



CITY OF COCONUT CREEK MINOR HOME REPAIR PROGRAM DISCLOSURE

The primary purpose of the City's Minor Home Repair Program is to:

1. correct municipal/building code violations, affecting primary structure
2. abate any health and safety problems in your home
3. provide safe electrical and mechanical systems
4. stop weather penetration to make your home more energy efficient
5. improve the general condition of your home's structure

Rehabilitation work is not the same as remodeling. Interior or exterior remodeling (cosmetic) work **will not** be addressed on your project. It is important that you realize this as you go through the rehabilitation process.

A set of rehabilitation specifications will be developed, with your input, by a qualified home inspector, acting in the capacity of Rehabilitation Inspector. The Rehabilitation Inspector is paid by the Program and will never ask you to pay for his/her services.

Those items that qualify for rehabilitation have been designated by State and Federal regulations not by your local municipality. The Rehabilitation Inspector will assess your home's rehabilitation requirements based on the priorities outlined above.

If funds are available within the limits of the approved award after considering the priorities, the Rehabilitation Inspector may consider other allowable rehabilitation items. Any changes must be made before the work is submitted for bids. Additions, swap outs, or deletions on the specifications once approved by you will not be possible. In many cases, the Rehabilitation Inspector has already reviewed and revised your specifications several times in order to keep the estimated job cost within the allowable award limits. Cost saving measures are included in the work order in an effort to make possible basic repairs needed to your home.

Rehabilitation specifications are put out for bid to a pool of licensed and insured, State-Certified, General Contractors. Rehabilitation contracts are awarded to the General Contractor (GC) with the lowest, most responsive bid. The contract for rehabilitation work to be undertaken is between you and the GC to whom the bid is awarded. The GC to whom the bid is awarded will be paid directly by the Program on your behalf. At no time should you be asked by a Program Contractor for any payment for work done under your award.

During your project, the contractor may elect to reuse some material that is in good condition. This is acceptable provided only that the Rehabilitation Inspector approves its use. The Rehabilitation Inspector may also modify the specifications after work begins due to on-site conditions that could not be accurately assessed before the work started. This is done to facilitate the project by eliminating unnecessary work. The Rehabilitation Inspector will monitor the work in progress, but more importantly, the Inspector will provide a list of any incomplete items to the contractor to ensure quality service.



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., and the City of Coconut Creek, 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 Coconut Creek 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 Coconut Creek 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 Coconut Creek 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., and the City of Coconut Creek 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/repair of any real estate, or any matter arising out of any housing rehabilitation project funded by the City of Coconut Creek.

I/WE have read and understand this information.

_____	_____	_____	_____
Applicant Signature	Date	Co-Applicant Signature	Date
_____	_____	_____	_____
Household Member (over 18)	Date	Household Member (over 18)	Date
_____	_____	_____	_____
Household Member (over 18)	Date	Household Member (over 18)	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 Minor Home Repair 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 CFR 92.203 Income Determinations for HOME Program – Code of Federal Regulations
- 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 July 2008)
- City of Coconut Creek Housing 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 Program.

I/WE have read and understand this information.

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



CONFLICT OF INTEREST DISCLOSURE

In accordance with 24 CFR 570.611, applicants can be denied participation in the Minor Home Repair Program if a conflict of interest exists. A conflict of interest may exist 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 Minor Home Repair 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 Minor Home Repair Program Application.
- _____ 2. **A conflict of interest DOES EXIST** as it relates to the Minor Home Repair Program Application.

If you placed a checkmark by statement #2, please explain the conflict of interest:

I/We have read and understand what a conflict of interest is as it pertains to the City's Minor Home Repair Program Application.

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



MINOR HOME REPAIR PROGRAM TERMS AND CONDITIONS

I/WE, the undersigned, agree and accept the terms and conditions of the Minor Home Repair Program as a condition of our/my receiving assistance under the Program should I/We be income eligible for assistance.

Maximum Amount of Assistance: \$40,000.00

Second Mortgage Interest Rate: 0%

Second Mortgage Repayment Terms: 15 Year, 0% interest, deferred payment loan, secured by a mortgage and promissory note. The loan is forgivable in its entirety at the end of 15 years from the date of execution of said mortgage and note, provided that title remains under the ownership of the individuals signing said mortgage and note and said property remains their primary residence. For applicants 62 years of age or older, there will be a yearly forgiveness of 10% of the loan. The balance of the loan not yet forgiven is due if the home is sold, title transferred or conveyed, or the home ceases to be the primary residence of the owner during the 15 year occupancy period. For all other applicants, there is no yearly forgiveness of the loan. Full repayment of the loan is required if title is transferred or conveyed for any reason or the property ceases to be the primary residence of the applicant during the 15 year required occupancy period. Applicants will be allowed to refinance subject to the terms and conditions of the City's Subordination Policy, which does not permit cash out to the homeowner.

Recipient Eligibility: Eligible homeowners will be selected on a first-come, first-served basis, within income groups from all eligible applicants. Eligible homeowners shall be current on mortgage, property taxes, and homeowners association fees, if applicable, and maintain hazard and flood insurance on the property. Special Needs clients such as elderly and/or disabled owner-occupied households, displaced mobile home residents, and/or very low-income and low-income households are given first priority.

Borrower Income Limitations: Up to 120% of the Area Median Income (AMI), adjusted for household size. Income limits are determined by the U.S. Department of Housing and Urban Development. Priority is given to households up to 80% of the AMI.

Property Eligibility: Owner-occupied single family homes, condominiums, townhomes, villas, and eligible manufactured homes located in the City of Coconut Creek.

Assessed Value of Homes: At or below \$317,647 (or the current 90% cap of the median area purchase price in the MSA, as established by the U.S. Treasury Department and adopted by the Broward County HOME Consortium).

Federal and State statutes, regulations, and program guidelines governing this application are subject to change at any time.

I/We understand and agree to the terms and conditions outlined above.

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



MINOR HOME REPAIR PROGRAM DISASTER RELIEF CERTIFICATION

I/We herein attest that we _____ **are** _____ **are not** applying to the City of Coconut Creek for residential rehabilitation assistance as the direct result of damage to my residence due to a declared natural disaster.

Damage to our/my residence has been caused by:

Hurricane _____ **Tornado** **Flood** **Other** _____

FEMA/SBA

I/We _____ **have** _____ **have not applied** for financial assistance from the Federal Emergency Management Agency (FEMA) or the Small Business Administration (SBA) for the replacement or repair of any item(s) for which I/We are now applying.

I/We _____ **have received** _____ **have not/will not receive** financial assistance from the Federal Emergency Management Agency (FEMA) or the Small Business Administration (SBA) for the replacement or repair of any item(s) for which I/We are now applying.

PRIVATE INSURANCE

I/We _____ **have** _____ **have not applied** for financial assistance of any kind from any private insurer for the replacement or repair of any item(s) for which I/We are now applying.

I/We _____ **have received** _____ **have not/will not receive** financial assistance of any kind from any private insurer for the replacement or repair of any item(s) for which I/We are now applying.

I/We further attest that we will not seek financial assistance or reimbursement of any kind from any other Federal or State Agency or Private Insurer subsequent to this application for any item(s) the replacement or rehabilitation of which has been funded in full by the City of Coconut Creek Home Repair Programs.

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



MINOR HOME REPAIR PROGRAM SUPPORTING DOCUMENTATION

Dear Applicant,

The documents listed below must be submitted with your application form to be deemed a complete submittal. Some of the requested information may not pertain you. Only provide the information that pertains to your household. Appropriate information will be verified by third-party.

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

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

- 2) **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 Program Regulations require a title search to be performed to verify the owner information 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

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.

- 3) **Proof of Employment Income.** Six (6) most recent pay stubs or earnings statements, showing the employees name, gross pay per pay period, deductions, and frequency of pay for every household member over 18 years old.
- 4) **Broward County Notice of Ad Valorem Taxes.** Notice must show Assessed Value of Property. This may be obtained by logging on to the Property Appraisers website at www.bcpa.net.

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- 5) **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 you mortgage lender attesting that your property taxes have been paid **or**
 - e) A printout from the Broward County Property Appraisers website
- 6) **Last six (6) months bank statements for every household member.** We need every page of the bank statements.
- 7) **Proof of Hazard and Flood Insurance.** 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.
- 8) **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, by calling the IRS at 1-800-829-3676, or by going to the IRS office **or**
 - c) Letter of Non-filing.
- 9) **Proof of number of dependents claimed.** (Dependents 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 over 18 is a full time student, please submit a copy of their class schedule in addition to the above documents.
- 10) **Social Security Cards for all household members.**
- 11) **Proof of citizenship or legal alien status documents.**
- a) United States of America birth certificate **or**
 - b) Naturalization papers **or**
 - c) Alien registration card

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

13) **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.

14) **Social Security, Supplemental Security Income (SSI), and/or Disability Benefits.** We need an award or benefit notification letter prepared and signed by the authorizing agency.

15) **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 or other needs based payments given to any household members.

16) **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.

17) **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.

18) **Veterans Administration Benefits.** Benefactor's written confirmation of amount of assistance for the next 12 months.

- 19) **Assets.** Please submit current statements for the below assets for each household member if applicable. We need all pages of each statement submitted and listed on your application form.
- a) 401(K) / 403(B) account statement
 - b) Retirement statement
 - c) Pension statement
 - d) IRA statement
 - e) Certificate of deposit (CD) statement
 - f) Annuities
- 20) **Life Insurance policy with current cash value and the type (term or whole).** We need all pages of the most current policy statement.
- 21) **Recurring Contributions and Gifts.** Example: non-household member paying all or 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.
- 22) **Mortgage Statements.** If you currently have a mortgage on your property, or an equity line, please provide a copy of your most recent mortgage statement(s). Your mortgage(s) must be current to receive assistance from the City.

Please provide *photocopies* of items 2 - 22. WE DO NOT MAKE COPIES.



MINOR HOME REPAIR PROGRAM APPLICATION FOR REHABILITATION ASSISTANCE

GENERAL APPLICANT INFORMATION

Applicant's Name: _____ SS# _____

Co-Applicant's Name: _____ SS# _____

Address: _____

Mailing Address (if different from above): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Household Size: _____ Anticipated Gross Annual Household Income: _____

Marital Status of Applicant: _____

Additional Comments: _____

For Office Use ONLY

Application Referred To the Following Program:

- _____ General Home Repair Program (CDBG/HOME/SHIP)
- _____ Workforce Sustainable Minor Home Repair Program
- _____ Barrier Free Assistance
- _____ Emergency Assistance

Assigned to Program Specialist: _____ Date: _____

ANNUAL GROSS INCOME (Attach additional sheet if needed)

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBER(S) OVER 18	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)				

EMPLOYER INFORMATION (for applicant, co-applicant, and ALL household members over 18)

Attach additional sheet if needed

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 (over 18): _____

Name of Employer: _____ Phone: _____

Address: _____

Position: _____ Years Employed: _____

Supervisor: _____

Name of Applicant (over 18): _____

Name of Employer: _____ Phone: _____

Address: _____

Position: _____ Years Employed: _____

Supervisor: _____

HOUSEHOLD MEMBERS (Please complete the following for ALL members of the household. Attach an additional sheet if needed.)

HOUSEHOLD MEMBERS FULL NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #

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

Household Member Name: _____

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

Household Member Name: _____

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

Household Member Name: _____

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



MINOR HOME REPAIR PROGRAM STATEMENT OF HOUSEHOLD SIZE

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 (over 18)	Date	Household Member (over 18)	Date
_____	_____	_____	_____
Household Member (over 18)	Date	Household Member (over 18)	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 S775.082 or 775.083 or 775.084.

ORIGINAL



MINOR HOME REPAIR PROGRAM AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We _____, the undersigned, hereby authorize release without liability information regarding my/our employment income, and/or assets to **Community Redevelopment Associates of Florida, Inc.** for the purposes of verifying information provided, as part of determining eligibility for assistance under the Minor Home Repair 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 include, but are not limited to: personal identify, employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, 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, worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments, etc.

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

- | | |
|--|---------------------------------------|
| Past/Present Employers | Alimony/Child/Other Support Providers |
| Banks, Financial, or Retirement Institutions | Social Security Administration |
| State Unemployment Agency | Veterans 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 (over 18)	_____ Date	_____ Household Member (over 18)	_____ Date
_____ Household Member (over 18)	_____ Date	_____ Household Member (over 18)	_____ 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-T, "Request for Copy of Tax Return" and prepare and sign separately.