



City of North Lauderdale  
Community Development Department  
701 S.W. 71<sup>st</sup> Avenue  
North Lauderdale, Florida 33068  
Telephone: (954) 722-0900

## PURCHASE ASSISTANCE PROGRAM

If you have not owned a home in the past three years and are interested in becoming a homeowner, the City of North Lauderdale may have funds available for down payment and/or closing costs to income eligible homebuyers.

**Program:** Income eligible applicants will be awarded a maximum of \$30,000 each in grant funds for lender required down payment and/or closing cost assistance. This assistance will help you purchase an eligible property (i.e., single family residence, townhome, condominium) focusing on vacant, abandoned, and/or foreclosed properties located anywhere within the City of North Lauderdale. Assistance will be in the form of an interest free loan requiring no repayment if program requirements are met. The property must be owner-occupied as the “primary residence” for ten (10) years after closing. If a default occurs, as defined by the grant guidelines, including but not limited to the rental of the home, you will be subject to repayment of the full loan amount as this constitutes a default. While no minimum household income is required, the applicant must have sufficient income to repay debt and maintain the housing unit. Property must meet Housing Quality Standards as per 24 CFR 982.401. Property must be in immediately habitable condition (i.e. no significant or major repairs can be needed AND must have appliances or proof thereof). The City of North Lauderdale is not responsible for code violations, liens, open permits, or illegal structures. The City of North Lauderdale will not award subsidy financing if any code violations, liens, and/or open permits exist.

**Security:** This interest free loan will be secured by a second mortgage (lien) on the property.

**Eligibility:** Eligible households are those who HUD annual incomes are at or below eighty percent (80%) of Area Median Income for the current fiscal year as adjusted for household size. See income eligibility limits below. Applicant is **responsible** for contributing 1% of purchase price of home or \$1,000, whichever is greater, towards the down payment amount required by the lender, and must **already** be qualified by a lender for a first mortgage with an escrow account. Applicants must not have filed bankruptcy within the past 24 months.

### Household-Size Income Eligibility

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$45,300	\$51,750	\$58,200	\$64,650	\$69,850	\$75,000	\$80,200	\$85,350

*Effective April 2018 – Established by Federal Guidelines – Subject to Change.*

**First Mortgage Restrictions:** The City will provide assistance in combination with private sector mortgage of your choosing which meet the following conditions:

- Fixed Rate
- 30 Year Term
- Mortgage not to exceed prime + two (2) points
- Adjustable Rate Mortgages are not eligible
- No balloon payments
- No prepayment penalties

**Closing Costs and Lender’s Fees:** The intent of the Purchase Assistance Program is providing income eligible households with an opportunity for home ownership. The City of North Lauderdale believes this is best facilitated by working with lenders who will offer clients affordable, prime-market loan products with fees commensurate with industry standards. Generally, lenders may charge up to one point for origination of the loan and up to one point on discount. All other lending fees must be reasonable and cannot exceed \$500 or 0.5% of the loan amount, whichever is greater.

**Application process:** Applicants must fully complete the application and provide copies of the required documentation as described in this application in order to be considered for any assistance. Applicants must also **complete** an eight-hour HUD approved first-time homebuyer certification class (if you have not taken the class, please call and sign-up with one of the agencies listed below or any agency of your choosing that is HUD certified). As soon as your completed application is returned with **all** copies of the required documentation, it will be reviewed for eligibility. Please call (954) 724-7069 and select option 3 if you need assistance or information about the application and to schedule an appointment to submit your application. **NO WALK-INS.** The applicant is the person who will own the house and is responsible for the mortgage payment. If you intend to own the house with someone else, and they will also be occupying the property as their primary residence, co-applicant information **must** be provided. If you’re married, your spouse must be listed as the co-applicant in the application. Only U.S. Citizens and permanent residents can apply for the program. Please note that funds for pre-qualified applicants are distributed on a ‘**first ready, first qualified, first served**’ basis. The City of North Lauderdale reserves the right to cancel any and all applications based on lack of funding availability. Eligibility is not determined until all items listed above have been submitted. If documents/information is not submitted with completed application at the time of scheduled appointment, your application will not be accepted and you will have to reschedule. **Important:** If you have owned residential property or commercial property within the last three (3) years. You are not eligible for this program.

## First Time Homebuyer Education Programs

HUD Approved Counselors

Agency Name	Contact Information	Address	Languages
Deerfield Beach Housing Authority	P: 954-425-8449 x 110 E: <a href="mailto:pamedavis@bellsouth.net">pamedavis@bellsouth.net</a> W: <a href="http://dbhaonline.org">http://dbhaonline.org</a>	533 S. Dixie Highway Deerfield Beach, FL 33441	English, Creole, Spanish
Urban League of Broward County (Branch Office)	P: 954-625-2574 E: <a href="mailto:cbiscardi@ULBCFL.ORG">cbiscardi@ULBCFL.ORG</a>	3521 W Broward Blvd Suite 201 Ft. Lauderdale, FL 33311	English Only
New Visions Community Development Corp (NVCDC)	P: 954-768-0262 E: <a href="mailto:jjrobo@bellsouth.net">jjrobo@bellsouth.net</a> W: <a href="http://www.mountbethel.org">http://www.mountbethel.org</a>	1004 NW 1 <sup>st</sup> St., Suite 3 Fort Lauderdale, FL 33311	English, French
HOPE Human Resources Development	P: 305-826-9343 E: <a href="mailto:hopehrd@yahoo.com">hopehrd@yahoo.com</a>	2305 Sheridan Street Hollywood, FL 33020	English Only
Trinity Empowerment Consortium	P: 305-248-4553 E: <a href="mailto:info@trinityempowers.org">info@trinityempowers.org</a>	15260 SW 280 <sup>th</sup> Street Suite 206 Homestead, FL 33032	English Only
Broward County Housing Authority	P: 954-497-4583 E: <a href="mailto:housingcounselor@bchaf1.org">housingcounselor@bchaf1.org</a> W: <a href="http://www.bchaf1.org">http://www.bchaf1.org</a>	4780 N State Road 7 Main Office Lauderdale Lakes, FL 33319	English, Spanish
Brownsville CDC	P: 305-636-2046 E: <a href="mailto:asd@brownsvillerevolution.org">asd@brownsvillerevolution.org</a>	4520 NW 27 <sup>th</sup> Ave. Unit 3 Miami, FL 33142	English, Spanish
Cuban American National Council, Inc. – Miami	P: 305-642-3484 x 129 E: <a href="mailto:jgarcia@cnc.org">jgarcia@cnc.org</a> W: <a href="http://www.cnc.org">http://www.cnc.org</a>	1223 SW 4 <sup>th</sup> Street Miami, FL 33135	English, Spanish
Haven Economic Development Inc.	P: 305-635-3398 x 105 E: <a href="mailto:hmillman@naveneconomic.org">hmillman@naveneconomic.org</a> W: <a href="http://HAVENECONOMIC.ORG">http://HAVENECONOMIC.ORG</a>	140 NE 83 <sup>rd</sup> Street Miami, FL 33138	English, Creole, French, Spanish
Housing Foundation of America	P: 954-923-5001 E: <a href="mailto:hfatoday@gmail.com">hfatoday@gmail.com</a>	2400 N University Dr. #200 Pembroke Pines, FL 33024	English Only
Miami-Dade Affordable Housing Foundation	P: 305-373-9750 E: <a href="mailto:oajones@bellsouth.net">oajones@bellsouth.net</a> W: <a href="http://www.co.miami-dade.fl.us">http://www.co.miami-dade.fl.us</a>	19 W. Flagler Street Suite 311 Miami, FL 33130	English, French, Spanish
South Florida Board of Realtors	P: 305-653-3580 E: <a href="mailto:into@sfborfoundation.org">into@sfborfoundation.org</a>	610 NW 180 <sup>th</sup> Street #206 Miami, FL 33169	English Only
South Florida Board of Realists	P: 954-297-5011 E: <a href="mailto:gailalaw@gmail.com">gailalaw@gmail.com</a>	610 NW 83 <sup>rd</sup> Street #206 Miami, FL 33169	English Only
Life and Learning Centers of South Florida, Inc.	P: 305-690-4391 T: 866-690-4690 E: <a href="mailto:lifeandlearning1@bellsouth.net">lifeandlearning1@bellsouth.net</a>	18800 NW 2 <sup>nd</sup> Ave. #204 Miami Gardens, FL 33169	English Only
Miami Beach Community Development Corp.	P: 305-538-0090 E: <a href="mailto:karl@miamibeachcdc.org">karl@miamibeachcdc.org</a> W: <a href="http://www.miamibeachcdc.org">http://www.miamibeachcdc.org</a>	945 Pennsylvania Ave. 2 <sup>nd</sup> Floor Miami Beach, FL 33139	English, Spanish
NID-HCA Casseus	P: 305-651-8877 E: <a href="mailto:cassemoneiq@aol.com">cassemoneiq@aol.com</a> W: <a href="http://www.nidonline.org">http://www.nidonline.org</a>	17801 NW 2 <sup>nd</sup> Ave, Suite 240 Miami Gardens, FL 33169	English, Creole
Vision to Victory Destination Home	P: 305-691-3464 E: <a href="mailto:mbryant@vvhsc.com">mbryant@vvhsc.com</a>	13230 NW 7 <sup>th</sup> Ave, N. Miami, FL 33168	English Only
Real Estate Education and Community Housing	P: 561-491-1681 T: 800-416-0793 E: <a href="mailto:mchall@reach4housing.org">mchall@reach4housing.org</a> W: <a href="http://www.reach4housing.org">http://www.reach4housing.org</a>	8409 N. Military Trail, Suite 110 Palm Beach Gardens, FL 33410	English, Creole, Spanish
Life Improvement for Tomorrow, Inc. (LIFT)	P: 561-868-7026 E: <a href="mailto:derrick_lift@bellsouth.net">derrick_lift@bellsouth.net</a>	1910 S. Olive Ave, POB 6938 West Palm Beach, FL 33401	English, Spanish
Neighborhood Housing Services of South Florida	P: 954-564-4037 W: <a href="http://www.mdnh.org">http://www.mdnh.org</a>	2800 W. Oakland Park Blvd. Suite 301, Ft. Lauderdale, FL 33311	English, Spanish
Oasis of Hope Community Development Corporation	P: 954-586-1283 W: <a href="http://oasiscdc.org">http://oasiscdc.org</a>	50 NE 1 <sup>st</sup> Street Pompano, FL 33060	English

## APPLICATION SUPPORTING DOCUMENTATION LIST

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Dear Applicant(s),

Thank you for showing interest in the Purchase Assistance Program. Attached is the application package. Due to Federal funding requirements, all the information in the package must be completed. In addition to filling out the Borrower Application, **COPIES** of the following documents are required to be submitted with your application. **Staff will NOT make copies of required documents.** (These documents will not be returned to you.)

1. Proof of **one** of the below identifications for all persons over 18 years of age that will reside at the property.
  - State issued picture ID
  - Passport
  - Resident's Card
  - Naturalization Paper
2. Marriage Certificate or Divorce Decree (if applicable).
  - If your spouse has passed away please provide a copy of the death certificate.
  - The State of Florida does not recognize separation.
3. Proof of Number of Dependents (*dependents must be listed on your tax return*). Submit **one** of the following:
  - Birth Certificate with applicant's name listed
  - Court ordered letter of guardianship
  - Divorce decree
  - Letter of Adoption

*Note: If a dependent is at least 18 and is a full time student please submit a copy of their class schedule in addition to the above documents.*
4. Social Security Cards for **all** household members.
5. Pre-approval/pre-qualification Letter from the Lender of your choice
  - Must include company's name, loan officer contact information (phone, e-mail, etc.)
  - Maximum amount of first mortgage and terms
6. First-time Homebuyer Class Certificate (8 hours) \*From a HUD certified agency (within 12 months)
7. "Gift letter" if a relative is GIVING you funds toward the purchase
  - Specific dollar amount of the gift and the date the funds were deposited/transferred to borrower's account
  - Donor's name, address, contact number and relationship to applicant
  - Statement from the donor saying no repayment is expected
8. Assets (for all household members) including but not limited to:
  - Most recent statements for all IRA's, 401Ks, 457K, Retirement/Pension, stocks, bonds, annuities.
  - Certificate of deposit (CD) statement
  - Six (6) months of recent and consecutive bank statements for all bank accounts. **ALL PAGES**
  - Proof of the value of additional property that you own (land, homes, & boats)
9. Employer Verification Form (page 6 of the application which has to be filled out by HR or Supervisor)
10. Proof of Income (household members 18 years old and older). **SUBMIT ALL THAT APPLY**
  - Three (3) recent and consecutive pay stubs.
  - Child Support – court order, divorce decree, or a printout from the agency ordering the child support.
  - Alimony/Palimony – divorce decree or court order.
  - Social security/SSI Benefit Statement.
  - VA Benefits, Worker's Compensation, Unemployment benefits
  - Pension or insurance payments

*Note: If unemployed, an unemployment affidavit will need to be completed at our office by each non-working individual 18 years and older and Certification of Zero Income (if no income at all)*
11. Two (2) Most recent Federal Income Tax Return(Signed) **OR** Transcript from the IRS
  - Self-employment - Three (3) most recent Federal Income Tax Return or Transcript from the IRS
  - Year to Date Profit and Loss Statement
12. Two (2) Associated W2s or 1099s or Schedules
13. If receiving food assistance (Food Stamps, WIC, etc.) please provide statement

Once your completed application and all required documents are received, staff will review and make a determination of eligibility.

Sincerely,

*Jenna Gottlieb*

Administrative Clerk



City of North Lauderdale  
 701 S.W. 71<sup>st</sup> Avenue  
 North Lauderdale, Florida 33068  
 Telephone (954) 724-7069

### Purchase Assistance Program Application

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility in the Purchase Assistance Program. All information supplied will be verified. **PLEASE PRINT CLEARLY.**

#### APPLICANT

First Name:	Last Name:	Middle Initial
Address:		
City:	State:	Zip Code:
Contact Number:	Work Phone:	E-mail:

#### SPOUSE / CO-APPLICANT

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

#### EMPLOYMENT INFORMATION: APPLICANT

Employer Name:	Supervisor:
Position:	Address:
Phone:	Length of Employment:
Annual Income (gross salary, overtime, tips, bonuses, etc.) \$	Pay Rate: \$

#### EMPLOYMENT INFORMATION: SPOUSE / CO-APPLICANT

Employer Name:	Supervisor:
Position:	Address:
Phone:	Length of Employment:
Annual Income (gross salary, overtime, tips, bonuses, etc.) \$	Pay Rate: \$

#### OTHER INFORMATION

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

If yes, what department \_\_\_\_\_

2. Are you a City of North Lauderdale Board Member? Yes  No

If yes, what board \_\_\_\_\_

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

If yes, name of relative and relationship to relative \_\_\_\_\_

4. Have you owned a home in the last 3 years? Yes  No

5. If you answered YES above, are you a displaced homemaker? Yes  No

6. If you answered YES to both questions above, attach a divorce decree showing the method of disposition of the martial home.

7. Have you declared bankruptcy in the last 2 years? Yes  No

<b>Office Use Only</b> (Date stamp once verify application is completed)
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**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  N

How long at present address? \_\_\_\_\_ years \_\_\_\_\_ months  
 Landlord Name: \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Landlord Phone: \_\_\_\_\_  
 Monthly Rent: \$ \_\_\_\_\_  
 Utilities Included:  Yes  No

**SPOUSE / 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

How long at present address? \_\_\_\_\_ years \_\_\_\_\_ months  
 Landlord Name: \_\_\_\_\_  
 Landlord Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Landlord Phone: \_\_\_\_\_  
 Monthly Rent: \$ \_\_\_\_\_  
 Utilities Included:  Yes  No

**HOUSEHOLD INFORMATION** (Must include ALL household members.)

	Name	Relationship to Applicant	Date of Birth	Age	Last 4 of Social Security Number	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, Workers Compensation, etc.

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

**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			
401(k) Pension(s)			

**AVERAGE MONTHLY HOUSEHOLD EXPENSES:** (For everyone who pays the following)

Water: \$	Phone: \$	Car Payments: \$	Debt:\$
Cell Phones: \$	Cable /Internet:\$	FPL: \$	Car Insurance: \$

<b>APPLICANT</b>	<b><u>YES</u></b>	<b><u>NO</u></b>	<b>SPOUSE/CO-APPLICANT</b>	<b><u>YES</u></b>	<b><u>NO</u></b>
Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you declared bankruptcy within the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>	Have you declared bankruptcy within the past seven years?	<input type="checkbox"/>	<input type="checkbox"/>
Been party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	Been party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN IN SPACE PROVIDED.

**EXPLANATION:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CITY OF NORTH LAUDERDALE  
AGREEMENT  
AFFIDAVIT AND RELEASE**

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The undersigned(s) understands that the intent of this application is for the purpose of pre-qualifying only and does not guarantee acceptance or approval, and no commitment is hereby made on the part of either the applicant or the City of North Lauderdale. I/We further understand that all information and documents provided with and in association with this application, are public records, and as such are subject to the State of Florida's public records laws. The undersigned(s) applies to participate in the Purchase Assistance Program indicated in this application, which requires a loan to be secured as a second mortgage on the property received through this program. The undersigned(s) further understands that he/she must own and live in the unit for a period of five (5) to ten (10) years depending upon the grant award. As well as complete the Declaration of Domicile and provide the requested documents during the term of the grant. 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 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 Purchase Assistance Program. The undersigned(s) 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.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

\_\_\_\_\_  
DATE

**AUTHORIZATION FORM REQUIRED BY FEDERAL PRIVACY ACT**

**IMPORTANT – APPLICANT(S) READ BEFORE SIGNING:** Under the Privacy Act of 1974, it will be necessary for the Program/Lender to supply the appropriate agencies you listed on your Application with written approval from you to allow them to release information from your files to verify the information you provided on your application. Please sign the appropriate space below to authorize these verifications if required.

This authorizes the Program/Lender to have free access to my information and records relative to my employment, sources of other income, creditors and mortgage verifications as may be required to process my Purchase Assistance Application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
XXX-XX-  
LAST FOUR OF SOCIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

\_\_\_\_\_  
XXX-XX-  
LAST FOUR OF SOCIAL

\_\_\_\_\_  
DATE







**CITY OF NORTH LAUDERDALE  
COMMUNITY DEVELOPMENT DEPARTMENT**

(Please make a copy and provide this form to each employed member of the household.)

\*\*Section 817.03, Florida Statutes, provides that willful false statements or misrepresentations concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and are punishable by fines and imprisonment as provided pursuant to Sections 775.082 and 775.083, Florida Statutes.\*\*

**APPLICANTS PLEASE COMPLETE THE TOP PORTION AND THEN SUBMIT TO SUPERVISOR OR HUMAN RESOURCES DEPARTMENT.**

**Dear Employer,**

**AUTHORIZATION:** Federal Regulations require us to verify Employment Income of all members of the household applying for participation in CDBG funded program which we administer. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

**RELEASE:** I hereby authorize the release of requested information for the sole purpose of determining eligibility for this program assistance.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*Please submit form to your employer to be completed.*

**APPLICANT NOT TO FILL OUT FORM BELOW THIS LINE**

*Please provide information about the anticipated employment during the next 12 months:*

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

Position: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ # of hours per week \_\_\_\_\_

Frequency of Pay:  Hourly  Weekly  Bi-Weekly  Twice A Month  Monthly

Overtime Pay Rate: \$ \_\_\_\_\_ Average overtime hours/wk: \_\_\_\_\_

Amount of other compensation (bonus, raise, commission, tips): \$ \_\_\_\_\_

Frequency of other compensation:  Monthly  Quarterly  Annually

Gross Income for last year: \$ \_\_\_\_\_ Year to date income: \$ \_\_\_\_\_

Retirement Account ( Yes  No): \$ \_\_\_\_\_ Amount Accessible to employee: \$ \_\_\_\_\_

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

Representative Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you in advance for your cooperation in this matter. Your prompt return of the requested information will be appreciated. Should you have any questions, please call our office at (954) 724-7069 and select option 3. This form can be faxed to (954) 597-4843, Attention: Jenna Gottlieb or returned with the employee.

**NOTE:** This form must be completed in its entirety to be valid.