



CITY OF FORT LAUDERDALE
COMMUNITY REDEVELOPMENT AGENCY

RESIDENTIAL REHABILITATION PROGRAM

Things An Applicant Should Be Aware Of

1. Due to funding limits, not all items can be completed through this program.
2. Participation in the program requires that a lien (*mortgage*) will be recorded against your property equal to the amount of repairs that are completed. *There is no payment associated with this lien.*
3. Homeowners must have incomes that do not exceed the maximum program limits.
4. Homeowners must live in the home and remain living in the home during the entire lien period or the rehabilitation funds must be repaid in full.
5. Illegal room additions or items done without a permit are code violations. Participation in the program means that the Building Department will be made aware of all code violations on the property. All code violations will be addressed as a priority.
6. Any unpaid non-mortgage lien could disqualify the property from assistance.
7. Mortgage payment(s) must be current.
8. Property taxes must be current.
9. Property must have a current Homestead Exemption, where the applicant uses the property as their principal and primary residence.
10. CRA program Inspectors will conduct a thorough inspection and recommend necessary repairs.
11. Interior or exterior remodeling work will not be addressed until all code violations are addressed.
12. Because this is a rehabilitation program, our goal is to replace all items with something similar to what currently exists.
13. If repairs are extensive and homeowner is required to relocate, the City of Fort Lauderdale CRA does not provide financial assistance for the relocation.
14. The incomes of all adult household members 18 years of age and older are counted as a part of the application.
15. Mobile and/or manufactured homes are not eligible for assistance.

All applications must be complete in order to be accepted

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

*** Additional information may be required.**

Examples of Eligible Repairs and Priorities

Priority 1: To Correct Code Violations

- Correction of building code violations

Priority 2: To Abate Any Health and Safety Problems in Your Home

- Removal of lead-based paint/asbestos hazards
- Removal of home barriers to the disabled and elderly;
- Removal of termites
- Elimination of specific conditions detrimental to public health and safety, which have been identified by Program Inspectors

Priority 3: To Provide Safe Electrical and Mechanical Systems

- Repair/replace water heaters
- Repair/replace electrical work
- Repair/replace heating and air-conditioning
- Repair/replace plumbing

Priority 4: Weatherization – Make Home More Energy Efficient and Resistant to Weather Conditions

- Repair/replace roof
- Install new insulation, and air conditioning systems if feasible
- Impact resistant windows (or shutters), doors, etc.
- Installation of Energy Star Rated Fixtures

Priority 5: To Improve the General Conditions of Your Home and Its Structure

- Repair/replace roofing gutters and fascia
- Sewer connections
- Install new smoke alarms
- Interior rehabilitation as needed
- Repair/replace stucco
- Exterior painting
- Install new deadbolt locks



City of Fort Lauderdale Community Redevelopment Agency (CRA)

RESIDENTIAL PROPERTY ASSISTANCE PROGRAMS

PROGRAMS:

REHABILITATION

PURCHASE ASSISTANCE

TOTAL SUBSIDY REQUEST: \$ _____

APPLICANT(S): Please complete Sections (1-10) as applicable.

(1) HOUSEHOLD INFORMATION *(Please Include Area Code for all Phone Numbers)*

Applicant's Name: _____

Social Security Number	Date of Birth	Marital Status
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Present Address <i>(include city, state, and zip code)</i>	Apartment Number
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Cell Phone Number	Work Phone Number	Home Phone Number	Emergency Contact Number
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Emergency Contact Person	Relationship
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Co-Applicant's Name _____

Social Security Number	Date of Birth	Marital Status
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Present Address <i>(include city, state, and zip code)</i>	Apartment Number
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Cell Phone Number	Work Phone Number	Home Phone Number	Emergency Contact Number
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Emergency Contact Person	Relationship
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#	OTHER HOUSEHOLD MEMBERS	RELATIONSHIP	SSN	AGE
1.				
2.				
3.				
4.				
5.				

Total Number of Household Members: _____

Is the applicant, co-applicant or any household member age 18 or older, and a full-time student? YES NO

If yes, what is that person's name(s)? _____

(2) PROPERTY TO BE PURCHASED OR RESTORED

Address	City	Zip Code
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Legal Description: _____

Property Control Number (PCN):	Total Number of Bedrooms:	Total Number of Bathrooms:
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Property Type: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> CONDO <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> MULTI-UNIT	Total Number of Units
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Sale Price:	Appraised Value:	BCPA Assessed Value	Taxable Value on BCPA
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Name of Lender / Bank: _____	Phone: _____
Lender / Bank Contact Person: _____	Email: _____

Is the address above your primary residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, how long have you lived at that address? _____ Years _____ Months
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(2a) CONTINUED from Page 1

Do you have a First mortgage? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a Second mortgage? <input type="checkbox"/> YES <input type="checkbox"/> NO
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How much is the loan amount? \$ _____	Is/Are your mortgage(s) current? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are your property taxes current? <input type="checkbox"/> YES <input type="checkbox"/> NO
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How much is the loan payment? \$ _____	If No, how many months behind? # of Months _____	If behind, how many years? # of years _____
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Is your Interest Rate Fixed? Or Adjustable? Check One [] 30 years [] 20 years [] _____ years	Is your property facing Foreclosure? <input type="checkbox"/> NO <input type="checkbox"/> YES
Is your Interest Rate Locked in? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes when does the lock expire? _____	Have you received 20 Day Notice? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, how long ago? _____
Do you have a contract to purchase this property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you working with an Agency on this request? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, when does the contract expire?	If Yes, please provide the name below:
Contact person name for the Agency that assisted you: _____	Telephone number of the Agency contact person:
Email of the Agency contact person: _____	Fax number of the Agency contact person:
What is the name of your Lender/Mortgage Company?	Give the address of your Lender/Mortgage Company.
Name of Lender/Mortgage contact person:	Telephone number of Lender/Mortgage contact:
Email: _____	

(3) APPLICANT - PRIMARY EMPLOYMENT INFORMATION

EMPLOYED SELF-EMPLOYED RETIRED DISABLED* UNEMPLOYED*

*** If you are unemployed or disabled, please provide information on your last employer.**

Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state and zip code)		
Name of Payroll Contact Person (or Supervisor)	Phone Number of Payroll Contact Person (include area code)	

APPLICANT SECONDARY EMPLOYMENT INFORMATION

EMPLOYED SELF-EMPLOYED RETIRED DISABLED* UNEMPLOYED*

*** If you are unemployed or disabled, please provide information on your last employer.**

Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state and zip code)		
Name of Payroll Contact Person (or Supervisor)	Phone Number of Payroll Contact Person (include area code)	

(4) CO-APPLICANT - PRIMARY EMPLOYMENT INFORMATION

EMPLOYED SELF-EMPLOYED RETIRED DISABLED* UNEMPLOYED*

*** If you are unemployed or disabled, please provide information on your last employer.**

Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state and zip code)		
Name of Payroll Contact Person (or Supervisor)	Phone Number of Payroll Contact Person (include area code)	

(5) EMPLOYMENT INFORMATION FOR OTHER HOUSEHOLD MEMBER _____

EMPLOYED SELF-EMPLOYED RETIRED DISABLED* UNEMPLOYED*

*** If you are unemployed or disabled, please provide information on your last employer.**

Name of Employer	Type of Business	
Job Title	Starting Date	Ending Date
Employer Address (include city, state and zip code)		
Name of Payroll Contact Person (or Supervisor)	Phone Number of Payroll Contact Person (include area code)	

(6) HOUSEHOLD INCOME

Gross Monthly Income	Applicant	Co-Applicant	Other Household Member
Name			

Wages / Salary				
Overtime				
Bonuses				
Commissions				
Dividend / Interest				
Social Security				
Pension				
Disability				
Child Support / Alimony				
Self-Employment				
Net Rental Income				
Unemployment				
AFDC				
Regular Contributions / Gifts				
Other				

Total Monthly	_____	_____	_____
Total Annually	_____	_____	_____
Total Monthly Household Income	_____	Total Annual Household Income	_____

(7) HOUSEHOLD ASSETS

Please check the assets held in your name (singularly or jointly)	Amount	Bank or Financial Institution
Checking <input type="checkbox"/>		
Checking <input type="checkbox"/>		
Savings <input type="checkbox"/>		
Savings <input type="checkbox"/>		
Treasury Bills <input type="checkbox"/>		
IRA Accounts <input type="checkbox"/>		
Retirement Fund (401K, etc) <input type="checkbox"/>		
Pension Fund <input type="checkbox"/>		
Lump Sum Receipts <input type="checkbox"/>		
Stocks / Bonds <input type="checkbox"/>		
Certificates of Deposits (CD's) <input type="checkbox"/>		
Other <input type="checkbox"/>		
TOTAL COMBINED ASSETS		

(8) HOMEOWNER'S AND FLOOD INSURANCE

Do you have Hazard Insurance? NO YES If yes, please provide below

Name of Hazard Insurance Company:

Insurance Company Phone Number (include area code)

Policy #	Amount of Coverage	Date Policy Expires	Deductible
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Do you have separate Flood / Windstorm Insurance NO YES If yes, please provide below

Name of Flood Insurance Company:

Name of Windstorm Insurance Company:

Insurance Company Phone # (include area code)

Insurance Company Phone Number (include area code)

Policy #	Amount of Coverage	Date Policy Expires	Deductible
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(9) ADDITIONAL INFORMATION

APPLICANT

CO-APPLICANT

1. Has your name been on the title of any other property within the last 3 years? YES NO YES NO
If yes, please explain on a separate sheet of paper.

2. Are you a US Citizen: YES NO YES NO

If NO, are you a Lawful Permanent Resident Alien: YES NO YES NO

Alien Registration Number: _____

3. Are you an employee of City of Fort Lauderdale or the CRA? YES NO YES NO
If yes, give name, relationship and department / division. _____
4. Are you related to an employee of City of Fort Lauderdale or the CRA? YES NO YES NO
If yes, give name, relationship and department / division. _____

(10) PROGRAM BENEFICIARY INFORMATION

This application is for funding from the Community Redevelopment Agency of the City of Fort Lauderdale and the following information is required to monitor compliance to Equal Credit Opportunity and Fair Housing Laws.

<p style="text-align: center;">APPLICANT</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p><input type="checkbox"/> African American / Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Other</p>	<p style="text-align: center;">CO-APPLICANT</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p><input type="checkbox"/> African American / Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Other</p>
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I / We understand the Florida Statue 814 provides that willful false statements or misrepresentation concerning income, asset, or liability information relating to financial conditions is a misdemeanor of the first degree, punishable by fines and imprisonment provided under FL Statues 775.082 or 775/83. I / We certify that the application information provided is true and complete to the best of my / our knowledge. I / We consent to disclose all information for the purposes 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 am / are aware that all information and documents provided are a matter of public record. I / We understand that funds provided through all programs are considered a conditional loan and may require my/our signature on a Mortgage and Promissory Note.

Applicant's Signature	Co-Applicant's Signature
Date	Date

**Please be advised that all programs are based on funding availability.*