



City of Lauderhill



APPLICATION PACKAGE

PLEASE BE AWARE THAT SOME APPLICANTS MAY NOT BE ASSISTED DUE TO LIMITED FUNDING AVAILABILITY. ASSISTANCE WILL BE PRIORITIZED FOR HOUSEHOLDS INCLUDING MEMBERS WITH SPECIAL NEEDS AND VERY-LOW INCOME.

BEFORE SUBMITTING YOUR APPLICATION, PLEASE CONSIDER THE FOLLOWING:

- **PURCHASE ASSISTANCE PROGRAM** participants are required to have a signed contract for the property to be purchased within the City of Lauderhill, a copy of the complete mortgage loan application, a mortgage prequalification letter, a copy of the Certificate of Completion HUD-approved homebuyer Educational Course.
- **HOUSING REHABILITATION PROGRAM** participants are required to be current on all City services, mortgage, and homeowner association fees; possess property and flood insurance; and provide proof of citizenship.
- All applicants seeking funding with cash value assets that exceed **\$40,000** will not be considered.

APPLICATION PROCEDURES

1. Application procedures can be found in the Submittal Instructions for Purchase Assistance and Rehabilitation Program.
2. Please read this application carefully and in its entirety. If you have questions regarding eligibility, need assistance, computer access, required documents or submission requirements, please call the **Housing Foundation of America at (954) 923-5001** to make an in-person appointment for further assistance.
3. Once the application is received, the review process may take 1 ½ to 2 months depending on the volume of applications received and applicant cooperation. Once reviewed, a Grants Staff member will contact the applicant if additional information or clarification is needed.

Applications may be denied for any of the following reasons:

- a) If the application is incomplete or copies of all items listed on the attached checklist are not submitted; or
 - b) If any program requirements are not met.
4. Third Party Verifications will be sent to all applicable agencies to aid in the determination process. This process may take 1 ½ to 2 months or more to receive back.
 5. **If** eligible for assistance, a letter will be emailed to the email address provided in your application. The letter will contain instructions for the next step in the process.

PROGRAM DESCRIPTION

The City of Lauderhill utilizes HOME Investment Partnership (**HOME**) and State Housing Initiative Partnership (**SHIP**), or Community Development Block Grant (CDBG) Program funds to administer a Housing Purchase Assistance Program and an Owner-Occupied Rehabilitation Program. Both

programs assist qualified buyers or homeowners in the form of a deferred loan for eligible purchase assistance or rehabilitation costs. The loan is secured by a zero interest, deferred payment second mortgage on the property that is forgiven on an annual basis provided the owner occupies the property as their primary residence for 10 years or 15 years. **City services and mortgage must be current before funding is encumbered.**

ELIGIBILITY CRITERIA

INCOME:

- Annual income cannot exceed the amounts as determined by the HUD at any time.
- Child support is included in the income calculation.
- Employment verifications are required. For applicants with employers that participate in The Work Number, please contact the Work Number to create a profile and obtain verification of employment.
- Refusal to sign required forms will result in denial of assistance.

ASSETS:

- The applicant's household cannot own or have assets exceeding \$40,000 at the time of application. Monetary gifts and real estate are included in the asset calculation, but qualified retirement accounts are not. This includes assets located in foreign countries.
- Explanations of deposits are required for all deposits made for \$100 and greater.

ELIGIBLE PROPERTIES:

- Single-family, villa, townhome, or condominium located within the City of Lauderhill city limits **ONLY**.
- Must be your primary residence.
- Housing value cannot exceed:
 - SHIP - 90% of the Broward County average area purchase price as determine by HUD; and
 - HOME – 95% of the Broward County median purchase price as determined by HUD; please refer to the Income Guidelines and Maximum Housing Values.

SPECIAL NEEDS APPLICANTS:

In accordance with the requirements of the current allocation, a portion of City SHIP funds must be set-aside for use by households including members with the following special needs as defined in Florida Statutes*:

- Developmental disabilities;
- Minors aging out of foster care;
- Survivors of domestic violence;
- Disabling conditions; and/or
- SSDI/SSI or VA disability recipients.

Priority review will be given to eligible households including members with developmental disabilities. Documentation in the form of a letter from a physician or service provider is required. Required information to be included in the letter is provided below under Special Needs Documentation Letter. Please note the letter does not need to be explained or detail the type of special need(s) but does need to indicate the classification of special need(s) as one of the listed above and signed by the issuer. The information should be submitted on the physical or service provider's letterhead along with all contact information (including name, address and phone number) of the physician or service provider. Service providers include, but is not limited to, a safety officer, case worker, treating physician, mental health care facility, law enforcement or similar professional service provider.

SAMPLE SPECIAL NEEDS DOCUMENTATION LETTER

I am a physician or service provider for NAME HERE, who is a member of a household applying for housing assistance through the City of Lauderhill's Grant Program. The person named above qualifies as a special needs applicant under Florida Statutes as a person who is:

- Developmentally disabled
- Aging out of foster care
- A survivor of domestic abuse
- Has a disabling condition
- Receives SSDI/SSI or VA disability benefits

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(if applicable)**



CHECKLIST

- Complete and signed City of Lauderhill Application - must return/upload with **original** signatures
- Attach **COPIES** of **ALL** required documents listed below. Staff **cannot** make copies
- Incomplete Applications **cannot** be processed and will be returned

PURCHASE ASSISTANCE ONLY - MANDATORY DOCUMENTS

- A **Signed Contract** for the property to be purchased
- A copy of the complete Mortgage Loan Application
- Mortgage Prequalification Letter stating the type of loan, the loan amount, term of loan and interest rate which cannot exceed 10%. **Note: Adjustable rate mortgages need to include the interest rate for the first five (5) years of the loan, not to exceed 10%**
- Certificate of Completion for HUD Approved Homebuyer Educational Course

REHABILITATION OF OWNER-OCCUPIED ONLY - MANDATORY DOCUMENTS:

Items listed below must be present at the time of submittal.

- Verification that the mortgage is current or mortgage satisfaction letter from lender
- Verification that property taxes are current **and** copy of the deed
- Letter from Home Owner Association (HOA) stating fees are current on the association's letterhead
- Current property insurance **policy**. If HOA, property insurance and content insurance policies are required.
- Current flood Insurance policy, if applicable

MANDATORY CONFLICT OF INTEREST DISCLOSURE

- Conflict of Interest Disclosure is required for applicant and co-applicant
- Vendor Conflict of Interest Disclosure is required for realtor, lender, and title agent (Purchase Assistance-ONLY)

MANDATORY AUTHORIZATION FOR RELEASE OF INFORMATION

- Authorization for the Release of Information Form – required for **ALL** adult household members over 18yr

MANDATORY THIRD-PARTY VERIFICATION FORMS

All verifications must be signed by **all** household members 18 years and older

- Third-Party Employment Verification completed and e-mailed, faxed or mailed to our office by the employer
- Third-Party Asset Income Verification completed and e-mailed, faxed or mailed to our office by your bank institution or other
- Third-Party Verification of Income from Business (if applicable)

(Checklist Continued)

- Third-Party Verification of Regular Cash Contributions
- Third-Party Verification of Social Security Benefits
- Third-Party Verification of Unemployment (if applicable)
- Third-Party Verification of Child Support (if applicable)

MANDATORY GENERAL REQUIREMENTS:

- Signed Disclosure Statement
- Signed Notice of Collecting Social Security Numbers for Government Purposes.
- Signed Public Disclosure Form signed by all household members age 18 and older
- Signed False Statement Disclosure
- Signed Errors and Omissions Compliance Statement
- Signed and notarized Marital Status Affidavit
- Divorce decree or death certificate, if applicable
- Signed and notarized Primary Resident Affidavit
- Signed Notice of Right to Cancel by applicant and co-applicant (only acknowledge in the receipt section)
- Valid driver's license or state identification card for **ALL** household members age 18 and older
- Required for all household members under 18:** Birth certificates, Naturalization Certification, Passport, voter's registration card, or other proof of citizenship
- Required for all household members:** Social Security Cards.
- Documentation regarding special needs status (if applicable)
- Two (2) most current Income Tax Return **with W/2's** for all household members 18 years of age and older – Note: **MANDATORY** must sign your Income Tax Return; **if** your return includes Schedule C (small business), then this will also need audited or unaudited financial statement(s) of business; notarized statement or affidavit as to net income realized from the business during the previous 2 years;
- If the children living in your household are not claimed on your tax return, you are required to submit a letter from the school or custody papers indicating the address where the children live
- Documentation of child support in the form of a court order or printout from Child Support Enforcement and cash contribution payment amounts (if applicable)
- Business profit and loss statement is only required for self-employed and independent contractors completed by your accountant or tax preparer and faxed back to our office; IRS Form 4506-T (if applicable)
- SIX (6) consecutive pay stubs for all household members age 18 and older;
- Required for all household members:** Front and back pages of six (6) most current consecutive months of bank statements for all accounts held by applicant, co-applicant, and all household members, including minors. All deposits other than payroll and social security payments that exceed \$100 must be documented;
- Current social security statement, pension benefit statement or benefits letter (including minors);
- Current whole life insurance policies stating cash value (if applicable);

If you have any questions, please feel free to contact the Housing Foundation of America at (954) 923-5001.

APPLICATION

General Information

	Applicant	Co-Applicant
First Name		
Last Name		
Date of Birth / Age		
E-mail (required)		
Phone #		
Secondary Contact	Name:	Phone:
Street Address	City	State Zip
Mailing Address	City	State Zip

Other Household Members:

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant

Your social Security Number is being collected for the purposes of income certifying you for the City’s Rehabilitation Assistance 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, State and/or State program dollars. Your social security number will not be used for any other intended purpose other than verifying your eligibility for the City’s program.

Full-Time Student

If any household member other than the applicant, co-app, or spouse of applicant is a FULL-TIME STUDENT – AGE 18 OR OLDER please list:
NAME(s):

Employment Information

APPLICANT

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

CO-APPLICANT

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

NOTE: Attach additional sheets as necessary for all household members 18 years and over.

Owner

Does Applicant/Co-Applicant Own a Home? Yes No Monthly rent/mortgage: \$ _____
 If No, Type of unit to be purchased? existing unit newly constructed unit

Other Sources of Income

For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Name	Type of Income	Gross Annual Amount
		\$
		\$
		\$
		\$
TOTAL		\$

Assets and Asset Income

For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks Equity in Properties, etc.)

Type of Asset	Asset Value	Bank/Account #	Annual Asset Income
			\$
			\$
			\$
			\$
TOTAL		\$	TOTAL
			\$

Liabilities

For ALL Household Members 18 and Older, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)

Type Credit / Loan	Creditors Name	Balance Owed/Monthly Payment
		\$
		\$
		\$
		\$
TOTAL ANNUAL PAYMENTS		\$

Do you have any outstanding unpaid collections or judgments? Yes No Amount \$
 Have you declared Bankruptcy in the last 7 years? Yes No
 Are you a party in a lawsuit? Yes No

Ethnicity/Special Needs

For reporting purposes only, please check all that apply for Head of Household Only

White Black Hispanic Asian/Pacific Islander Native American Farmworker
 Disabled or Disabled Minor Elderly Special needs Other _____

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

_____ Signature of Applicant	_____ Print Name	_____ Date
_____ Signature of Co-Applicant or Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date
_____ Signature of Household Member 18+	_____ Print Name	_____ Date

Office use only:

Year Built:	Lien Search Complete:	Lead Base Needed:	Income Level:
Previous Programs:			Homestead:
Number of Bedrooms:	Number of Bathrooms:	Special Needs Designation:	Current Association Fees?
Intake Date:	Initials:	1 st Verification Date:	Completion Date: Initials:



DISCLOSURE STATEMENT

IMPORTANT READ BEFORE SIGNING



The information provided is true and complete to the best of my/our knowledge 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 understands that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant also agrees to provide any other documentation needed to verify eligibility.

Warning: Florida statue 817 provided that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and its punishable by fines and imprisonment provided under S775.082.775.83.

Applicant Signature

Date

Co-Applicant Signature

Date

Agency Statement

Based on the income information provided by the household and upon proofs and documentation submitted, the household is: (check one)

_____ Very Low-Income (VLI) Household based on the current applicable definitions of up to 50% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

_____ Low-Income (LI) Household based on the current applicable definitions of up to 80% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

Signature of the Grant Representative:

SIGNATURE: _____

NAME: _____ TITLE: _____ DATE _____



AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income, and/or assets to **City of Lauderhill**, for the purposes of verifying information provided as part of determining eligibility for housing assistance. 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 or 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.

Signature of Applicant	Printed Name	Date
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Signature of Co-Applicant	Printed Name	Date
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Signature of Household Member (over 18)	Printed Name	Date
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Signature of Household Member (over 18)	Printed Name	Date
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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.



FALSE STATEMENTS DISCLOSURE AND ACKNOWLEDGEMENT



By completing and submitting this form, you acknowledge that the intent of the Housing Program is to assist households who would like to purchase and/or rehabilitate a property as an owner-occupied and it must be your primary residence for the duration of the terms set forth in your mortgage and note. You do not have to be a first-time homebuyer to receive assistance under the City’s Purchase Assistance program.

By signing this disclosure and completing the Housing Assistance Application, you attest to the fact that:

____ You do not currently own any other residential real estate and you intend to purchase a property as you primary residence as stipulated in the terms of your agreement with the City. You will be required to maintain a homestead exemption status and maintain flood and hazard/homeowners insurance for the duration of the term stipulated in your agreement with the City; **or**

____ You do currently own residential real estate and have provided sufficient documentation to this effect. However, the property that you intend to purchase through the Purchase Assistance Program will be your primary residence as stipulated in the terms of your agreement with the City. You will be required to maintain a homestead exemption status and maintain flood and hazard/homeowners insurance for the duration of the term stipulated in your agreement with the City; **and**

____ I understand that it is a crime to knowingly make false statements to any United States Government on your Housing Assistance application. Penalties upon conviction can include a fine, imprisonment, and/or denial of assistance; **and**

____ The address at which the rehabilitation work will take place is your primary residence as stipulated in the terms of your agreement with the City. You will be required to maintain a homestead exemption status and maintain flood and hazard/homeowners insurance for the duration of the term stipulated in your agreement with the City.

FEDERAL WARNING: There are fines and imprisonment - \$10,000/5 years – for anyone who makes false, fiction, or fraudulent statement or entries in any matter within the jurisdiction of the Federal government (18 U.S.C 1001).

STATE 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 §775.082 or 775.83.

I/We have read, understand, and acknowledge the above disclosure.

Applicant’s Signature

Date

Co-Applicant’s Signature

Date



PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT



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.

Having been advised of this fact prior to making application for assistance for supplying any information, I/we agree to hold harmless and indemnify City of Lauderhill, any agency, its offices, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City of Lauderhill does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to City of Lauderhill 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 City of Lauderhill does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City of Lauderhill, any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my /our purchase of any real estate, or any matter arising out of any housing rehabilitation project funded by the City of Lauderhill.

Applicant's Signature

Date

Co-Applicant/Household Member's Signature

Date

Household Member's Signature 18 or older

Date

Household Member's Signature 18 or older

Date

Household Member's Signature 18 or older

Date



ERRORS AND OMISSIONS / COMPLIANCE STATEMENT



LENDER: City of Lauderhill, Florida

APPLICANT NAME: _____

PROPERTY ADDRESS: _____ Lauderhill, FL 333_____

In order to induce the City of Lauderhill as the Lender to close the above loan transaction and in consideration thereof, the undersigned Borrower:

The undersigned, in consideration of the Lender disbursing loan proceeds on the aforementioned Property, agree, if requested by the City or its legal counsel on behalf of the City, to fully cooperate in adjusting for clerical errors and/or omissions, any and all loan closing documentation deemed necessary or desirable, in the reasonable discretion of the City of Lauderhill.

The undersigned Borrower does hereby agree and covenant as aforesaid in order to assure that the loan documentation executed on this date will conform and be acceptable in the marketplace in the instance of transfer, sale, or conveyance by the City of its interest in and to said loan documentation.

BORROWER(S):

Signature of Applicant

Date

Signature of Co-Applicant/Household Member 18+

Date



NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES

24 CFR Part 5 (General HUD Program Requirements; Waivers) §5.216 specifically states the following:

(b) Disclosure required of assistance applicants. Each assistance applicant must submit the following information to the City of Lauderhill when the assistance applicant's eligibility under the program involved is being determined.

- (1) The complete and accurate SSN assigned to the assistance applicant and to each member of the assistance applicant's household; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(c) Disclosure required of individual owner applicants. Each individual owner applicant must submit the following information to the City of Lauderhill when the individual owner applicant's eligibility under the program involved is being determined:

- (1) The complete and accurate SSN assigned to the individual owner applicant and to each member of the individual owner applicant's household who will be obligated to pay the debt evidenced by the mortgage or loan documents; and
- (2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

The social security number is needed to determine eligibility under federal and state programs such as HOME, CDBG and SHIP that are determined eligible using 24 CFR part 5.

The applicant and household member hereby agree to allow the City to use the SS number to verify the following information:

- Employment
- Unemployment
- Pension
- Benefits
- Social Security
- Assets
- Child support

This form must be completed and signed by all adult household members age 18 and older.

Signature of Applicant

Date

Signature of Co-Applicant/Household Member 18+

Date

Signature of Household Member 18+

Date

Signature of Household Member 18+

Date



NOTICE OF RIGHT TO CANCEL MORTGAGE FOR REHABILITATION/ PURCHASE ASSISTANCE

You have entered into a transaction on _____, which may result in a lien, mortgage, or other security interest on your home. You have the right under federal law to cancel this transaction, if you desire to do so, without any penalty or obligation within three (3) business days from the above date or any later date on which all material disclosures required under the Truth in Lending Act have been given you. If you so cancel the transaction, any lien, mortgage, or other security interest on your home arising from this transaction is automatically void. You are also entitled to receive a refund of any down payment or other consideration if you cancel. If you decide to cancel this transaction, you may do so by notifying:

City of Lauderhill
Attn: Grants Division
 5581 W. Oakland Park Blvd.
 Lauderhill, FL 33313
 Fax: (954) 730-3025

By mail or fax received not later than midnight of _____. You may also use another form of written notice identifying the transaction if delivered to the above address not later than that time. This notice may be used for that purpose by dating and signing below.

I HEREBY CANCEL THIS TRANSACTION		
_____ (Print Name)	_____ (Applicant's Signature)	_____ (Date)
_____ (Print Name)	_____ (Applicant's Signature)	_____ (Date)

Receipt is herewith acknowledged of the foregoing NOTICE, each of the undersigned CUSTOMERS have received two (2) copies thereof this the _____.

(CUSTOMER SIGNATURE)

(CUSTOMER SIGNATURE)

EFFECT OF RESCISSION. When a customer exercises his/her right to rescind under paragraph (a) of this section, he/she is not liable for any finance or other charge, and any security interest becomes void upon such rescission. Within ten (10) days after receipt of a notice of rescission, the creditor shall return to the customer any money or property given as earnest money, down payments or otherwise, and shall take any action necessary or appropriate to reflect the termination of any security interest created under the transaction. If the creditor has delivered any property to the customer, the customer may retain possession of it. Upon the performance of the creditor's obligations under this section, the customer shall tender the property to the creditor, except that if return of property in kind would be impractical or inequitable, the customer shall tender its reasonable value. Tender shall be made at the location of the property within ten (10) days after tender by the customer, ownership of the property vests in the customer without obligation on his/her part to pay for it.

CERTIFICATION CERTIFICATE		
WHEREAS three (3) business days have lapsed since the undersigned have received two (2) copies of this document, so that this transaction may be consummated, the undersigned and each of them hereby certify and warrant that they have not exercised any right which they may have to rescind the transaction, that they do not desire to do so, and that they ratify and confirm the transaction in all respects.		
_____ (Print Name)	_____ (Applicant's Signature)	_____ (Date)
_____ (Print Name)	_____ (Applicant's Signature)	_____ (Date)



THIRD-PARTY VERIFICATION FORMS

ALL applicable forms must be signed by Applicant and given to designated person or company to complete and email, fax, or mail back to the contact listed on the form.



ASSET INCOME THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify asset income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

Authorization:

I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant _____ Print Name _____ Date _____

Signature of Co-Applicant/Household Member _____ Print Name _____ Date _____

BANKING INSTITUTION must return this information email to:
lauderhillcares@lauderhill-fl.gov, fax (954) 730-3025, or mail to: City of Lauderhill; Grants Division; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313; Phone: 954-714-2181

Name of Institution: _____

Address: _____ City _____ State _____ Zip _____

Complete the (applicable) Sections below:

Checking Account #: _____ Avg. Monthly Balance (last 6 months) \$ _____ Interest Rate _____ %

Savings Account #: _____ Balance \$ _____ Interest Rate _____ %

Certificate of Deposit #: _____ Amount: \$ _____ Interest Rate _____ % Withdrawal Penalty \$ _____

IRA, Keogh, 401K

Retirement Account # _____ Amount: \$ _____ Interest Rate _____ % Withdrawal Penalty \$ _____

Other Account# _____ Amount: \$ _____ Interest Rate _____ % Withdrawal Penalty \$ _____

Signature of Authorized Representative: _____

Printed Name: _____ Title: _____

Date: _____ Phone: _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.



INCOME FROM BUSINESS THIRD PARTY-VERIFICATION



State and/or Federal Regulations require us to verify business income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

Authorization:

I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant _____ Print Name _____ Date _____

Signature of Co-Applicant/Household Member _____ Print Name _____ Date _____

INSTITUTION must return this information email to: lauderhillcares@lauderhill-fl.gov, fax (954) 730-3025, or mail to: City of Lauderhill; Grants Division; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313; Phone: 954-714-2181

Name of Institution/Individual: _____

Address: _____ City _____ State _____ Zip _____

Complete the (applicable) Sections below:

Dates Business transacted from _____ Gross Income \$ _____

Expenses (Provide Amounts for Applicable Expenses):

Interest on Loans	\$ _____	Cost of goods/materials:	\$ _____
Rent	\$ _____	Utilities	\$ _____
Wages/Salaries	\$ _____	Employee Contributions	\$ _____
Federal Withholding Tax	\$ _____	State Withholding Tax	\$ _____
FICA	\$ _____	Sales Tax	\$ _____
Other	\$ _____	Straight Line Depreciation	\$ _____
Total Expenses	\$ _____	Net Income	\$ _____

Signature of Authorized Representative: _____

Printed Name: _____ Title: _____

Date: _____ Telephone: _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.



PENSIONS AND ANNUITIES THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify pension and annuities for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

Authorization: I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant **Print Name** **Date**

Signature of Co-Applicant/Household Member **Print Name** **Date**

EMPLOYER/COMPANY must return this information email to:
lauderhillcares@lauderhill-fl.gov, fax (954) 730-3025 or mail to: City of Lauderhill; Grants Division; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313; Phone: 954-714-2181

Name of Institution: _____
Address: _____ City _____ State _____ Zip _____

Complete the (applicable) Sections below:

Current monthly gross amount of pension or annuity \$ _____
Date of initial award _____ \$ _____
Deduction from Gross for Medical Insurance Premiums Effective date of current amount _____
Expected change in current amount _____ New Amount \$ _____
Contribution to company retirement / pension fund \$ _____
Amount received in lump Sum \$ _____ Date _____

Signature of Authorized Employer/Company Representative: _____
Printed Name: _____ Title: _____
Date: _____ Phone: _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.



REGULAR CASH CONTRIBUTIONS

(i.e. Rents income, Regular family assistance, Alimony, etc.)

THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify regular cash contributions (i.e. rental income, regular family assistance, alimony, etc.) for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

Authorization: I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant/Household Member

Print Name

Date

INDIVIDUAL must return this information email to: lauderhillcares@lauderhill-fl.gov, fax (954) 730-3025 or mail to: City of Lauderhill; Grants Division; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313; Phone: 954-714-2181

Name of Institution: _____

Address: _____ City _____ State _____ Zip _____

Complete the (applicable) Sections below:

Contributor's Name: _____

Address: _____ City _____ State _____ Zip Code _____

Type of Contribution _____ Amount \$ _____

Frequency of contribution: Daily Weekly Monthly Yearly

Will payment continue over the next twelve (12) months? Yes No

Expected termination date of cash contributions _____

Anticipate total cash contribution over the next twelve (12) months: \$ _____

Signature of Authorized Representative: _____

Printed Name: _____ Title: _____

Date: _____ Phone: _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.



SOCIAL SECURITY BENEFITS THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify social security benefits for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

Authorization: I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant/Household Member

Print Name

Date

AGENCY must return this information email to: lauderhillcares@lauderhill-fl.gov, fax (954) 730-3025 or mail to: City of Lauderhill; Grants Division; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313; Phone: 954-714-2181

Name of Institution: _____

Address: _____ City _____ State _____ Zip _____

Complete the (applicable) Sections below:

Date of Birth _____ Social Security # _____

Type of Social Security Benefit _____ Gross Monthly Amount _____

Type of Supplemental Security Benefit: _____ Gross Monthly Amount _____

Deduction of Medicare Yes No If yes, Amount Deducted \$ _____

Signature of Authorized Representative: _____

Printed Name: _____ Title: _____

Date: _____ Phone: _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.



UNEMPLOYMENT BENEFITS THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify unemployment benefits for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

Authorization: I hereby authorize the release of the requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant/Household Member

Print Name

Date

AGENCY must return this information email to: lauderhillcares@lauderhill-fl.gov, fax (954) 730-3025 or mail to: City of Lauderhill; Grants Division; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313; Phone: 954-714-2181

Complete the (applicable) Sections below:

Name of Institution: _____

Address: _____ City _____ State _____ Zip _____

Are Benefits being paid now? Yes No If yes, Gross Weekly Payments: \$ _____

Date of Initial Payment: _____ Duration of Benefits: _____

Claimant Eligible for Future Benefits? Yes No

If yes, provide number of weeks: _____ If no, provide Termination date of Benefits: _____

Signature of Authorized Representative: _____

Printed Name: _____ Title: _____

Date: _____ Phone: _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.



CHILD SUPPORT PAYMENTS THIRD-PARTY VERIFICATION



State and/or Federal Regulations require us to verify child support payments for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

Authorization: I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant Print Name Date

Signature of Co-Applicant/Household Member Print Name Date

AGENCY must return this information email to: lauderhillcares@lauderhill-fl.gov, fax (954) 730-3025 or mail to: City of Lauderhill; Grants Division; 5581 W. Oakland Park Blvd.; Lauderhill, FL 33313; Phone: 954-714-2181

Complete the (applicable) Sections below:

Name of Person Paying Child Support: _____

Address: _____ City _____ State _____ Zip Code _____

Children(s) Names: _____

Amount of Support: \$ _____ weekly monthly yearly

Signature of Authorized Representative: _____

Printed Name: _____ Title: _____

Date: _____ Phone: _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.



CHILD SUPPORT COLLECTION AFFIDAVIT



STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned officer, duly authorized to administer oaths, _____, whose home address is

Who, under oath states as follows for the (check applicable box):

Name of child(ren): _____

- "That I have never collected Child Support for my child(ren)"
- "That I am court ordered to receive Child Support, but do not receive any payments from the other parent ordered by the courts to pay."
- "That I collect child support in the amount of \$ _____ on a basis of:
 - _____ Weekly
 - _____ Bi-weekly
 - _____ Monthly
 - _____ Yearly

AFFIANT (Signature)

Date

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public (Print)

Notary Stamp Here

Notary Public (Signature)

My Commission Expires: _____



LAUDERHILL CONFLICT DISCLOSURE AFFIDAVIT

You are required to disclose any and all personal relationships or business relationships you or your firm has with any City of Lauderhill elected official or City of Lauderhill employees. The consideration of any grant, loan or real estate loan is contingent upon the receipt of this disclosure. The City of Lauderhill reserves the right, in its sole discretion, to not provide grant or loan funds to any party. The City of Lauderhill shall not be held liable or responsible to any party if this conflict disclosure is not completed and timely submitted or if a prohibited conflict is disclosed.

Personal Relationship shall mean any father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, daughter-in-law or a domestic partner.

Business Relationship shall mean any corporation, any principle of a corporation, any contract, any subcontractor, any independent contractor, any agreement, any firm ownership, any association, any joint venture, any partnership, any estate, any trusts, any business trusts, any syndicates, any fiduciaries, and all other business organizations or combinations, or any financial relationships.

Please list below all specific details regarding any Personal or Business Relationships with the City of Lauderhill, or any City of Lauderhill Elected Officials or City of Lauderhill Employees or Staff. Use additional pages if necessary.

Name or Persons Related To Type of Relationship Details Regarding Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and understand the Conflict Disclosure Affidavit. I have disclosed all information required by this disclosure. I will update this disclosure form immediately if relevant circumstances change. I understand that this disclosure is a public record. I understand that if grants, loans, funds or transactions are granted based upon any misrepresentations or non-disclosure of information in this Affidavit, then the City has the right to cancel, reverse or terminate any such grant, loans, funds or transactions.

Print your name: _____

Sign your name: _____

Date signed: _____

STATE OF FLORIDA COUNTY OF BROWARD

I HEREBY CERTIFY AND ACKNOWLEDGE that on this day in the county and state aforesaid, before me, an officer duly authorized and acting, personally appeared _____, by means of physical presence, who is personally known to me to be the person or who has produced _____ as identification and who signed the foregoing instrument for the uses and purposes mentioned therein.

WITNESS my hand and official seal in the county and state last aforesaid, this _____ day of _____, 202_.

(My Commission Expires - Seal)

NOTARY PUBLIC-STATE OF FLA SIGNATURE

Name [printed, typed or stamped]



VENDOR CONFLICT OF INTEREST DISCLOSURE FORM

All vendors interested in conducting business with the City of Lauderhill must complete and return the Vendor Conflict of Interest Disclosure Form in order to assist housing purchase and rehabilitation recipients. Please note that all vendors are subject to comply with the City of Lauderhill's conflict of interest policies as stated within the certification section below.

A relationship is defined as vendor that is an official or employee of the City of Lauderhill, or is an immediate family member of a City of Lauderhill official or employee. Prohibited actions are listed below in accordance with the City's Conflict of Interest policy. If one or more of the prohibited actions below are triggered, vendor shall disclose the relationship on the Conflict of Interest Affidavit:

- 1.
2. No City official or employee or City employee's immediate family member has an ownership interest in the vendor's company or is deriving personal financial gain from this contract.
3. No retired or separated City official or employee who has been retired or separated from the City for less than one (1) year has an ownership interest in the vendor's Company.
4. No City employee is contemporaneously employed or prospectively to be employed with the vendor.
5. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any City employee or elected official to obtain or maintain a contract.
6. Please note any exceptions below under the conflict of Interest Affidavit form.

*Disclosing a potential conflict of interest does not disqualify vendors. In the event, vendors do not disclose potential conflicts of interest and they are detected by the City, the vendor will be exempt from doing business with the City.

I certify that this Conflict of Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor by my signature below:

Vendor Name

Vendor Phone Number

Printed Name of Vendor
Authorized Representative

Signature of Vendor
Authorized Representative

Date

**CONTACT INFORMATION
PURCHASE ASSISTANCE PROGRAM ONLY**

Realtor:

Contact Name: _____

Phone Number: _____

Email: _____

Lender:

Contact Name: _____

Phone Number: _____

Email: _____

Title Company:

Title Agent: _____

Phone Number: _____

Email: _____