

Residential Rehabilitation Grants Application

**Applications open from December 1st through
January 23rd, 2026**

**Completed Applications must be submitted to
735 NE 125 Street, Suite 100
North Miami, FL 33161
Phone: (305) 895-9839 | Fax: (305) 895-9822
www.northmiamicra.org**



Residential Rehabilitation Grant Application Checklist

Application deadline - January 23rd, 2026 at 5:00 pm

Please check that all **REQUIRED** items have been included and initial below:

- ☐ Name of applicant, co-applicant(s), and any other household members residing at the property (whether related to the property owner or not) and relationship to property owner(s).
- ☐ Address of property and telephone number.
- ☐ Dates of birth of applicant(s) and ages of other household members.
- ☐ Proof of income, employment information on all household members
- ☐ All other income for the household, including but not limited to wages, salaries, pensions, social security, disability, unemployment, self-employment, rental income, alimony, child support, interest dividends, and income derived from assets.
- ☐ Self-Employment Income. Schedule C, E, or F must include your federal income tax return and a notarized, sworn statement from the self-employed individual of net income expected for the next 12 months.
- ☐ Legal description of the property.
- ☐ Monthly housing expenses, including mortgage payments of principal and interest where debt was incurred for housing purposes only (first, second, or other mortgage), real estate taxes, special assessments, flood insurance, fire and extended coverage insurance (hazard insurance).
- ☐ Declaration page of current year homeowner's insurance policy. **A Determination Letter from FEMA is required if flood insurance is not mandatory.** Homeowners without insurance must purchase coverage and provide proof within 90 days of work completion.
- ☐ Government-issued ID of applicant.
- ☐ Property taxes verification
- ☐ Last two years (consecutive) of Federal Tax Returns, all schedules, W-2s, and 1099s.
- ☐ Current Six (6) consecutive pay stubs or three (3) consecutive pay stubs, if paid bi-weekly. (if applicable)

- ☐ Alimony, and child support payment records (if applicable).
- ☐ Deed (which may be a warranty deed, special warranty deed, personal representative deed, or quit claim deed) or Satisfaction of Mortgage.

If the deed includes the name of someone who does not live in the house, they must provide a notarized statement confirming that they do not reside in the home and have their primary residence elsewhere. They must also provide proof of their residence elsewhere.

- ☐ Copies of the last three (3) consecutive bank statements for each account (all pages).
- ☐ Documentation of any other income (Award of retirement benefits, etc.)
- ☐ Conflict of Interest Form

Applicant's Initials: _____

NMCRA RESIDENTIAL GRANT INFORMATION (please select only one)

Please select the program you are applying for:

☐ **1. Paint Up Program**

The NMCRA will provide up to \$5,000 for single-family homes utilizing the services of a qualified paint contractor, from the approved NMCRA list of contractors. The NMCRA will pay up to \$7,500 for multi dwellings up to four (4) units, with a 60/40 match requirement from property owner.

☐ **2. Beautification Program for Owner-Occupied Single-Family Homes**

The NMCRA will provide up to \$30,000 with no match requirement, to eligible owner-occupied homeowners. This grant is subject to 100% forgiveness, pending the successful completion of a five (5) year maintenance period on the improved property.

☐ **3. Beautification Program for Rental Homes**

The NMCRA will provide up to \$30,000 with a 70/30 match requirement, to eligible single-family homes rented. This grant is subject to 100% forgiveness, pending the successful completion of a five (5) year maintenance period on the improved property.

APPLICANT INFORMATION			
Full Name of Applicant:		Date of Birth:	Social Security Number:
Property Address:		City:	State: Zip Code:
Mailing Address:		City:	State: Zip Code:
Email Address:	Primary Phone:		Secondary Phone:
Marital Status (Circle one) Single Married Divorced Widowed		Monthly Mortgage:	Living at this address since:

APPLICANT EMPLOYMENT INFORMATION				
Employment 1				
Company Name:			Phone:	
Property Address:			City:	State: Zip Code:
Supervisor:	Dates of Employment (from - to):		Position:	Monthly Salary:
Employment 2 (If applicable)				
Company Name:			Phone:	
Property Address:			City:	State: Zip Code:
Supervisor:	Dates of Employment (from - to):		Position:	Monthly Salary:

CO-APPLICANT INFORMATION (If applicable)			
Full Name of Co-Applicant:		Date of Birth:	Social Security Number:
Property Address:		City:	State: Zip Code:
Email Address:	Primary Phone:		Secondary Phone:
Marital Status (Circle one) Single Married Divorced Widowed		Relationship to Applicant:	Living at this address since:

CO-APPLICANT EMPLOYMENT INFORMATION			
Employment 1			
Company Name:		Phone:	
Property Address:		City:	State: Zip Code:
Supervisor:	Dates of Employment (from - to):		Position: Monthly Salary:
Employment 2 (If applicable)			
Company Name:		Phone:	
Property Address:		City:	State: Zip Code:
Supervisor:	Dates of Employment (from - to):		Position: Monthly Salary:

HOUSEHOLD INFORMATION

List ALL other household members including children (do not include applicant and co-applicant)

Name	Relationship	Date of Birth	Gross Annual Income

INCOME INFORMATION

Please list **ALL** sources of income, taxable and nontaxable for the Applicant, Co-Applicant and

Source of income <i>(Monthly Total)</i>	Applicant	Co-Applicant	Other Household members
Wages, Salaries, Tips			
Social Security			
Pensions			
Disability			
VA Benefits			
Alimony / Child Support			
Other (Explain):			
Total			

LIABILITIES

Please list liabilities for Applicant, Co-Applicant and Other

	Bank or Creditor	Monthly Payment	Balance Due
Mortgage / Rent			
Insurance			

Total Debts \$ \$

TYPES OF IMPROVEMENT

Please list all improvement to be made to the property. NMCRA funds are to be used for standard building finishes as determined by the NMCRA (see page 4 in the North Miami CRA Residential Rehabilitation Grants Guidelines)

- | | | |
|--|--|--|
| <input type="checkbox"/> Impact windows and doors | <input type="checkbox"/> Electrical upgrades (if deemed a life safety issue) | <input type="checkbox"/> Energy efficient air conditioning; water heater |
| <input type="checkbox"/> Awnings & canopy | <input type="checkbox"/> Fence and gates | <input type="checkbox"/> Termite removal |
| <input type="checkbox"/> Painting & stucco | <input type="checkbox"/> Driveways/walkways | <input type="checkbox"/> Sceptic to sewer conversion |
| <input type="checkbox"/> Roof replacement | <input type="checkbox"/> Landscaping and irrigation | <input type="checkbox"/> ADA enhancements to include stairs/ramps |
| <input type="checkbox"/> Safety Enhancements: security exterior lighting fixtures. | <input type="checkbox"/> Flood mitigation improvements | |

Please list other desired improvements not listed above

CERTIFICATION

Please initial each statement after reading

_____ I/we understand that my income will be verified with the employer(s) listed above.

_____ I / We understand that 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.

_____ I / We understand that a construction sign will be placed in a visible location on the property for the duration of the construction project.

_____ I/we understand that this program provides assistance for homeowner's/property owners that are not currently in bankruptcy.

_____ I/we agree to participate in the promotion of this program, and agree to be interviewed and accept pictures to be taken. I/we agree that NMCRA may use such photographs of me/us with my/our names(s) and for any lawful purposes, including but not limited to publicity, illustration, advertising and web consent.

_____ I/we understand that if assistance is provided and work is not completed with 1 year, or I/we cease to occupy the property as my/principal residence or if I/we sell or convey the property, then the total assistance provided will be due and payable to the NMCRA plus any applicable penalties, interest and attorney's fees.

_____ I/we understand the terms of this program and sign acknowledging the following terms apply to me/us.

_____ I/we must remain in the home/own property for at least five (5) years to avoid forfeiture.

_____/we declare that all information provided on all pages of this application is true and accurate to the best of my/our knowledge. I/we understand that misrepresentations or incorrect information provided can disqualify me/us from participating in this program.

Applicant

Print Name

Signature

Date

Co-Applicant

Print Name

Signature

Date

Application deadline
January 23rd, 2026 at 5:00 pm



CONFLICT OF INTEREST DISCLOSURE

As someone interested in applying for the North Miami Community Redevelopment Agency Residential Rehabilitation Program, I acknowledge that I must disclose any relationships I may have with other individuals associated with either the City of North Miami or the North Miami Community Redevelopment Agency. Therefore, I confirm that the following statements are true:

Initial your answer

_____ I **am not** a current City of North Miami official, employee, NMCRA Board Member, NMCRA Advisory Committee Member, agent and/or other representative of the City.

_____ I **am** a current City of North Miami official, employee, Board Member, NMCRA Advisory Committee Member, agent and/or other representative of the City.

➤ Position/Title _____

_____ I **am** a former City of North Miami official, employee, NMCRA board member, NMCRA Advisory Committee Member, agent and/or other representative of the City.

➤ Position/Title_ Date Employment/Term Ended _____

_____ To the best of my knowledge, I **am not** aware of any current City of North Miami official, employee, NMCRA Board Member, NMCRA Advisory Committee Member, agent and/or other representative of the City who is related to me or with whom I am a business associate.

_____ I **am** related to or have a business relationship with a current City of North Miami official, employee, NMCRA Board Member, NMCRA Advisory Committee Member, agent and/or other representative.

His/her name is _____

This person is associated with the City / NMCRA in the capacity as: _____

The relationship of the person is as follows:

Immediate family _____ **Business associate or other** _____

Applicant's Name (Print)

Applicant's Signature

Date

Applicant's Mailing Address

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Section 1001, provides: "Whoever in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false fictitious or fraudulent statement of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 8 years or both."

MONTHLY HOUSING EXPENSES AND INCOME

EXPENSES

Description	Monthly
Mortgage	\$
Rent	\$
Electric	\$
Water	\$
Gas	\$
Phone	\$
Cable	\$
Food	\$
Childcare	\$
Transportation	\$
Vehicle	\$
Insurance	\$
Gas	\$
Other Medical	\$
Health Insurance	\$
Other Expenses	\$
Other Expenses	\$
Other Expenses	\$
Total	\$

INCOME

Description	Monthly
Income 1 (Applicant)	\$
Income 2 (Co-Applicant)	\$
Income 3	\$
Food Stamps	\$
Child Support	\$
Alimony	\$
Other Income	\$
Other Income	\$
Total	\$

Please describe: Any other expenses or income not listed above: _____



Constituent Feedback Survey

We value your feedback! Please take a moment to let us know how you learned about our services.

1. **How did you first hear about our services?** (Select all that apply)
 - a. ☐ Social Media (Facebook, Instagram, etc.)
 - b. ☐ Search Engine (Google, Bing, etc.)
 - c. ☐ Word of Mouth (Friends, Family, Colleagues)
 - d. ☐ Community Events
 - e. ☐ Flyers/Posters
 - f. ☐ Email Newsletter
 - g. ☐ Radio
 - h. ☐ Other (Please specify): _____
2. **Have you applied for our services before?**
 - a. ☐ Yes, I have
 - b. ☐ No, this is my first time
3. **How satisfied are you with the information provided about our services?**
 - a. ☐ Very Satisfied
 - b. ☐ Neutral
 - c. ☐ Dissatisfied
4. **Do you have any suggestions for how we can improve our outreach?**

CRA Board

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CRA Attorney

Vanessa Joseph, Esq.
CRA Secretary

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