

Miami Dade County Public Housing and Community Development Condominium Special Assessments Program Program Overview

This Program will assist owner occupied condominium homeowners with limited finances, address special assessment requirements associated with rehabilitation/repairs as a result of applicable building integrity recertification requirements. Surtax funds will be in the form of a loan and the annual household median income may not exceed the maximum limit of 140% as indicated in the Miami-Dade County income limit chart. Loan terms will be structured to mitigate the financial burden on families while recognizing the need to ensure compliance with the Surtax program.

- The Program will address physical damage to the condominium
- The Program will assist families and or/individual homeowners
- The Program will assist Condominium Properties throughout the County
- The homeowner must reside in the unit and it must be their primary residence and homestead; Investment owners are not eligible for program assistance
- The Program will provide loans up to \$50,000.00 with a repayment term of 40 years
- The monthly payment will be \$50.00 for low-income families with the remaining balance due at Maturity Date
- The monthly payment for moderate income families will be calculated at 0.00% interest rate for 40 years
- Any cash assets exceeding \$50,000.00 must be used for down payment up to 10% of the loan amount
- If the owner sells the property, cash out refinance or ceases to use the home as primary residence, the balance of the loan becomes due and payable
- Upon the death of the owner, the loan shall become due and payable in full unless ownership of the property passes to the heirs of owner and those heirs meet the following criteria: (a) live in the property, (b) earn no more than the maximum percentage AMI funding activity at time of transfer, and (c) execute appropriate documents as required by Miami-Dade County
- One-time assessment per unit owner
- The rehabilitation funds will be payable to the Condominium Association
- The Condominium Budget and Condo Questioner will be required and reviewed
- Mortgage payments and HOA/Maintenance fees must be current
- A description of the work to be done and or the Scope of Work will be required to determine the loans assistance
- Semi-annual reports from the Condominium Association will be required

MIAMI-DADE COUNTY PUBLIC HOUSING
AND COMMUNITY DEVELOPMENT

CONDOMINIUM SPECIAL ASSESSMENTS PROGRAM
PROGRAM OVERVIEW

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The applicants are selected on a first come, first served basis. Please complete the enclosed forms and return by mail or hand deliver; **e-mailed applications will not be accepted.**

Please gather the documentation listed below but do not send your documentation with your application.

REQUIRED DOCUMENTATION

1. Valid Florida driver's licenses or State ID card for adults
2. Warranty Deed, Quit Claim Deed or other evidence of ownership of the property
3. Last four paystubs, unemployment compensation, valid social security award letter and evidence of pensions, child support/alimony payments; if applicable
4. Copy of social security cards for applicant and co-applicant only
5. Proof of US citizenship or current permanent legal residency
6. Most current 3 months bank statements for all accounts; must reflect monthly balances
7. Mortgage payment must be current and provide copy of current mortgage statement. (No Coupons accepted) Copy of current HOA Fees
8. Birth certificates for all household members regardless of age. No birth cards accepted.
9. Last 2 years Federal Income Tax Returns including W-2s, all pages and schedules.
10. Current SSA-1099 form
11. Proof of hazard insurance, flood insurance; if applicable.
12. Copy of last utility bills (electric and water bill)
13. Copy of Discharged Bankruptcy including all schedules and pages; if applicable
14. Divorce Decree and/or Death Certificate; if applicable

For more information regarding the loan process and terms please contact PHCD, Shawn Topps at 786-469-2209.

INCOME AND MORTGAGE LIMITS
Adjusted for Family Size

				Median		
FAMILY SIZE	30%	50%	80%	100%	120%	140%
	< E. LOW	<- V. LOW	<-LOW/MOD >			
1	\$23,850.00	\$39,750.00	\$63,550.00	\$79,500.00	\$95,400.00	\$111,300.00
2	\$27,250.00	\$45,400.00	\$72,650.00	\$90,800.00	\$108,960.00	\$127,120.00
3	\$30,650.00	\$51,050.00	\$81,700.00	\$102,100.00	\$122,520.00	\$142,940.00
4	\$34,050.00	\$56,750.00	\$90,800.00	\$113,500.00	\$136,200.00	\$158,900.00
5	\$36,800.00	\$61,300.00	\$98,100.00	\$122,600.00	\$147,120.00	\$171,640.00
6	\$41,960.00	\$65,850.00	\$105,350.00	\$131,700.00	\$158,040.00	\$184,380.00
7	\$47,340.00	\$70,400.00	\$112,600.00	\$140,800.00	\$168,960.00	\$197,120.00
8	\$52,720.00	\$74,950.00	\$119,900.00	\$149,900.00	\$179,880.00	\$209,860.00

(MEDIAN INCOME IS \$79,400.00 FOR MIAMI-DADE COUNTY)

SHIP/SURTAX limited to 140 % (Subject to periodic revisions by US HUD Effective (April 4th, 2024)
(Income and Mortgage Limits REVISED (April 4th, 2024)

Other Household Information

Do you own your home free and clear? Yes No. If no, to whom do you make your house payments?

Lender _____ Monthly Payment _____ Phone _____
Loan # _____

Name of HOA /Maintenance Association _____
Monthly Payment Amount _____ Phone _____
Special Assessment Fee _____

Describe Improvements including the 40-year Certification and any other recertifications (if applicable) for Special Assessment Financing _____

- Do you have any liens on your property? Yes No
- Is your home in foreclosure? Yes No
- Is your home for sale? Yes No
- Is your home for rent? Yes No
- Do you have Homeowner's Insurance/Master Policy Yes No

If yes, please provide company's name and policy number. _____

Company Name: _____ Phone Number: _____
Policy Number: _____

- Do you have Flood Insurance/Master Policy Yes No
- If yes, please provide company's name and policy number.

Company Name: _____ Phone Number: _____
Policy Number: _____

To the best of my knowledge, the information provided on this application is true. I hereby authorize Miami-Dade County to verify this information, and any other information pertaining to this application.

Signature of Applicant Date

Signature of Co- Applicant Date

OFFICE USE ONLY:

Date Given to Applicant: _____
Date Returned: _____
Municipality: _____ Miami-Dade County District: _____
Property Folio Number: _____
Funding Source/ Year: _____
Year Built: _____ Homestead Exemption: Yes No

Marital Status: Married Unmarried Separated

Sex: Female Male

Demographic Information: (Check as many of the following as pertains to your situation)

- American Indian
- Alaskan Native
- Asian or Pacific Islander
- African American

- Hispanic
- White
- Other (Specify): _____

Applicant/Co-Applicant employment Information:

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

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

Note: Attach additional Sheets as necessary for all household members 18 years and over. If less than 2 years provide information on previous employments.

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

Household Income:

Including yourself, list every person in the household employed and/or receiving income.

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.)

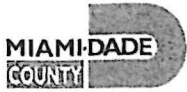
Name	Type of Income	Gross Annual Amount
1		
2		
3		
4		
		Total \$

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
1			
2			
3			
4			
Total \$			Total \$

Liabilities (For ALL Household Members 18 and Over, List Credit Card Debt, and Auto, real Estate and Mortgage Loans, etc.)

Type Credit/ Loan	Creditors Name	Balance Owed	Monthly Payment
1			
2			
3			
4			
			Total Annual Payments: \$



Miami-Dade County Public Housing and Community Development

AUTHORIZATION FOR RELEASE OF INFORMATION

This document is to authorize release of information regarding your home rehabilitation application with, the Miami-Dade County Public Housing and Community Development Department, for the purposes of verifying information supplied in your application.

I _____ hereby grant permission to Miami-Dade County, a political subdivision of the state of Florida through its **Public Housing and Community Development** Department to verify information provided in this application.

I hereby state that I have read and fully understand the above statements as it applies to me and do herein express my consent to disclosure of information for the purpose of determining eligibility.

A photographic copy or facsimile of this authorization may be deemed equivalent to an original and may be used as a duplicate original.

(Lender Name)

Loan #

Primary Borrower's Name

Social Security #

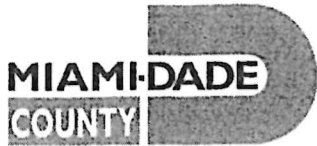
Signature

Secondary Borrower's Name

Social Security #

Signature

Property Address:



Media Release Form

I understand that information regarding the services I receive from Miami-Dade Public Housing and Community Development (herein after referred to as "PHCD") maybe used by agents, employees or representatives of PHCD to promote, market and educate the community about its programs and services.

I hereby authorize PHCD to copy, exhibit, publish or distribute any and all such information including images and audio of me or wherein I appear, including composite or artistic forms and media, forms and media, for purposes of publicizing PHCD programs and services or for any lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my information or likeness appears.

I hereby hold harmless and release and forever discharge PHCD and Miami-Dade County from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have be reason of this authorization

_____ (Signature) _____ (Date)

_____ (Print Name) _____ (Street address)

_____ (City, State, Zip code)

(If individual signing is under 18 years of age, there should be consent by parent or guardian, as follows) I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

_____ (Parent/ Guardian's Signature) _____ (Date)

_____ (Parent/ Guardian's Signature)



Re: Policy on Collection of Social Security Information

Dear Borrower (s):

The Miami-Dade Department of Public Housing and Community Development of Miami-Dade County, Florida requires your Social Security Number for the following purposes: Identification and verification; credit worthiness; and data collection (which includes requesting credit reports from the three credit bureaus). This notification is in compliance with Section 119.071(5), Florida Statutes.

I (We) hereby acknowledge that we have been informed about the use of my (our) social security information for the purposes noted above.

Borrower

Date

Co-Borrower

Date



MIAMI-DADE COUNTY, FLORIDA
DEPARTMENT OF PUBLIC HOUSING & COMMUNITY DEVELOPMENT
701 NW 1st COURT, 14th FLOOR
MIAMI, FLORIDA 33136

PERJURY STATEMENT

This is to certify, under penalty of perjury, that the Financial Statement / Federal Tax Returns bearing my signature are a true and accurate accounting of financial information provided, or to be provided, to the Internal Revenue Service for income tax reporting purpose.

WARNING: Section 1010 of Title 13 W.S.C. Federal Housing Administration transactions provides the following: "Whoever for the purpose of influencing in any way the action of such administration...to be false...shall be fined not more than \$5,000.00 or imprisoned not more than two years or both.

BORROWER

DATE

CO-BORROWER

DATE



Miami-Dade County Public Housing and Community
Development

**ACKNOWLEDGEMENT OF RECEIPT
OF THE LEAD-BASED PAINT HAZARDS**

By signing the form, you acknowledge that Miami-Dade Public Housing and Community Development has provided you with a copy of the "Renovate Right" brochure, which explains the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Homeowner Signature

Date

Print Name