Applicant Signature	Date	Co-Applicant Signature	Date
Household Member (18 and over)	Date	Household Member (18 and over)	Date
Household Member (18 and over)	Date	Household Member (18 and over)	Date



## NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The City collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City to give you this written statement explaining the purpose and authority for collecting your social security number.

Your Social Security Number is being collected for the purposes of income certifying you for the City’s Grant Program which requires third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, Federal and/or State program dollars.

### Authorization to Collect Social Security Number

- 24 CFR 5.609, referred to as "Part 5 Annual Income" - Code of Federal Regulations.
- 24 CFR92.203 Income Determinations for HOME Program
- U.S. HUD Technical Guide for Determining Income and Allowances for the HOME Program (Third Edition (HUD-1780-CPD, January 2005).
- State Housing Initiatives Partnership Program – SHIP Program Manual (Revised June 2005)
- City’s Grant Program Policies and Procedures.

Your social security number will not be used for any other intended purpose other than verifying your eligibility for the City’s grant program.

I/WE have read and understand this information.

_____	_____	_____	_____
Applicant Signature	Date	Co-Applicant Signature	Date
_____	_____	_____	_____
Household Member (18 and over)	Date	Household Member (18 and over)	Date
_____	_____	_____	_____
Household Member (18 and over)	Date	Household Member (18 and over)	Date



## CONFLICT OF INTEREST DISCLOSURE

In accordance with 24 CFR 570.611 applicants can be denied participation in the City's Grant Program if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official or appointed official of the recipient or subrecipients **and** the applicant **currently** or **within** the past 12 months:

1. Exercises or has exercised any functions or responsibilities with respect to funds for this program.
2. Participates or has participated in the decision making process related to funds for this program.
3. Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the City's Grant Program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge the conflict.

Please read statement #1 and #2 and check the statement that applies to you.

\_\_\_\_\_ 1. A conflict of interest **DOES NOT EXIST** as it relates to the City's Grant Program Application.

\_\_\_\_\_ 2. A conflict of interest **DOES EXIST** as it relates to the City's Grant Program Application.

If you placed a checkmark by statement, #2 please explain the Conflict of Interest:

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I/We have read and understand what a Conflict of Interest is as it pertains to the City's Grant Program Application.

<hr/> Applicant Signature	<hr/> Date	<hr/> Co-Applicant Signature	<hr/> Date
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<hr/> Household Member (18 and over)	<hr/> Date	<hr/> Household Member (18 and over)	<hr/> Date
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<hr/> Household Member (18 and over)	<hr/> Date	<hr/> Household Member (18 and over)	<hr/> Date
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## CITY OF MIRAMAR FORECLOSURE PREVENTION PROGRAM

Dear Applicant,

The City of Miramar's Foreclosure Prevention Program is a two-step process. Please read carefully below what each step entails.

### **STEP 1: Pre-Evaluation.**

**Step 1** of the process is the pre-evaluation. You have **one week** to complete the application (pages 8 to 19) and return it to CRA.

A Credit Counselor will determine, based on the information provided, if you will be able to continue to pay your mortgage and other outstanding obligations, once the City assists in bringing it current. If the income documentation you provide does not demonstrate that income is sufficient to pay the mortgage and other outstanding bills, foreclosure prevention assistance will not be provided. After Step 1 is successfully completed and it has been determined that income is sufficient to continue paying the mortgage and other obligations, CRA will begin the processing of your application.

1. **Completed Application Form:** All sections of the application must be completed (no blank spaces). Your application will not be accepted if incomplete. **(Must be original document).**

### **STEP 2: Income Certification/Eligibility Determination**

**Step 2** of the process is income certification and determination of program eligibility. You will only need to submit the information listed in Step 2 if CRA contacts you in writing to do so. We will need to verify all information provided on the initial application to ensure you **income-qualify** and are eligible for the program.



## CITY OF MIRAMAR FORECLOSURE PREVENTION PROGRAM

**Please provide photocopies of the below documents. WE DO NOT MAKE COPIES.**

### 3) **Proof of property ownership:**

- a) Deed, (which may be a warranty deed, special warranty deed, personal representative deed or quit claim deed. **Please note, that due to Federal Regulations, a Title Search will be performed to verify information as to ownership provided by each applicant.**
- b) Title Insurance Policy **or**
- c) Lease with a term in excess of 99 years **or**
- d) Order determining Homestead in an estate **or**
- e) Copy of a Trust Agreement **or**
- f) Certificate of Title

**Note:** If the Deed lists anyone that does not reside in the home, a notarized, sworn statement must be provided by the non-resident(s) that attests to the fact that the individual(s) do not reside in the home and have their primary residence elsewhere. The individual(s) must provide a copy of a residential property lease or an ad valorem property tax bill indicating their primary residence is elsewhere.

- 4) **Current Mortgage Statement or appropriate document showing 30 days (minimum) delinquency.**
- 5) **Six (6) most recent pay stubs or earnings statements showing the employee's name, gross pay per pay period, deductions, and frequency of pay for every household member 18 years and over.**
- 6) **Broward County Notice of Ad Valorem Taxes (must show Assessed Value of Property)**  
This may be obtained by logging on to the Property Appraisers website at [www.bcpa.net](http://www.bcpa.net)
- 7) **Proof that you are current in the payment of your property taxes:**
  - a) Paid Property Tax Receipt from the Broward County Property Appraiser **or**
  - b) Copy of your canceled check, front and back, showing payment **or**
  - c) Sworn Affidavit certifying that you have paid your property taxes **or**
  - d) Statement from your mortgage lender attesting that your property taxes have been paid **or**
  - e) A printout from the Broward County Property Appraisers website
- 8) **Last six (6) months bank statements for every household member.** We need every page of the bank statements.





## **CITY OF MIRAMAR FORECLOSURE PREVENTION PROGRAM**

**9) Proof of Hazard and Flood Insurance:**

- a) A copy of your homeowner's insurance policy. Policy must include Flood Insurance. If Flood Insurance is not required, please provide a Determination Letter from FEMA.

**10) Federal income tax returns filed with the IRS for the last two (2) years AND W-2's for the last two (2) years. We will accept:**

- a) A copy of the original signed federal tax return with W-2's **and**
- b) A transcript of your federal return from the IRS with W-2's. You can request a transcript by filling out IRS form 4506-T and sending to the IRS. The form can be obtained from the IRS website [www.irs.gov](http://www.irs.gov), by calling the IRS at 1-800-829-3676, or by going to the IRS office.

**11) Proof of number of dependents claimed** (Dependent's must be listed on your federal tax return).

- a) Birth Certificate on which the parent/applicant's name is listed **or**
- b) School records which give the parents names and address **or**
- c) Court-ordered letters of guardianship **or**
- d) Divorce decree **or**
- e) Letters of adoption
- f) If a dependent 18 and over is a full time student, please submit a copy of their class schedule in addition to the above documents.

**12) Social Security Cards for all household members.**

**13) Proof of citizenship or legal alien status documents.**

- a) United States of America birth certificate **or**
- b) Naturalization papers **or**
- c) Alien registration card

**14) If you are divorced, we need a copy of your divorce decree or certified court documents.**



## CITY OF MIRAMAR FORECLOSURE PREVENTION PROGRAM

### 15) **Proof of Employment Income:**

- a) Six most recent pay stubs or earning statements for every household member 18 years of age and over.
- b) The pay stubs must show the employee's name, gross pay per period, deductions, and frequency of pay.

### 16) **Self-Employment Income.** Schedule C, E, or F must be included with your federal income tax return **AND**

- a) Accountant or bookkeeper's statement of net income expected for the next 12 months printed on the accountant/book keeper's company letterhead **or**
- b) A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months

### 17) **Social Security, Supplemental Security Income (SSI), and Disability benefits** - An award or benefit notification letter prepared and signed by the authorizing agency.

### 18) **Unearned Income.** Please provide documents for all that apply.

- a) **Unemployment Compensation** - Unemployment benefit award notice with six (6) copies of unemployment check stubs.
- b) **Disability Compensation** - Notice of eligibility from employer or authorizing agency and six (6) copies of check stubs.
- c) **Worker's Compensation** - Notice of eligibility with amount awarded and six (6) copies of check stubs.
- d) **Severance Pay** - Notice of employer stating the amount received in severance pay.
- e) **Welfare of other needs based payments** given to any household members.

### 19) **Unemployed household member not receiving unemployment benefits or income.** Please provide a notarized, sworn statement from the household member stating that unemployment benefits are not received and he/or she is not receiving any income.



## CITY OF MIRAMAR FORECLOSURE PREVENTION PROGRAM

### 20) For Alimony or Child Support Payments

- a) A printout from the court or governmental agency through which payments are being made **or**
- b) An original notarized letter from the non-custodial parent stating the amount given weekly, bi-weekly, or monthly **or**
- c) An original notarized statement from custodial parent stating that child support is not received for each child.

### 21) For Veterans Administration Benefits – Benefactor’s written confirmation of amount of assistance for the next 12 months.

### 22) Assets - Please bring current statements for the below assets for each household member if applicable. We need all pages of each statements submitted and listed on your application form.

- a) 401(K) account statement
- b) Retirement statement
- c) Pension statement
- d) IRA statement
- e) Certificate of deposit (CD) statement
- f) Annuities

### 23) Life Insurance policy with current cash value and the type (term or whole). We need all pages of the most current policy statement.

### 24) Recurring Contributions and Gifts. Example: non-household member paying all of part of bills, mortgages or contributing money on a regular basis.

- a) Notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts **or**
- b) A letter from a bank, attorney, or a trustee providing required verification.

**Please provide photocopies of items 3 - 24. WE DO NOT MAKE COPIES.**



**CITY OF MIRAMAR  
FORECLOSURE PREVENTION PROGRAM**

**GENERAL APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Size: \_\_\_\_\_ Anticipated Gross Annual Household Income: \_\_\_\_\_

Marital Status of Applicant: \_\_\_\_\_

Please identify the reason foreclosure prevention assistance is being requested:

- \_\_\_\_\_ 1) **Loss of Pay due to involuntary job loss;**
- \_\_\_\_\_ 2) **Divorce which resulted in temporary loss of income;**
- \_\_\_\_\_ 3) **Death of a spouse which resulted in a temporary loss of income;**
- \_\_\_\_\_ 4) **Sudden unforeseen medical expenses; or**
- \_\_\_\_\_ 5) **Unforeseen emergency home repairs including condo/homeowner association assessments.**
- \_\_\_\_\_ 6) **Involuntarily loss of verifiable income from other sources (Temporary or permanent).**

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**For Office Use**

Referral Date: \_\_\_\_\_ Municipality: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**CITY OF MIRAMAR  
FORECLOSURE PREVENTION PROGRAM**

**APPLICATION INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

CO-APPLICANT'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**ANNUAL GROSS INCOME: Attach additional sheet, if needed.**

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBER(S) 18 AND OVER	TOTAL
Gross Salary				
Overtime, Tips, Bonuses, etc.				
Interest/Dividends				
Business Net Income				
Rental Net Income				
Social Security, Pensions, Etc.				
Unemployment, Workers Comp.				
Alimony, Child Support				
Welfare Payments				
Other (List)				



**CITY OF MIRAMAR  
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Name of Applicant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_

\*\*\*\*\*

Name of Co-Applicant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_

\*\*\*\*\*

Name of Applicant (18 and over): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_

\*\*\*\*\*

Name of Applicant (18 and over): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_



**CITY OF MIRAMAR  
FORECLOSURE PREVENTION PROGRAM**

Please complete the following for ALL members of the household. Attach an additional sheet, if needed.

<b>HOUSEHOLD MEMBER FULL NAME</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP</b>	<b>SOCIAL SECURITY #</b>

**ASSETS:**

Household Member's Name: \_\_\_\_\_

<b>TYPE</b>	<b>CASH VALUE</b>	<b>ANNUAL INCOME FROM ASSETS</b>	<b>BANK NAME</b>	<b>ACCOUNT NO.</b>
Checking Accounts:				
Savings Accounts:				
Credit Union Account:				
Stock, Life Insurance :				
Other:				



**CITY OF MIRAMAR  
FORECLOSURE PREVENTION PROGRAM**

**ASSETS:**

Household Member's Name: \_\_\_\_\_

<b>TYPE</b>	<b>CASH VALUE</b>	<b>ANNUAL INCOME FROM ASSETS</b>	<b>BANK NAME</b>	<b>ACCOUNT NO.</b>
Checking Accounts:				
Savings Accounts:				
Credit Union Account:				
Stock, Life Insurance :				
Other:				
Other:				

**ASSETS:**

Household Member's Name: \_\_\_\_\_

<b>TYPE</b>	<b>CASH VALUE</b>	<b>ANNUAL INCOME FROM ASSETS</b>	<b>BANK NAME</b>	<b>ACCOUNT NO.</b>
Checking Accounts:				
Savings Accounts:				
Credit Union Account:				
Stock, Life Insurance :				
Other:				
Other:				







### CITY OF MIRAMAR FORECLOSURE PREVENTION PROGRAM

This is to certify that \_\_\_\_\_ person(s) is/are residing in the property that I/We intend to rehabilitate.

_____	_____	_____	_____
Applicant Signature	Date	Co-Applicant Signature	Date
_____	_____	_____	_____
Household Member (18 and over)	Date	Household Member (18 and over)	Date
_____	_____	_____	_____
Household Member (18 and over)	Date	Household Member (18 and over)	Date

#### **IMPORTANT - APPLICANT READ BEFORE COMPLETING AND SIGNING**

The information provided is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information of purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. Applicant(s) understand(s) that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant(s) also agree(s) to provide any other documentation needed to verify eligibility.

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relative to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 755.83. U.S.C

**WARNING:** HUD will prosecute false claims & statements. It is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts (18 U.S.C. Sections 1001).



**CITY OF MIRAMAR  
FORECLOSURE PREVENTION PROGRAM**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/We \_\_\_\_\_, the undersigned, hereby authorize the release without liability, information regarding my/our employment income, and/or assets to **Community Redevelopment Associates** for the purposes of verifying information provided, as part of determining eligibility for assistance under the **Foreclosure Prevention Program**. I/We understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: personal identify; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions disability or death benefits; unemployment, disability and/or worker’s compensation; welfare assistance; net income from the operation of a business; and, alimony or child support payments, etc.

Organizations/Individuals that maybe asked to provide written/oral verification are, but not limited to:

- |   |                                       |
|---|---------------------------------------|
| Past/Present Employers                      | Alimony/Child/Other Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration        |
| State Unemployment Agency                   | Veteran’s Administration              |
| Welfare Agency                              | Other: _____                          |

Agreement to Conditions:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/We have the right to review this file and correct any information found to be incorrect.

_____ Applicant Signature	_____ Date	_____ Co-Applicant Signature	_____ Date
_____ Household Member (18 and over)	_____ Date	_____ Household Member (18 and over)	_____ Date
_____ Household Member (18 and over)	_____ Date	_____ Household Member (18 and over)	_____ 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.*