





# PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

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

Having been advised of this fact prior to making application for assistance or supplying any information, I/We agree to hold harmless and indemnify Community Redevelopment Associates of Florida, Inc., and the City of 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., and 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.

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



## NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The City collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, section 119.071(5), Florida Statutes (2007), requires the City to give you this written statement explaining the purpose and authority for collecting your social security number.

Your Social Security Number is being collected for the purposes of income certifying you for the City's 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
- 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 June 2005)
- 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 Housing Rehabilitation Program if a conflict of interest exists. A conflict of interest exists 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 Housing Rehabilitation 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 Housing Rehabilitation Program Application.

2. **A conflict of interest DOES EXIST** as it relates to the Housing Rehabilitation Program Application.

If you placed a checkmark by statement, #2 please explain the Conflict of Interest:

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I/We have read and understand what a Conflict of Interest is as it pertains to the City's Housing Rehabilitation Program Application.

<hr/> Applicant Signature	<hr/> Date	<hr/> Co-Applicant Signature	<hr/> Date
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<hr/> Household Member (18 and over)	<hr/> Date	<hr/> Household Member (18 and over)	<hr/> Date
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<hr/> Household Member (18 and over)	<hr/> Date	<hr/> Household Member (18 and over)	<hr/> Date
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**CITY OF MIRAMAR  
SEWER CONNECTION PROGRAM - TERMS AND CONDITIONS**

**I/WE the undersigned agree and accept the terms and conditions of the Sewer Connection Program as a condition of our/my receiving grant assistance under the program should I/We be income eligible for assistance.**

**Maximum Amount of Assistance: An amount not to exceed \$5,000.**

**Second Mortgage Interest Rate: N/A – This is a grant.**

**Second Mortgage Repayment Terms:** This is a one-time grant provided by the City of Miramar.

**Borrower Income Limitations:** 80% of the area median income (AMI) adjusted for family size. Income limits are determined by the Department of Housing and Urban Development.

**Property Eligibility:** Single Family detached, condominium and townhouse units, including units in Planned Unit Developments, located in the City of Miramar.

**Assessed Value of Homes – At or Below: \$331,888.00**

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

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

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



## CITY OF MIRAMAR SEWER CONNECTION PROGRAM

Dear Applicant,

The documents listed below must be submitted with your completed application, which consists of a completed application form **AND** all the applicable supporting documentation as listed below.

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

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

- 2) **Proof of property ownership:**

- a) Deed, (which may be a warranty deed, special warranty deed, personal representative deed or quit claim deed. **Please note, that due to Federal Regulations, a Title Search will be performed to verify information as to ownership provide by each applicant.**
- b) Title Insurance Policy **or**
- c) Lease with a term in excess of 99 years **or**
- d) Order determining Homestead in an estate **or**
- e) Copy of a Trust Agreement **or**
- f) Certificate of Title

**Note:** If the Deed lists anyone that does not reside in the home, a notarized, sworn statement must be provided by the non-resident(s) that attests to the fact that the individual(s) do not reside in the home and have their primary residence elsewhere. The individual(s) must provide a copy of a residential property lease or an ad valorem property tax bill indicating their primary residence is elsewhere.

- 3) **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) **Broward County Notice of Ad Valorem Taxes (must show Assessed Value of Property)** This may be obtained by logging on to the Property Appraisers web site at [www.bcpa.net](http://www.bcpa.net)



## CITY OF MIRAMAR SEWER CONNECTION PROGRAM

- 5) **Proof that you are current in the payment of your property taxes:**
  - a) Paid Property Tax Receipt from the Broward County Property Appraiser **or**
  - b) Copy of your canceled check, front and back, showing payment **or**
  - c) Sworn Affidavit certifying that you have paid your property taxes **or**
  - d) Statement from you mortgage lender attesting that your property taxes have been paid **or**
  - e) A printout from the Broward County Property Appraisers web site
  
- 6) **Last six (6) months bank statements for every household member.** We need every page of the bank statements.
  
- 7) **Proof of Hazard and Flood Insurance:**
  - a) A copy of your homeowners insurance policy. Policy must include Flood Insurance. If Flood Insurance is not required, please provide a Determination Letter from FEMA.
  
- 8) **Federal income tax returns filed with the IRS for the last two (2) years AND W-2's for the last two (2) years. We will accept:**
  - a) A copy of the original signed federal tax return with W-2's **and**
  - b) A transcript of your federal return from the IRS with W-2's. You can request a transcript by filling out IRS form 4506-T and sending to the IRS. The form can be obtained from the IRS website [www.irs.gov](http://www.irs.gov), by calling the IRS at 1-800-829-3676, or by going to the IRS office.
  
- 9) **Proof of number of dependents claimed** (Dependents must be listed on your federal tax return).
  - a) Birth Certificate on which the parent/applicant's name is listed **or**
  - b) School records which give the parents names and address **or**
  - c) Court-ordered letters of guardianship **or**
  - d) Divorce decree **or**
  - e) Letters of adoption
  - f) If a dependent 18 and over is a full time student, please submit a copy of their class schedule in addition to the above documents.
  
- 10) **Social Security Cards for all household members.**



## CITY OF MIRAMAR SEWER CONNECTION PROGRAM

### 11) **Proof of citizenship or legal alien status documents.**

- a) United States of America birth certificate **or**
- b) Naturalization papers **or**
- c) Alien registration card
- d) As a non-citizen you are otherwise a lawful of the United States with documentation supporting the same.

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

### 13) **Proof of Employment Income:**

- a) Six most recent pay stubs or earning statements for every household member 18 years of age and over.
- b) The pay stubs must show the employee's name, gross pay per period, deductions, and frequency of pay.

### 14) **Self-Employment Income.** Schedule C, E, or F must be included with your federal income tax return

**AND**

- a) Accountant or bookkeepers statement of net income expected for the next 12 months printed on the accountant/bookkeepers company letterhead **or**
- b) A notarized, sworn statement, from the self-employed individual, of net income expected for the next 12 months

### 15) **Social Security, Supplemental Security Income (SSI), and Disability benefits** - An award or benefit notification letter prepared and signed by the authorizing agency.

### 16) **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) Workers 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

### 17) **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.





## CITY OF MIRAMAR SEWER CONNECTION PROGRAM

### 18) **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.

### 19) **For Veterans Administration Benefits** - Benefactors written confirmation of amount of assistance for the next 12 months.

### 20) **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

### 21) **Life Insurance policy with current cash value and the type (term or whole).** We need all pages of the most current policy statement.

### 22) **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.

### 23) **Mortgage Statements.** If you currently have a mortgage on your property, or an equity line, please provide a copy of your most recent mortgage statement(s). Your mortgage(s) must be current to receive assistance from the City.

**Please provide photocopies of items 2 - 23. WE DO NOT MAKE COPIES.**



**CITY OF MIRAMAR  
SEWER CONNECTION PROGRAM**

**GENERAL APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ SS# \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Household Size: \_\_\_\_\_ Anticipated Gross Annual Household Income: \_\_\_\_\_

Marital Status of Applicant: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**For Office Use ONLY**

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



**CITY OF MIRAMAR  
SEWER CONNECTION PROGRAM**

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

<b>SOURCE</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>	<b>OTHER MEMBER(S) 18 AND OVER</b>	<b>TOTAL</b>
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)				



### CITY OF MIRAMAR SEWER CONNECTION PROGRAM

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

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

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

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

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

\*\*\*\*\*

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

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

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

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

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

\*\*\*\*\*

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

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

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

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

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

\*\*\*\*\*

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

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

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

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

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



## CITY OF MIRAMAR SEWER CONNECTION PROGRAM

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:**

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:				



## CITY OF MIRAMAR SEWER CONNECTION PROGRAM

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:				



**CITY OF MIRAMAR  
SEWER CONNECTION PROGRAM**

**LIABILITIES (Applicant and/or Co-Applicant Only):**

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

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE
Mortgage			
Rent/Lease Payment			

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

**IMPORTANT - APPLICANT 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 agree(s) 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 775.83 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



**CITY OF MIRAMAR  
SEWER CONNECTION PROGRAM**

**Statement of Household Size**

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

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

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S775.082 or 775.83 or 775.084.





**CITY OF MIRAMAR  
SEWER CONNECTION 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**, for the purposes of verifying information provided, as part of determining eligibility for assistance under the **Sewer Connection 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 are, but not limited to: personal identify; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and 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 and/or workers compensation; welfare assistance; net income from the operation of a business; and, alimony or child support payments, etc.

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

- |   |                                       |
|---|---------------------------------------|
| Past/Present Employers                      | Alimony/Child/Other Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration        |
| State Unemployment Agency                   | Veteran's 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.*



# CITY OF MIRAMAR RESIDENTIAL REHABILITATION PROGRAM

## AND SEWER CONNECTION PROGRAM

### ADDENDUM TO PROGRAM APPLICATION

#### TERMS AND CONDITIONS RELATED TO REHABILITATION

1. Work specifications are not a “wish list.” Work specifications will address building code issues, code violations and health and safety. Subsequent change orders to the work specifications will be not permitted unless it is determined there are previously undiscovered building code or health and safety issues. The rehabilitation inspector who developed the original work specifications will have to justify any such change request pursuant to the relevant building codes.
2. Work specifications are developed in accordance with all relevant building codes. The materials specified in the specifications and those utilized by any Contractor must meet those codes. The bids proposed by any Contractor are based on those specifications. Therefore no change orders will be allowed for the substitution of materials after the bid is awarded just for the sake of making a change.
3. Contractors are not permitted to do any work outside the approved scope of work. This is not a maintenance program.
4. Once the project is completed your file will be closed. Subsequently, any items not covered by the Contractors warranty will not be covered by the program.
5. You are responsible for the storage/protection of your personal property.
6. You are required to provide access to your property to the Contractor and subcontractors during the construction period. Unreasonably denying access to the property will delay the project and could result in the project being cancelled.

The primary purpose of the program is to provide repairs necessary to provide safe and decent housing, eliminate any instances of substandard housing, and preserve the City’s affordable housing stock. Activities include owner-occupied repairs/improvements and emergency repairs. Demolition/reconstruction of code related repairs may be addressed as part of a comprehensive or emergency repair.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**Acknowledgement of Risks and Indemnification/Waiver of Liability Relating to  
Coronavirus/COVID-19 and the Housing Rehabilitation Program  
(Owner/Occupant)**

The undersigned, as owner and occupant of the residential home located in Miramar, Florida (“Premises”) associated with the Housing Rehabilitation Program (“Program”) on behalf of the occupants and visitors of the Premises (hereinafter referred to as the “undersigned”), hereby acknowledges that on or about March 11, 2020, Coronavirus Disease 2019 (“COVID-19”) was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention (“CDC”) has stated that **“the best way to prevent illness is to avoid being exposed to this virus.”**

The undersigned is aware of the contagious nature of COVID-19 and has voluntarily chosen to participate in certain operations within the City of Miramar, Florida (the “City”) arising out of the Program. The undersigned acknowledges that through allowing work to be performed on the Premises through the Program, the undersigned, an any occupants or visitors of the Premises may become exposed to COVID-19. The undersigned also acknowledges that although measures have been put in place to reduce the likelihood of transmission of COVID-19, there is no guarantee that the undersigned will not become infected with COVID-19.

The undersigned knowingly acknowledges that by allowing work to be performed on the Premises related to the Program, the undersigned, and any occupants or visitors of the Premises are exposed to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. The undersigned understands that the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence, and failures to act of the undersigned and the City, its employees, representatives and/or agents, including contractors and inspectors hired to perform services on the Premises in relation to the Program (the “Indemnitees”).

The undersigned agrees to assume all of the foregoing risks, and accepts responsibility for any injury to any and all occupants or visitors of the Premises including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that any person may suffer arising out of or in connection with any person becoming exposed to or infected by COVID-19 at the Premises while participating in the Program.

The undersigned hereby releases, indemnifies, covenants not to sue, holds harmless, and forever discharges the Indemnitees from any and all liabilities, claims, actions, damages, costs or expenses of any nature (“Claims”) arising out of any person becoming exposed to or infected by COVID-19 at the Premises while participating in the Program. The undersigned understands that this release includes any Claims based on the negligence, action, or inaction of any of the Indemnitees or Program participants.

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

(Signature Page to Follow)

**OWNER:**

By: \_\_\_\_\_

Name: \_\_\_\_\_

STATE OF \_\_\_\_\_)  
COUNTY OF \_\_\_\_\_)

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_ 2020, by \_\_\_\_\_ on behalf of \_\_\_\_\_ a \_\_\_\_\_ . He/she is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
(Name of Notary Typed, Printed or Stamped)

\_\_\_\_\_  
Title or Rank

\_\_\_\_\_  
Serial number

