



City of North Lauderdale
 Community Development Department
 701 S.W. 71st Avenue
 North Lauderdale, Florida 33068
 (954) 724-7069

MINOR HOME REPAIR PROGRAM

Program: If you are interested in completing minor repairs to your home, the City of North Lauderdale has funds available to assist income eligible applicants. This assistance will help homeowners complete health, safety and aesthetic improvements, to any owner-occupied home in the City of North Lauderdale. This program can provide up to \$2,000 in matching funds for repair assistance. The amount received is based on a 50% match, not to exceed \$2,000 on the City's end. Three written estimates from licensed and insured contractors are required for any work for which matching assistance is requested. Estimates must be reviewed prior to residents contracting with the lowest responsive responsible contractor. Repair assistance is in the form of a grant, and **does not require any repayment.**

The program aims to improve the exterior facade of homes by assisting in the following repairs:

Health and safety related work – any repairs, which are necessary to ensure the health and safety of the inhabitants or neighboring homeowners. Aesthetic work – improvements that may be visible from the right of way, including but not limited to: exterior painting and pressure washing of homes, irrigation installation, sod replacement, driveway repaving, replacement of deteriorated fascia, soffits and gutters.

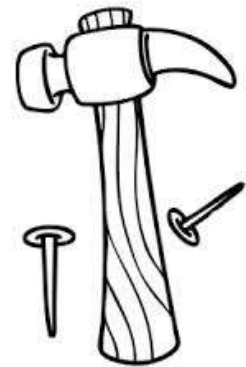
Eligibility: To be eligible, your home must be owner occupied as the “primary residence” and your household may not exceed the income limits below.

<u>Household-Size Income Eligibility</u>							
<u>1 Person</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
\$38,750	\$44,250	\$49,800	\$55,300	\$59,750	\$64,150	\$68,600	\$73,000

Effective March 6, 2015 – Established by Federal Guidelines – Subject to Change.

Application process: The “applicant” is the person who owns the house and is responsible for the mortgage payment. If you own the house with someone else, co-applicant information must be provided as well as if you're married. You must fully complete the application and provide copies of the following to be considered for any assistance.

1. Driver's License or State ID for all house hold individuals (18 years of age and older).
2. Marriage certificate or divorce decree.
3. Birth certificates for all minors
4. Social Security Cards for all house hold individuals
5. Certificate of Title or Warranty/Quit Claim Deed or Satisfaction of Mortgage
6. Three (3) months of recent and consecutive bank statements for all bank accounts. ALL PAGES
7. Most recent statements (i.e. 401k, pensions, stocks, bonds, CDS)
8. Last three (3) consecutive pay check stubs.
 - If unemployed, unemployment affidavit will need to be completed.
9. Income Verifications (if receiving social security, pension, child support, etc.)
 - If receiving zero income, Certification of Zero Income form must be completed.
10. Recent Tax Return for each working individual in the home
11. W-2 or 1099 Form or Schedule from each working individual
12. Proof of value of additional property owned (land, boats, etc.)
13. **Three** estimates equal in workmanship
 - Please make sure that estimates are all equal in workmanship as the City is going to compare in order to get the most for the expense before allowing you to contract with any contractor.
 - Estimates must list at the minimum:
 - a) Company's Information (Name, Address, Phone, Licenses Number, Representative)
 - b) Homeowners Name and property address
 - c) Scope of Work
 - d) Amount of the Job
14. Copy of the Contractor's License (for the lowest bidder)
15. Copy of Contractor's General Liability Insurance (for the lowest bidder)



All requested home repair work is subject to staff review and approval. Please call (954) 724-7069 and press 3 if you need assistance. Applications are accepted by appointment only; appointments are scheduled Monday – Friday. The program does not reimburse for any expenses prior to applying and/or completed outside the program guidelines.

**** STAFF WILL NOT MAKE COPIES OF REQUIRED DOCUMENTS ****
 BE SURE TO HAVE YOUR COPIES ALREADY MADE UPON SUBMISSION OF APPLICATION
 DOCUMENTS WILL NOT BE RETURNED AND ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED



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Minor Home Repair Program Application

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility in the MHRP.
PLEASE PRINT CLEARLY.

APPLICANT

First Name:	Last Name:	Middle Initial:
Address:		
City: North Lauderdale	State: Florida	Zip Code: 33068
Phone Number:	E-mail:	

CO-APPLICANT

First Name:	Last Name:	Middle Initial:
Phone Number:	E-mail:	

EMPLOYMENT INFORMATION: APPLICANT

Employer Name:	Supervisor:
Position:	Address:
Phone:	Length of Employment:

EMPLOYMENT INFORMATION: CO-APPLICANT

Employer Name:	Supervisor:
Position:	Address:
Phone Number:	Length of Employment:

1. Are you a City of North Lauderdale Employee? Yes No

If yes, what department _____

2. Are you related to a City: employee, elected official, or any Board member? Yes No

If yes, name of relative and relationship to relative _____

3. My house is a (Please Check One): Single Family () Townhome () Condominium ()

4. Are there other parties on the Warranty Deed? Yes () No ()

Name: _____ Relationship _____

5. Please specifically indicate what type of work will be completed, for which matching funds are being requested.

Office Use Only (Date stamp once verify application is completed)

APPLICANT

Marital Status: Married Single Divorced Widower Separated

Relationship to Co Applicant: _____

Race: Black not Hispanic White Hispanic Other (Specify) _____

Sex: Male Female Citizen / Resident Alien: Yes No

CO-APPLICANT

Marital Status: Married Single Divorced Widower Separated

Relationship to Applicant: _____

Race: Black not Hispanic White Hispanic Other (Specify) _____

Sex: Male Female Citizen / Resident Alien: Yes No

HOUSEHOLD INFORMATION (Must include ALL household members.)

	Name	Relationship to Applicant	Date of Birth	Age	Last 4 of SSN	Occupation
1		Applicant				
2						
3						
4						
5						
6						
7						
8						

SOURCES OF INCOME (For ALL household members 18 years old and older) List employment, child support, alimony, social security pensions, unemployment and/or Workers Compensation, etc.

	Name	Wage/Salaries Include Tips, Commission And Bonuses	Benefits, Pensions	Public Assistance	Other Income	Annual Income
1						
2						
3						
4						
5						
6						

ASSETS (For ALL household members) (Please attached additional page if needed)

Type (Circle One)	Bank Name	Account Number	Cash Value
Checking Savings Both			
Checking Savings Both			
Checking Savings Both			
401k/Pension(s)			

CITY OF NORTH LAUDERDALE
AGREEMENT
AFFIDAVIT AND RELEASE

The undersigned applies to participate in the Minor Home Repair Program indicated in this application. The City of North Lauderdale is not responsible for any damage, and I/We the undersigned release and hold harmless the City from any and all liabilities to myself/ourselves and personal property. The undersigned further understands that all statements made in this application are true and made for the purposes of participating in this Minor Home Repair Program. The undersigned further understands that all statements made in this application are true and made for the purposes of participating in this Minor Home Repair Program. The undersigned warrants that all income from every person in the household is accurately listed on this application. Verifications may be obtained from any source named in the application. The undersigned fully understands that it is a federal crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 18, U.S. Code, Sections 1001 and 1014.

 Applicant Signature

 Co-Applicant Signature

 Print Name

 Co-Applicant Print

 Date

 Date

STATE OF FLORIDA)
) ss:
 COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____. By

_____.

Personally known Produced Identification: Drivers License/State ID/US Passport

 Notary Public Signature
 Stamp/Seal: