

**CITY OF MIRAMAR
PROPOSED CITY COMMISSION AGENDA ITEM**

Meeting Date: January 22, 2025

Presenter's Name and Title: Katherine Randall, Chief Housing Administrator, Economic Development & Housing Department

Prepared By: Katherine Randall, Chief Housing Administrator, Economic Development & Housing Department

Temp. Reso. Number: 8302

Item Description: Temp. Reso. No. 8302, approving the creation and implementation of a Moderate-Income Mortgage Assistance (MIMA) Program to support homebuyers within the 120-140% area median income (AMI) range. (Chief Housing Administrator Katherine Randall)

Consent Resolution Ordinance Quasi-Judicial Public Hearing

Instructions for the Office of the City Clerk: none

Public Notice – As required by the Sec. ____ of the City Code and/or Sec. ____, Florida Statutes, public notice for this item was provided as follows: on _____ in a _____ ad in the _____; by the posting the property on _____ and/or by sending mailed notice to property owners within ____ feet of the property on _____ (fill in all that apply)

Special Voting Requirement – As required by Sec. _____, of the City Code and/or Sec. ____, Florida Statutes, approval of this item requires a _____ (unanimous, 4/5ths etc.) vote by the City Commission.

Fiscal Impact: Yes No

REMARKS: Funds to be allocated accordingly:
\$120,000 from Account No. 001-43-431-554-000-604978 titled Down Payment Assistance Program.

Content:

- **Agenda Item Memo from the City Manager to City Commission**
- **Resolution TR 8302**
 - **Attachment 1: Program Policies and Procedures**
 - **Attachment 2: Program Application**



**CITY OF MIRAMAR
INTEROFFICE MEMORANDUM**

TO: Mayor and City Commissioners

FROM: Dr. Roy L. Virgin, City Manager 

BY: Anita Fain Taylor, Director of Economic Development and Housing

DATE: January 16, 2025

RE: Temp. Reso. No. 8302, approving the creation and implementation of a Moderate-Income Mortgage Assistance (MIMA) Program to support homebuyers within the 120-140% area median income (AMI) range.

RECOMMENDATION: The City Manager recommends approval of Temp. Reso. No. 8302, approving the creation and implementation of a Moderate-Income Mortgage Assistance (MIMA) Program to support homebuyers within the 120-140% area median income (AMI) range.

ISSUE: City Commission approval is required to create and implement the Moderate-Income Mortgage Assistance (MIMA) Program, which will provide financial assistance for eligible homebuyers in the 120-140% AMI range.

BACKGROUND: The City of Miramar recognizes the challenges faced by moderate-income households in achieving homeownership due to increasing housing costs and has identified the need for financial assistance to help eligible households within the 120-140% AMI range overcome barriers to homeownership, such as down payment and closing costs.

DISCUSSION: The implementation of the Down Payment Assistance Program, funded at \$120,000, will yield significant results in addressing the housing affordability gap for moderate to middle-income households. By providing up to \$30,000 in assistance to eligible households, the program will enable at least four families to secure homeownership in a competitive housing market. This support will not only expand access to stable housing but also promote long-term community investment and economic stability. The potential success

of the program will demonstrate the need for continued funding to further assist households in the 120-140% AMI range.

ANALYSIS: Eligible homebuyers may receive up to \$30,000 in assistance for down payment, closing costs, and/or first mortgage reduction. City funding in the amount of \$120,000 is available in Account No. 001-43-431-554-000-604978 titled Down Payment Assistance Program.

Temp. Reso. No. 8302
12/10/24
1/14/25

**CITY OF MIRAMAR
MIRAMAR, FLORIDA**

RESOLUTION NO. _____

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF MIRAMAR, FLORIDA, APPROVING THE CREATION AND IMPLEMENTATION OF A MODERATE-INCOME MORTGAGE ASSISTANCE PROGRAM TO SUPPORT HOMEBUYERS WITHIN THE 120-140% AREA MEDIAN INCOME RANGE; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City of Miramar (“City”) recognizes the challenges faced by moderate-income households in achieving homeownership due to increasing housing costs; and

WHEREAS, the City desires to promote and encourage sustainable homeownership opportunities for moderate-income households as a means to strengthen community stability and economic growth; and

WHEREAS, the City has identified the need for financial assistance to help eligible households within the 120-140% AMI range overcome barriers to homeownership, such as down payment and closing costs; and

WHEREAS, the City finds that the implementation of a Moderate-Income Mortgage Assistance Program will address the housing needs of this underserved population and align with the community's broader housing goals;

Reso. No. _____

Temp. Reso. No. 8302
12/10/24
1/14/25

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF
MIRAMAR, FLORIDA AS FOLLOWS:**

Section 1: Program Approval. The City Commission hereby approves the creation and implementation of the Moderate-Income Mortgage Assistance (MIMA) Program, which will provide financial assistance for eligible homebuyers in the 120-140% AMI range.

Section 2: Program Guidelines. The MIMA Program shall operate under the following general guidelines:

1. **Eligibility:** Applicants must meet income requirements of 120-140% AMI as defined by the U.S. Department of Housing and Urban Development (HUD).
2. **Assistance Amount:** Eligible homebuyers may receive up to \$30,000 in assistance for down payment, closing costs, and/or first mortgage reduction.
3. **Repayment Terms:** Assistance shall be structured as a grant, with full repayment required if the property is sold, transferred, or ceases to be the primary residence of the owner within a 15-year affordability period.
4. **Program Administration:** The program will be administered by the City of Miramar, Department of Economic Development & Housing.

Section 3: Funding. The City of Miramar Commission has allocated \$120,000 for the Moderate-Income Mortgage Assistance (MIMA) Program for Fiscal Year 2025.

Temp. Reso. No. 8302
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Section 4: The appropriate City officials are authorized to do all things necessary and expedient to carry out the aims of this Resolution.

Section 5: That this Resolution shall take effect immediately upon adoption.

Temp. Reso. No. 8302
12/10/24
1/14/25

PASSED AND ADOPTED this _____ day of _____, _____.

Mayor, Wayne M. Messam

ATTEST:

City Clerk, Denise A. Gibbs

I HEREBY CERTIFY that I have approved
this RESOLUTION as to form:

City Attorney,
Austin Pamies Norris Weeks Powell, PLLC

<u>Requested by Administration</u>	<u>Voted</u>
Commissioner Winston F. Barnes	_____
Commissioner Maxwell B. Chambers	_____
Commissioner Yvette Colbourne	_____
Mayor Wayne M. Messam	_____

Reso. No. _____

ATTACHMENT 1

PROGRAM POLICIES & PROCEDURES



CITY OF MIRAMAR MODERATE INCOME MORTGAGE ASSISTANCE (MIMA) PROGRAM PURCHASE ASSISTANCE PROGRAM POLICIES AND PROCEDURES

Program Description

The Moderate-Income Mortgage Assistance Program (Grant) assistance of up to \$30,000, which can be used for the following purposes:

- Down payment
- Closing costs, and/or
- First mortgage reduction, for the purchase of eligible owner-occupied housing

Terms and Conditions

The full amount of the grant must be repaid if the property is sold, the title is transferred or conveyed, or the home ceases to serve as the owner's primary residence within the fifteen (15) year occupancy period.

In the event of default where there is failure to make required payments on a loan secured by a first mortgage which leads to foreclosure and/or loss of property ownership, the City may seek remedy to recover the funds made available for assistance which is secured by mortgage and note on the property.

Upon satisfactory completion of the terms and recapture period specified in the mortgage instrument, or upon remittance of the remaining balance due on the mortgage, City staff shall prepare a Satisfaction of Mortgage.

Requests for Subordination must be in the form of a letter and submitted to City of Miramar, Economic Development and Housing Chief Housing Administrator.

EXHIBIT A

PROGRAM POLICIES & PROCEDURES

Applicant Eligibility

Have not owned a home in the last three (3) years.

Must have financial ability to secure a private loan for part of the cost for the housing unit. Funds provided by the City will only be used as a subsidy to a private loan to lower monthly housing costs to the applicant, to pay closing costs, and serve as part of the down payment amount.

All applicants must agree to occupy the home as their principal residence during the affordability period.

Borrower Income Limitations: Household annual income limit of \$165,00

Program Procedure

City staff will accept application and verify income certification for each applicant.

If the applicant meets the income certification requirements, an award letter is issued, indicating the amount of the award.

City staff member reviews loan package for compliance and requests preliminary Closing Disclosure (CD) Statement from title company.

A copy of the preliminary CD is forwarded to the city for review.

City staff coordinates with the lender and title company to schedule the closing date.

City staff prepares the closing package and delivers it to the title company.

City staff prepares the check request package and submits it for internal processing.

Upon receipt of the Final CD Statement, city staff reviews the check request package and processes the wire transfer.

The loan is closed, and the title company completes the title transfer. The title company is responsible for recording the mortgage, note, and other relevant documents.

The title company sends the recorded copy of the mortgage, note, and other documents to city staff for records.

DTI LIMITS: Under this program, applicants must have a maximum debt-vs-gross income ratio of 50%

EXHIBIT A
PROGRAM POLICIES & PROCEDURES



Moderate Income Mortgage Assistance Program (MIMA) Process

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. If you have a conflict of interest, you must schedule to submit your application prior to getting into contract on a property.
3. Your application will be processed for income eligibility based on the availability of funding.
4. 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.
5. Attend and satisfactorily complete a HUD-approved, 8-Hour Homebuyer's Education Class.
6. Obtain mortgage commitment from your lender. Once you have accepted a mortgage commitment from a lender, you must be sure that City of Miramar receives a copy of your closing statement at least **72 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 City of Miramar with a full copy of the property inspection report. The Lender is responsible for providing City of Miramar with all other credit and loan documents pertaining to your transaction.**
7. Close on property and occupy as your primary residence.
8. 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-approval letter from an approved lender or Lending institution of your choice. 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.**



MIMA PROGRAM SUPPORTING DOCUMENTATION

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 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 even if blank.
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. REQUIRED:**
 - 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, 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/bookkeeper'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 !



MIMA 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: _____

ARE YOU OR ANY OF YOUR RELATIVES A CITY OF MIRAMAR EMPLOYEE? (YES)____(NO) _____

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: _____

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: _____



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

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



MIMA 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 **City of Miramar**, for the purposes of verifying information provided, as part of determining eligibility for assistance under the **MIMA 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
Banks, Financial, or Retirement Institutions
State Unemployment Agency
Welfare Agency | Alimony/Child/Other Support Providers
Social Security Administration
Veterans Administration
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.



MODERATE INCOME MORTGAGE ASSISTANCE (MIMA) PURCHASE ASSISTANCE PROGRAM DISCLOSURE

The City of Miramar is pleased to provide purchase assistance for moderate-income households to purchase a property to **occupy as their primary residence**. Funding is available on a first come, first-qualified, first-served basis until no more funding remains under this program. Assistance is in the **form of 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, funds will only be reserved for applications accompanied by a purchase contract. (A pre-approval does not constitute a reservation of funds).

The City of Miramar is not acting in any capacity relating to a mortgage or real estate transaction. You agree to hold harmless 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 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 the **City of Miramar** does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to 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 the **City of Miramar** does not 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 the **City of Miramar**, or any governmental agency, its officers, employees, stockholders, 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 purchase assistance 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
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Household Member (18 and over)	Date	Household Member (18 and over)	Date
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Household Member (18 and over)	Date	Household Member (18 and over)	Date
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