



CITY OF FORT LAUDERDALE

HOUSING REHABILITATION/REPLACEMENT PROGRAM APPLICATION PACKET

Up To \$45,000 Available Per Home For Repairs
0% Interest Deferred Payment Loan - No Monthly Payments
No Repayment of Loan If Program Requirements Are Met

**CODE VIOLATIONS, WINDOWS, ROOF REPLACEMENT, A/C REPLACEMENT,
PLUMBING, ELECTRICAL, WATER HEATER REPLACEMENT, ACCESSIBILITY
IMPROVEMENTS, WEATHERIZATION, ... AND OTHER MINOR REPAIRS**

Funding Made Available Through Federal And/Or State Grants

Assessed Property Values Should Not Exceed: **\$329,268.60**

**Maximum Annual Income – Adjusted for Household Size
(Subject to Change)**

Fort Lauderdale, Florida FY 2012 Income Limits			
Effective 12/3/11			
HH Size	Max Income	HH Size	Max Income
1	\$40,150	5	\$61,900
2	\$45,850	6	\$66,500
3	\$51,600	7	\$71,100
4	\$57,300	8	\$75,650

There are limited funds and restrictions on the type of improvements.
Eligible persons for this program will be selected on a
First-Come, First-Ready, First-Served basis.
(Assistance is subject to funding availability)

ONLY THE FIRST 25 COMPLETE APPLICATIONS WILL BE ACCEPTED

COMPLETE APPLICATIONS ONLY WILL BE ACCEPTED AT:

**City of Fort Lauderdale
Housing & Community Development Division
1409 NW 6th Street (Mizell Center)
Fort Lauderdale, FL 33311**

ON THE FOLLOWING DATES:

Wednesday, February 1, 2012 – 9:00am – 4:00pm

AND

Thursday, February 2, 2012 – 9:00am – 4:00pm





Revised 01.06.12

**CITY OF FORT LAUDERDALE
HOUSING REHABILITATION PROGRAM**

Complete applications ONLY will be accepted on:

Wednesday, February 1, 2012 – 9am – 4pm

AND

Thursday, February 2, 2012 – 9am – 4pm

(Examples of Eligible Repairs and Priorities)

<p>Priority 1: To Correct Code Violations</p> <ul style="list-style-type: none"> • Correction of building code violations <p>Priority 2: To Abate Any Health and Safety Problems in Your Home</p> <ul style="list-style-type: none"> • Removal of lead-based paint/asbestos hazards • Removal of home barriers to the disabled and elderly; • Removal of termites • Elimination of specific conditions detrimental to public health and safety, which have been identified by Program Inspectors <p>Priority 3: To Provide Safe Electrical and Mechanical Systems</p> <ul style="list-style-type: none"> • Repair/replace water heaters • Repair/replace electrical work • Repair/replace heating and air-conditioning • Repair/replace plumbing 	<p>Priority 4: Weatherization – To Stop Weather Penetration to Make Home More Energy Efficient</p> <ul style="list-style-type: none"> • Repair/replace roof • Install new insulation, and air conditioning systems if feasible • Impact resistant windows, doors, etc. <p>Installation of Energy Star Rated Fixtures</p> <p>Priority 5: To Improve the General Conditions of Your Home and Its Structure</p> <ul style="list-style-type: none"> • Repair/replace roofing gutters and fascia • Sewer connections • Install new smoke alarms • Repair/replace kitchen and bath flooring only if part of rehab • Repair/replace bath fixtures (non cosmetic) • Repair/replace stucco • Exterior painting • Install new deadbolt locks • Replace carpet/tile • Repair/replace kitchen or bath cabinets and counter tops (with evidence of deterioration which has been identified by Program Inspectors)
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Things You Should Know...

- **Not all items that homeowner's want addressed can be completed through this program.**
- **Program Inspectors will conduct a thorough inspection and recommend necessary repairs.**
- Illegal room additions or items done without a permit are code violations. Participation in the program means that the Building Department will be made aware of all code violations on the property. All code violations will be addressed as a priority.
- Interior or exterior remodeling (cosmetic) work will not be addressed.
- Because this is a rehabilitation program, ALL items are replaced **like for like**. We will replace all items with something similar to what currently exists. Items will not be upgraded.
- If repairs are extensive and homeowner is required to relocate, the City of Fort Lauderdale does not provide financial assistance for the relocation.
- Mobile and/or manufactured homes are not eligible for assistance.
- **Participation in the program requires that a lien (mortgage) will be recorded against your property equal to the amount of repairs that are completed.**
- The incomes of all adult household members 18 years of age and older are counted as a part of the application.
- Homeowners must live in the home and remain living in the home during the entire lien period
- Homeowners must have incomes equal to or less than 80% of median (income adjusted for family size).
- Mortgage payments must be current.
- Property taxes must be paid.
- There can be no liens against the property
- Homeowner occupied the property as their principal residence.
- Property must have a current Homestead Exemption.

City of Fort Lauderdale Housing and Community Development
HOUSING REHABILITATION/REPLACEMENT PROGRAM
REQUIRED DOCUMENTS (copies only)

Complete applications ONLY will be accepted:

Wednesday, February 1, 2012 – 9am – 4pm

AND

Thursday, February 2, 2012 – 9am – 4pm

- 1 ___ Copy of your Deed from Broward County. **Every** name on the deed to your property must be accounted for as well as spouses not listed on the deed. (If applicable, proof of probate is required).
- 2 ___ Copy of **all** pages of recorded Death Certificate or Divorce Decree (if widowed or divorced).
- 3 ___ Copy of photo I.D. (drivers license or state I.D.) for **every** household member.
- 4 ___ Copy of Social Security card for **every** household member.
- 5 ___ Copy of US Birth Certificate or US Passport for **every** household member.
- 6 ___ Copy of Alien Registration Card (front and back) for **every** household member who is not a citizen.
- 7 ___ Copy of current school records, showing full-time or part-time status, for **everyone** in your home who is a student 18 years or older.
- 8 ___ Copies of six (6) weeks of the **most recent and consecutive** paycheck stubs showing the employer name, address and telephone number for **every** source of employment income for **you** and **everyone** in your home.
- 9 ___ Copies of **all** pages of one (1) month of **most recent** statements for **ALL** other sources of income (social security, disability; unemployment; pension, etc.) showing the full name, address and telephone number for **every** source of income. (This does not apply to income received for the care of foster children.)
- 10 ___ Copies of **all** pages of **most recent** statements showing the full name, address and telephone number for **all** asset holders (cash value of life insurance, 401k, pension, retirement accounts, investments, etc.) for **everyone** in your home.
- 11 ___ Copies of **all** pages of current divorce settlements or most recent decrees for child support and/or alimony for **everyone** in your home that is supposed to receive it. If support has been ordered, **all** possible efforts must be exhausted in an attempt to receive it. If after all efforts support is still not received, a Contempt of Court hearing **must** be filed and proof of filing **must** be provided.
- 12 ___ Copies of **all** pages of **most recent** year's **signed and dated** tax returns that were actually filed with the IRS for **everyone** in your home required to file. **Must** include all W-2's, forms and schedules.
- 13 ___ Copies of **all** pages of the last one (1) year **signed and dated** tax returns for you and anyone in your home who is self-employed. **Must** include Profit & Loss and an income and expense report for the last three (3) months.
- 14 ___ Copies of **all** pages of six (6) months of **most recent** checking and savings account statements showing the full name, address and telephone number for **all** banks and/or credit unions, etc. for **everyone** in your home who has checking and/or savings accounts.
- 15 ___ Copy of **all** pages of custody papers showing official/legal proof of guardianship for any member of your household who is a guardian for a minor living in the home.
- 16 ___ Copy of **most recent** statement for **all** mortgages (1st, 2nd, etc.) showing lender's name, address, telephone number, loan number and current balance.
- 17 ___ Copies of **all declarations pages** for Property Insurance (Homeowners, Flood, Windstorm).
- 18 ___ Copy of any Code violation, warning or notice, if applicable.

Additional information may be required.

In order to participate in this program you must provide all of the required documents to our office along with your complete application on one of the dates listed above. City staff will review your application and documents and determine if your application is complete. Staff acceptance of application does not constitute approval or guarantee participation in the program.

PLEASE CHECK TO BE SURE YOU HAVE ALL THE DOCUMENTS ABOVE
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED



CITY OF FORT LAUDERDALE



HOUSING PROGRAMS APPLICATION

HOUSING & COMMUNITY DEVELOPMENT
1409 NW 6 Street (Mizell Center)
Fort Lauderdale, Florida 33311

COMPLETE APPLICATIONS ONLY WILL BE ACCEPTED:

Wednesday, February 1, 2012 – 9am – 4pm

AND

Thursday, February 2, 2012 – 9am – 4pm



Revised 01.06.12



HOUSING AND COMMUNITY DEVELOPMENT

1409 NW 6th Street (Sistrunk Blvd), Fort Lauderdale, Florida 33311
 Telephone 954-828-4527 - Fax 954-847-3754

Housing Rehabilitation/Replacement Program Application

PLEASE PRINT

PLEASE INITIAL ANY CROSS OUTS/CORRECTIONS. WHITE OUT IS NOT PERMITTED ON APPLICATION.

PROPERTY INFORMATION

Address: _____

City: Fort Lauderdale State: Florida Zip Code: _____ Commission District: _____

Number of Bedrooms: _____ Number of Bathrooms: _____

APPLICANT

First Name: _____ Last Name: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employed Retired Disabled Unemployed Self-Employed

SPOUSE / CO-APPLICANT

First Name: _____ Last Name: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employed Retired Disabled Unemployed Self-Employed

Profile: The programs are federally & state funded, therefore we request you complete the following information for statistical purposes only.

Head of Household

Marital Status: Single Married Widow/Widower Divorced

Sex: Male Female Citizen: Yes No Resident Alien: Yes No Alien #: A- _____

Spouse / Co-applicant

Marital Status: Single Married Widow/Widower Divorced

Sex: Male Female Citizen: Yes No Resident Alien: Yes No Alien #: A- _____

Race / National Origin:

AM Indian/Alaskan Asian Black Hispanic Yes or No Pacific Islander White

Other (Specify) _____

List every person living at your residence (including yourself)

	Name	Age	Date of Birth	Social Security Number	Relationship to Applicant
1					Applicant
2					
3					
4					
5					
6					
7					

REPAIRS NEEDED

*Code Violations Electrical Plumbing Roofing Structural

Other repairs _____

* A copy of the code violation must be included with your application.

IMPORTANT INFORMATION

1. Does your property have more than one living unit? Yes No

* If you answered yes, your property is not eligible for assistance.

2. Do you or your co-applicant owe the City of Fort Lauderdale any money? Yes No

* If yes, please explain _____

EMPLOYMENT INFORMATION: APPLICANT

Employee Name:	Employer Name:	
Position:	Supervisor:	
Address/Phone:	Year Employed:	
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	Pay Rate: \$	

EMPLOYMENT INFORMATION: SPOUSE / CO-APPLICANT

Employee Name:	Employer Name:	
Position:	Supervisor:	
Address/Phone:	Year Employed:	
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	Pay Rate: \$	

FULL TIME STUDENTS (OVER 18 YEARS OLD)

Household Member #: _____ School: _____

Household Member #: _____ School: _____

Household Member #: _____ School: _____

PROPERTY INSURANCE

Homeowners Insurance: _____ (Y/N) Flood Insurance: _____ (Y/N) Windstorm Insurance: _____ (Y/N)

(Must provide copies of policy declaration pages.)

ASSETS & ASSET INCOME

List EVERY checking account, savings account, IRA, CD, bond, stock, life insurance policy, equity in properties, money market account, retirement account or any other income for EVERY household member.

	Company Name	Type of Asset	Asset Value/Balance
1			
2			
3			
4			
5			
6			
7			

OTHER SOURCES OF INCOME

List ALL employment, child support, alimony, social security, disability, pension, unemployment, workers compensation, or any other source of income for EVERY household member 18 and over.

	Name	Wage/Salary (Include Tips, Commission and Bonuses)	Benefits, Pension	Public Assistance	Other Income	Annual Income
1						
2						
3						
4						
5						
6						
7						

MORTGAGE INFORMATION

1st Mortgage Lender: _____
800 Customer Service #: _____

Loan #: _____
Principal Balance: _____

2nd Mortgage Lender: _____
800 Customer Service #: _____

Loan #: _____
Principal Balance: _____

3rd Mortgage Lender: _____
800 Customer Service #: _____

Loan #: _____
Principal Balance: _____

CONFLICT OF INTEREST FORM

CONFLICT OF INTEREST QUESTION:

Are you or anyone living in your household a City of Fort Lauderdale employee? YES No

If you answered YES, list the household member(s) name and the Department they work for:

Name: _____ Department: _____

Name: _____ Department: _____

Name: _____ Department: _____

Are you or anyone living in your household related to a City of Fort Lauderdale employee (s)? YES No

If you answered YES, list each employee name and the Department they work for:

Name: _____ Department: _____

Name: _____ Department: _____

Name: _____ Department: _____

The City will adhere to its employee code of conduct and all employees, contractors, and subrecipients of federal and state funding will adhere to the conflict of interest policies established by the Federal government and the State.

In accordance with 24 CFR 570.611 applicants can be denied participation in the City's Purchase Assistance/Housing Rehabilitation/Replacement Programs if a conflict of interest exists. A conflict of interest exists if an applicant is an employee, agent, consultant, officer, elected official, appointed official of the City of Fort Lauderdale or its subrecipients, and if within the past 12 months, any of the following statements applies to any of the applicants:

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 program.

When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge and disclose that conflict. If a conflict of interest exists (or the perception of one), the City is required to seek a legal opinion and make the potential conflict known to the public by applying by newspaper or before the City Commission and then request an exception from the U.S. Department of HUD.

The process is mandatory for all City of Fort Lauderdale employees and any time a conflict or the perception of one exists.

AUTHORIZATION TO VERIFY INFORMATION

This is authorization for the City of Fort Lauderdale 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 Fort Lauderdale 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 Fort Lauderdale may make copies of this letter for distribution to any party with which I (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 must be occupied as the applicant's primary residence.

AGREEMENT

The undersigned understands that the intent of this application is for purposes 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 Fort Lauderdale. 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 record laws.

I/We certify the information provided in this application is true and correct as of the date set forth opposite my signature on this application. That 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, supporting document or information will constitute cancellation of this application and liability in any legal action brought against me/us by the City. The City of Fort Lauderdale is hereby authorized to verify any of the above information and to inspect the property prior to approval. 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 Fort Lauderdale.

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 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's Name (Print) <i>X</i>	Applicant's Signature <i>X</i>	Date
Co-Applicant's Name (Print) <i>X</i>	Co-Applicant's Signature <i>X</i>	Date
Other Adult's Name (Print) <i>X</i>	Other Adult's Signature <i>X</i>	Date
Other Adult's Name (Print) <i>X</i>	Other Adult's Signature <i>X</i>	Date
Other Adult's Name (Print) <i>X</i>	Other Adult's Signature <i>X</i>	Date
Other Adult's Name (Print) <i>X</i>	Other Adult's Signature <i>X</i>	Date
To be completed by Interviewer		
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (Print)	
	Interviewer's Signature	
	Interviewer's Phone Number	