



Residential Rehabilitation Grant Application Checklist

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

- Completed NMCRA Application (signed & dated)
- Government issued photo ID of applicant
- Applicable up to date City of North Miami/County/State licenses for rental properties; up to four (4) Units
- Scope of work clearly defined
- Color photos of existing and adjacent properties
- Tenants ONLY: provide written authorization and execute a Landlord's certificate provided by the NMCRA
- Proof of income, employment information on all household members (if applicant is unemployed; list date unemployment began and type of work done prior)
- All other income for the household including but not limited to wages, salaries, and pensions, Social security, disability, self-employment, rental income, alimony, child support, interest dividends & income derived from assets
- Assets including but limited to bank accounts, stocks, bonds, equity in real estate, & owned cars, boats, mobile homes, etc.
- Monthly housing expenses including mortgage payments of principal and interest where debt was incurred for housing purposes only (1st, 2nd 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 Information on flood & hazard insurance including name of insurer, agent address, policy number, amount & dates of coverage
- Property taxes verification
- Copies of last two years of complete federal tax returns (all schedules, W-2's, & 1099's)
- Copies of most recent three (3) pay stubs **if applicable*
- Custody or adoption agreement **if applicable*
- Alimony/child support payment records **if applicable*
- Warranty deed
- Copies of most recent three (3) bank statements for each account (all pages)

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 \$20,000 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 \$20,000 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.

4. Multi-Unit Improvements *(please see page 6 and 7 to apply for this program)*

Up to four (4) Units eligible for up to \$30,000 with a match 60/40 match requirement. 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 <i>(If applicable)</i>			
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 <i>(If applicable)</i>			
Company Name:		Phone:	
Property Address:		City:	State: Zip Code:
Supervisor:	Dates of Employment (from - to):	Position:	Monthly Salary:

HOUSEHOLD INFORMATION			
<i>List ALL other household members including children (do not include applicant and co-applicant)</i>			
Name	Relationship	Date of Birth	Gross Annual Income

INCOME INFORMATION

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

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

ASSETS

Bank account: Checking, Savings, retirement, Certificates of Deposits, etc. Use additional pages if needed

Types of Account	Bank / Institution	Applicant	Co-Applicant	Other household member	Total
Checking					
Savings					
Retirement					
Stock / Bonds					
Mutual Funds					
Vehicle / Boats					

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)

- Impact windows and doors
 - Awnings & canopy
 - Painting & stucco
 - Roof repair or replacement **(only for non-insured homeowners)*
 - Safety Enhancements: security exterior lighting fixtures.
 - Other (please explain)
 - Electrical upgrades (if deemed a life safety issue)
 - Fence and gates
 - Driveways/walkways
 - Parking/surface lots
 - Wells
 - Landscaping and irrigation
 - Flood mitigation improvements
 - Energy efficient air conditioning; water heater
 - Termite removal
 - Sceptic to sewer conversion
 - ADA enhancements to include stairs/ramps
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-
-
-
-
-
-
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Page 5 and 6 is for Multi-Unit Applicants only
Don't forget to sign the application before submitting to the CRA

THIS SECTION IS FOR MULTI-UNIT APPLICANT ONLY

MULTI-UNIT APPLICANT INFORMATION				
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:
FEIN Number <i>(If entity)</i>	Number of living units:	Are units fully occupied: [] Yes [] No [] No		Owned this property since:

CO-APPLICANT INFORMATION <i>(If applicable)</i>				
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:

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

Living Units	Monthly
1	
2	
3	
4	
5	
6	
Total income	

ASSETS				
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Bank account: Checking, Savings, retirement, Certificates of Deposits, etc. Use additional pages if needed

Types of Account	Bank / Institution	Applicant	Co-Applicant	Total
Checking				
Savings				
Retirement				
Stock / Bonds				
Vehicle / Boats				

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

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Impact windows and doors <input type="checkbox"/> Awnings & canopy <input type="checkbox"/> Painting & stucco <input type="checkbox"/> Roof repair or replacement <i>*(only for non-insured homeowners)</i> <input type="checkbox"/> Safety Enhancements: security exterior lighting fixtures. <input type="checkbox"/> Other (please explain) | <ul style="list-style-type: none"> <input type="checkbox"/> Electrical upgrades (if deemed a life safety issue) <input type="checkbox"/> Fence and gates <input type="checkbox"/> Driveways/walkways <input type="checkbox"/> Parking/surface lots <input type="checkbox"/> Wells <input type="checkbox"/> Landscaping and irrigation | <ul style="list-style-type: none"> <input type="checkbox"/> Flood mitigation improvements <input type="checkbox"/> Energy efficient air conditioning; water heater <input type="checkbox"/> Termite removal <input type="checkbox"/> Sceptic to sewer conversion <input type="checkbox"/> ADA enhancements to include stairs/ramps |
|--|---|---|

CERTIFICATION

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

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.

I/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