



# FIRST TIME HOMEBUYER PURCHASE ASSISTANCE PROGRAM DISCLOSURE

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The City of Miramar is pleased to provide purchase assistance for very low-to-moderate income households to purchase a property to **occupy as their primary residence**. Funding is available on a first-come, first-qualified basis until no more funding remains under this program. Assistance is in the form of a 0% interest deferred second loan that reverts to a grant if all program conditions are met. Please read all terms and conditions carefully on the following pages. You must be (1) determined income eligible for the purchase assistance program and (2) be able to secure a loan to receive assistance from the City. If you qualify for the City's Purchase Assistance Program, you will receive notice of eligibility/award. Due to time constraints, the City will reserve funds for a limited time (30 days), once the household submits an executed contract for purchase. Applicants can obtain an application before they find a property. However, only applications accompanied by a purchase contract will be accepted and funds reserved.

The City of Miramar in conjunction with Community Redevelopment Associates of Florida, Inc. will administer this Program. Should you have any questions pertaining to this application please contact:

**Community Redevelopment Associates of Florida, Inc.  
8569 Pines Boulevard, Suite 207  
Pembroke Pines, Florida 33024  
(Phone) 954-431-7866, Ext. 111**

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

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

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



## PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant may be subject to Chapter 119, Florida Statutes, regarding Open Records. Information provided by you that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. The determination regarding the release of information pursuant to an Open Records request shall be made by the City pursuant to statute.

Having been advised of this fact prior to making application for assistance or supplying any information, I/We agree to hold harmless and indemnify Community Redevelopment Associates of Florida, Inc., the **City of Miramar**, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that neither Community Redevelopment Associates of Florida, Inc. nor the **City of Miramar** have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to Community Redevelopment Associates of Florida, Inc. or the **City of Miramar** in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/We agree that neither Community Redevelopment Associates of Florida, Inc., nor the **City of Miramar** have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless Community Redevelopment Associates of Florida, Inc., the **City of Miramar**, or any governmental agency, its officers, employees, stock holders, agents, successors and assigns from any and all liability that may arise due to my/our applying for any grant or mortgage or my/our purchase of any real estate, or any matter arising out of any housing rehabilitation project funded by the **City of Miramar**.

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



## FALSE STATEMENTS DISCLOSURE AND ACKNOWLEDGMENT

By completing and submitting this application, you acknowledge that the intent of the Purchase Assistance program is to assist households who would like to purchase a property as an owner occupied residence. At the time of completing this application and prior to receiving any assistance from the City, you cannot own any other residential real estate.

By signing this disclosure and completing this application, you attest to the fact that you do not currently own any other residential real estate or have owned within 3 years and you intend to purchase a property as your primary residence as stipulated in the terms of your agreement with the City. You will be required to maintain windstorm and hazard/homeowners insurance for the duration of the term stipulated in agreement with the City. You are also required to maintain flood insurance for properties located in a flood zone.

**FEDERAL WARNING:** There are fines and imprisonment—\$10,000/5years—for anyone who makes false, fictitious, or fraudulent statements 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 S775.082 o 775.83.

**LOCAL WARNING:** The local government overseeing the administration of this program, may also impose fines and/or imprisonment for anyone who makes false, fictitious or fraudulent statements regarding, income assets, liabilities, household size, occupancy and any other information necessary to determine eligibility for this program.

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

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



# NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The City collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, Section 119.071(5), Florida Statutes) 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 housing 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, 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 Miramar 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 (18 and over)	Date	Household Member (18 and over)	Date
_____	_____	_____	_____
Household Member (18 and over)	Date	Household Member (18 and over)	Date



## CONFLICT OF INTEREST DISCLOSURE

In accordance with 24 CFR 570.611, applicants can be denied participation in the First Time Homebuyer Purchase Assistance 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 First Time Homebuyer Purchase Assistance 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 First Time Homebuyer Purchase Assistance Program Application.
- \_\_\_\_\_ 2. **A conflict of interest DOES EXIST** as it relates to the First Time Homebuyer Purchase Assistance 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 First Time Homebuyer Purchase Assistance Program Application.

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





## PURCHASE ASSISTANCE PROGRAM PROCESS

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1. Read, understand, and sign program application disclosures. **All program disclosures must be signed and submitted with the program application. Applications without disclosures will not be accepted.**
2. Get pre-qualified/pre-approved for a mortgage by an approved lender.
3. Your lender must email the pre-approval letter to [PA@CRAFLA.ORG](mailto:PA@CRAFLA.ORG).
4. If you have a conflict of interest, you must schedule to submit your application prior to getting into contract on a property.
5. Once you have a mortgage pre-approval **AND** a property under contract, schedule an appointment with Community Redevelopment Associates of Florida, Inc. (CRA) by calling 954-431-7866, Ext. 111, to submit your application. **You must have a pre-approval letter from an approved lender and have a property under contract to schedule an appointment.**
6. Your application will be processed for income eligibility based on the availability of funding.
7. If you qualify for the City's Purchase Assistance Program, you will receive a conditional notice of eligibility/award reserving funds for you and giving you a deadline to close on the transaction.
8. Attend and satisfactorily complete a HUD-approved, 8-Hour Homebuyer's Education Class.
9. Obtain mortgage commitment from your lender. Once you have accepted a mortgage commitment from a lender, you must be sure that CRA receives a copy of your closing statement at least **48 hours** prior to closing to enable our review of compliance with program rules as they apply to the use of your award. **The applicant is responsible for providing CRA with a full copy of the property inspection report. The Lender is responsible for providing CRA with all other credit and loan documents pertaining to your transaction.**
10. Close on property and occupy as your primary residence.
11. If applicable, address minor repairs in home as indicated in inspection report.

### Mortgage Pre-Qualification/Pre-Approval Required

We will not be able to accept an application without a pre-qualification or pre-approval letter from an approved lender. Funds are available on a first-come, first-qualified basis and are not guaranteed to be available until you receive a final award. The lender will require you to complete a loan application to determine if you qualify for a mortgage and how much you are able to afford. The lender will review your credit, income, and other standard loan information to make this determination. Members of the lenders consortium have agreed to provide mortgages to qualified borrowers at preferential rates and terms. Interest rates, loan amounts, and terms of any loan are subject to negotiation between lender and borrower. Throughout the process, the lender who pre-qualified you may request additional information from you to complete the loan application. **You must be determined both income eligible for the Program and able to secure a loan to receive assistance from the City.**

### Income Certification Process

A third party will verify all household income information. The verification is required to determine your eligibility for assistance under Purchase Assistance guidelines. If you qualify for assistance, your income will be certified, and you will receive an award letter which guarantee funds and will only be generated for households that secure a property. **Should your income change after you were determined income eligible and assistance has not been provided, your program eligibility will have to be recertified.**



## FIRST TIME HOMEBUYER PROGRAM SUPPORTING DOCUMENTATION

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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 to you. Only provide the information that pertains to your household. Appropriate information will be verified by third-party.

1. **Completed Disclosures** - All disclosures **must be signed** and dated by all applicants. We will not accept an application without all signed disclosures.
2. **Completed Application Form** - All sections of the application must be completed (no blank spaces). Your application will not be accepted if incomplete. **You must submit the original document.**

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

3. **Six (6) most recent pay stubs or earnings statements** showing the employee's name, gross pay per pay period, deductions, and frequency of pay for every household member 18 years and over.
4. **Last six (6) months bank statements for every household member.** We need every page of the bank statements.
5. **Federal income tax returns filed with the IRS for the last two (2) years AND W-2's for the last two (2) years. We will accept:**
  - a. A copy of the original signed federal tax return with W-2's **and**
  - b. A transcript of your federal return from the IRS with W-2's. You can request a transcript by filling out IRS form 4506-T and sending to the IRS. The form can be obtained from the IRS website [www.irs.gov](http://www.irs.gov), by calling the IRS at 1-800-829-3676, or by going to the IRS office **or**
  - c. Letter of Non-Filing
6. **Proof of number of dependents claimed** (Dependent's must be listed on your federal tax return).
  - a. Birth Certificate on which the parent/applicant's name is listed **or**
  - b. School records which give the parents names and address **or**
  - c. Court-ordered letters of guardianship **or**
  - d. Divorce decree **or**
  - e. Letters of adoption
  - f. If a dependent 18 and over is a full time student, please submit a copy of their class schedule in addition to the above documents.





## **SUPPORTING DOCUMENTATION Page 2**

7. **Social Security Cards for all household members.**
8. **Proof of citizenship or legal alien status documents.**
  - a. United States of America birth certificate **or**
  - b. Naturalization papers **or**
  - c. Alien registration card
  - d. As a non-citizen you are otherwise a lawful resident of the United States with documentation supporting the same.
9. **If you are divorced, we need a copy of your divorce decree or certified court documents.**
10. **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
11. **Social Security, Supplemental Security Income (SSI), and Disability benefits** - An award or benefit notification letter prepared and signed by the authorizing agency.
12. **Unearned Income.** Please provide documents for all that apply.
  - a. Unemployment Compensation - Unemployment benefit award notice with six (6) copies of unemployment check stubs.
  - b. Disability Compensation - Notice of eligibility from employer or authorizing agency and six (6) copies of check stubs.
  - c. Worker's Compensation - Notice of eligibility with amount awarded and six (6) copies of check stubs.
  - d. Severance Pay - Notice of employer stating the amount received in severance pay.
  - e. Welfare of other needs based payments given to any household members
13. **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.
14. **For Alimony or Child Support Payments**
  - a. A printout from the court or governmental agency through which payments are being made **or**
  - b. An original notarized letter from the non-custodial parent stating the amount given weekly, bi-weekly, or monthly **or**
  - c. An original notarized statement from custodial parent stating that child support is not received for each child.



## **SUPPORTING DOCUMENTATION Page 3**

15. **For Veterans Administration Benefits** - Benefactors written confirmation of amount of assistance for the next 12 months.
16. **Assets** - Please bring current statements for the below assets for each household member if applicable. We need all pages of each statements submitted and listed on your application form.
  - a) 401(K) account statement
  - b) Retirement statement
  - c) Pension statement
  - d) IRA statement
  - e) Certificate of deposit (CD) statement
  - f) Annuities
17. **Life Insurance policy with current cash value and the type (term or whole).** We need all pages of the most current policy statement.
18. **Recurring Contributions and Gifts.** Example: non-household member paying all of part of bills, mortgages or contributing money on a regular basis.
  - a) Notarized statement or affidavit signed by the person providing the assistance, giving the purpose, dates and value of the gifts **or**
  - b) A letter from a bank, attorney, or a trustee providing required verification.

**Please provide photocopies of items 3 - 18. WE DO NOT MAKE COPIES !**



# FIRST TIME HOMEBUYER PROGRAM APPLICATION FOR PURCHASE 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### **For Office Use ONLY**

Assigned to Program Specialist : \_\_\_\_\_ Date: \_\_\_\_\_



**ANNUAL GROSS INCOME** (Attach additional sheet if needed)

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



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

Name of Applicant: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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:				



**LIABILITIES** *(Please complete for the Applicant and/or Co-Applicant Only. Attach additional sheet if needed.)*

List all debts including auto loans, credit cards, charge accounts, real estate & mortgage loans, etc.

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE

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

**APPLICANT CERTIFICATION (IMPORTANT - READ BEFORE SIGNING)**

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

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities 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.

\_\_\_\_\_  
Applicant Signature                      Date                      Co-Applicant Signature                      Date

\_\_\_\_\_  
Household Member (18 and over)      Date                      Household Member (18 and over)      Date

\_\_\_\_\_  
Household Member (18 and over)      Date                      Household Member (18 and over)      Date





## FIRST TIME HOMEBUYER PROGRAM STATEMENT OF HOUSEHOLD SIZE

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

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

ORIGINAL



## FIRST TIME HOMEBUYER PROGRAM AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We \_\_\_\_\_, the undersigned, hereby authorize the release without liability, information regarding my/our employment income, and/or assets to **Community Redevelopment Associates, Inc.** for the purposes of verifying information provided, as part of determining eligibility for assistance under the **First Time Homebuyer Purchase Assistance 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 (18 and over)	Date	Household Member (18 and over)	Date
Household Member (18 and over)	Date	Household Member (18 and over)	Date

*NOTE: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately.*