

CITY OF HOMESTEAD  
 790 North Homestead  
 Boulevard  
 Homestead, Florida 33030  
  
 Contact: Evelin Simpson  
 305-224-4547



## NEIGHBORHOOD STABILIZATION PROGRAM (NSP) APPLICATION

Prior to application, please be advised of the following program guidelines:

- Your household income must be within the following limits:

|               | Family of 1 | Family of 2 | Family of 3 | Family of 4 | Family of 5 | Family of 6 |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Income Limits | \$56,600    | \$64,700    | \$72,800    | \$80,900    | \$87,350    | \$93,800    |

- You must have completed an 8-hour Homebuyer Education Counseling Course through a HUD approved agency. A copy of the Certificate of Completion must be attached to this application for assistance. A list of approved programs is attached.
- Preference will be given to applicants who have been pre-approved for a 1<sup>st</sup> mortgage loan by a financial institution. Please attach both an approval letter and an affordability analysis from your lending institution.
- Home must be purchased at a minimum of 1 percent below current appraised value.
- Up to \$50,000.00 of assistance may be available.
- You **DO NOT** have to be a first-time homebuyer.
- Property must be used as your **PRIMARY RESIDENCE**.
- You must agree to purchase a foreclosed property in one of the City's target areas in order to receive assistance. Target areas are in Zip Codes 33030, 33033, and 33035. All properties must be located within the city limits of the City of Homestead.
- Do not enter into a Sales Agreement on a potential home until contacting City of Homestead for prior approval.

Requested Subsidy Amount \_\_\_\_\_ (Estimate)

Applicant's Name \_\_\_\_\_ Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Last) (First) (Middle)

Co-Applicant's Name \_\_\_\_\_ Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Last) (First) (Middle)

Present Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Number of Persons in Household including Yourself (Please Circle) 1 2 3 4 5 6 7 8 9 10+

Applicant: Please check all that apply:

Employment \_\_\_\_\_ Child Support/Alimony \_\_\_\_\_ Social Security/SSI \_\_\_\_\_ Pension/Retirement \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX Number \_\_\_\_\_

Other Sources of Income (explain) \_\_\_\_\_

Amount of gross income from above sources (before taxes and other deductions):

Employment \$ \_\_\_\_\_ per \_\_\_\_\_ hour, (if hourly, number of hours worked per week \_\_\_\_\_)

\$ \_\_\_\_\_ weekly \$ \_\_\_\_\_ bi-weekly \$ \_\_\_\_\_ monthly \$ \_\_\_\_\_ annually

Other Income \$ \_\_\_\_\_ weekly \$ \_\_\_\_\_ bi-weekly \$ \_\_\_\_\_ monthly \$ \_\_\_\_\_ annually

Co-Applicant: Please check all that apply:

Employment \_\_\_\_\_ Child Support/Alimony \_\_\_\_\_ Social Security/SSI \_\_\_\_\_ Pension/Retirement \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX Number \_\_\_\_\_

Other Sources of Income (explain) \_\_\_\_\_

Amount of gross income from above sources (before taxes and other deductions):

Employment \$ \_\_\_\_\_ per \_\_\_\_\_ hour, (if hourly, number of hours worked per week \_\_\_\_\_)

\$ \_\_\_\_\_ weekly \$ \_\_\_\_\_ bi-weekly \$ \_\_\_\_\_ monthly \$ \_\_\_\_\_ annually

Other Income \$ \_\_\_\_\_ weekly \$ \_\_\_\_\_ bi-weekly \$ \_\_\_\_\_ monthly \$ \_\_\_\_\_ annually

Household Composition: Please list every person that is currently living in your home.

|   | NAME | AGE | SEX |   | NAME | AGE | SEX |
|---|------|-----|-----|---|------|-----|-----|
| 1 |      |     |     | 5 |      |     |     |
| 2 |      |     |     | 6 |      |     |     |
| 3 |      |     |     | 7 |      |     |     |
| 4 |      |     |     | 8 |      |     |     |

**Gross Household Assets of All Household Members**

Please list all assets except your home, household related contents or personal vehicles

| Asset   | Owned/received by | Net Value | Verified (office Use) |
|---|-------------------|-----------|-----------------------|
| Checking Account (send copy of past 3 months statement) |                   |           |                       |
| Savings Account (send copy of past 3 months statements) |                   |           |                       |
| Certificates of Deposit (send copy of statement)        |                   |           |                       |
| Stocks (send copy of statements)                        |                   |           |                       |
| Bonds (send copy of statements)                         |                   |           |                       |
| Land (sent copy of verification)                        |                   |           |                       |
| Other (send copy of verification)                       |                   |           |                       |
| Other (send copy of verification)                       |                   |           |                       |
| Total Assets  |                   | \$        |                       |

Do you own rental property? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the address of this property: \_\_\_\_\_  
 \_\_\_\_\_

If so, what is the income received monthly? \$ \_\_\_\_\_ per month

The information provided herein is, to the best of my/our knowledge, accurate and correct. My/Our signature(s) below authorize the release of information to the City of Homestead regarding employment, salary, income, credit accounts, loans and deposit accounts. I/We further authorize any recipient hereof to consider a photocopy or other reproduction of this authorization to serve as the original.

\_\_\_\_\_  
 Applicant's Signature Date Co-Applicant's Signature Date

**Please return completed forms by US mail only to:**

**Ms. Evelin Simpson  
 City of Homestead  
 790 North Homestead Boulevard  
 Homestead, Florida 33030**

**No Faxes or Walk-Ins will be accepted.**

**DOCUMENTS TO RETURN WITH APPLICATION**

**Please check off items attached to your application:**

|  |   |
|--|---|
|  | Two Year's Most Recent Tax Returns  |
|  | Photocopy of Applicant and Co-Applicant's Photo Identification            |
|  | Proof of Permanent Immigration Status, if applicable                      |
|  | Copy of Pre-Approval Letter from Financial Institution, if applicable     |
|  | Copy of Certification of Completion for 8-Hour Homebuyer Education Course |
|  | Copy of Prior 3 month's Checking and Savings Accounts, if applicable      |
|  | Copy of Statement Showing Certificate of Deposit, if applicable           |
|  | Authorization to Release Information Form                                 |
|  | Verification of Employment Form   |
|  | Verification of Assets Form   |

**If any of the above items are not included with the application, the application will still be reviewed. Please understand that the City will need to obtain verifications of income, pensions, and assets in order to complete the review process.**

**Please return completed application package and forms by US mail only to:**

**Ms. Evelin Simpson  
City of Homestead  
790 North Homestead Boulevard  
Homestead, Florida 33030**

**No Faxes or Walk-Ins will be accepted.**



**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_ to release without liability, information regarding my employment, income, and/or assets to the City of Homestead for the purposes of verifying information provided as part of determining eligibility for assistance under the Neighborhood Stabilization Program. I understand that only information necessary for determining eligibility can be requested.

**Types of Information to be verified:**

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker’s compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

**Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:**

- |   |                                 |
|---|---------------------------------|
| Past/Present Employers                      | Alimony/Child Support Providers |
| Banks, Financial or Retirement Institutions | Social Security Administration  |
| State Unemployment Agency                   | Veteran’s Administration        |
| Welfare Agency                              | Other: _____                    |

**Agreement to Conditions:**

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

|                            |            |       |
|----------------------------|------------|-------|
| _____                      | _____      | _____ |
| <b>Applicant Signature</b> | Print Name | Date  |

|                               |            |       |
|-------------------------------|------------|-------|
| _____                         | _____      | _____ |
| <b>Co-Applicant Signature</b> | Print Name | 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.

**VERIFICATION OF: Employment**

|   |  |
|---|--|
| <p>(Applicant Information)</p> <p>Name of Applicant:</p><br><p>Social Security Number:</p><br><p>Return to:</p> <p>Name: <u>Evelin Simpson</u></p> <p>Agency: <u>City of Homestead</u></p> <p>Address: <u>790 North Homestead</u><br/><u>Homestead, FL 33030</u></p> <p><b>AUTHORIZATION:</b> State and Federal Regulations require us to verify Employment Income of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.</p> <p>Your prompt return of the requested information will be appreciated.</p> | <p>Employed Since _____ Occupation _____</p> <p>Salary: Effective Date of Last Increase:</p> <p>Base Pay Rate:<br/>Hour _____; or Weekly _____; or Month _____</p> <p>Average Hours: _____ Hours Per Week<br/>_____ Months Worked Per Year.</p> <p>Overtime Pay Rate: _____ Per Hr.</p> <p>Expected average number of hours overtime worked per week during next 12 months _____.</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.):</p> <p>FOR _____ \$ _____ Per Week<br/>Is pay received for vacation? _____ No. of days/year _____</p> <p>Total Base Pay Earnings for past 12 months \$ _____</p> <p>Total Overtime Earnings for past 12 months \$ _____</p> <p>Total Base Pay Earnings for next 12 months \$ _____</p> <p>Total Overtime Earnings for next 12 months \$ _____</p> <p>Expected Date of Any Pay Increase: _____/\$ _____</p> <p>Does the Employee have access to Retirement Account?<br/>_____ Yes _____ No</p> <p>If Yes, what amount can they get access to: \$ _____</p> |
| <p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p><b>(Signature of Applicant)</b></p> <p>Date: _____</p> <p>A copy of the executed "Release of Information Form" is attached which authorizes the release of information requested.</p>   | <p>_____</p> <p>Authorized Representative</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>  |

**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 S 775.082 or 775.83.

**VERIFICATION OF: Assets on Deposits**

|  |                                 |   |                       |                       |
|--|---------------------------------|---|-----------------------|-----------------------|
| <p>(Applicant Information)</p> <p>Name of Applicant:</p><br><p>Social Security Number:</p><br><p>Return to:</p> <p>Name: <u>Evelin Simpson</u></p> <p>Agency: <u>City of Homestead</u></p> <p>Address: <u>790 North Homestead Boulevard</u><br/><u>Homestead, FL 33030</u></p> <p><b>AUTHORIZATION:</b> State and Federal Regulations require us to verify Income from Assets of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.</p> <p>Your prompt return of the requested information will be appreciated. Please return to the above noted person as soon as possible or provide by facsimile to 305-224-4569</p> | Checking Account No.            | Average Monthly Balance for Last 6 Mos. | Current Interest Rate |                       |
|  |                                 | Current Balance                         | Current Interest Rate |                       |
|  |                                 | Amount                                  | Withdrawal Penalty    | Current Interest Rate |
|  | IRA, Keogh, Retirement Accounts |   |                       |                       |
|  |                                 | Amount                                  | Withdrawal Penalty    | Current Interest Rate |
| <p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p><b>(Signature of Applicant)</b></p> <p>Date: _____</p> <p>A copy of the executed "Release of Information Form" is attached which authorizes the release of information requested.</p>  | Money Market Funds              | Amount (Avg. 6 Mo. Bal.)                | Interest Rate         |                       |
| <p>Authorized Representative _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>   |                                 |   |                       |                       |

**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 S 775.082 or 775.83.

HUD APPROVED 8-HOUR HOMEBUYER EDUCATION COURSE PROVIDERS  
As of May 13, 2009

| Agency Name  | Telephone/Fax Numbers                                 | Address  | Languages                | Affiliation                                 |
|--|---|--|--------------------------|---|
| Acorn Housing  | Phone – 305-631-9002<br>Fax – 305-631-9050            | 1439 West Flagler St., Suite C<br>Miami, FL 33135                        | Creole, English, Spanish | Acorn Housing Corporation                   |
| Brownsville CDC                                      | Phone – 305-636-2046, ext. 101<br>Fax – 305-636-2047  | 4520 NW 27 <sup>th</sup> Ave., Unit 3<br>Miami, FL 33142                 | English, Spanish         | Mission of Peace National Corporation       |
| Cuban American National Council, Inc.                | Phone – 305-642-3484, ext. 129<br>Fax – 305-649-0302  | 1223 SW 4 <sup>th</sup> St.,<br>Miami, FL 33135                          | English, Spanish         | National Council of La Raza                 |
| Neighborhood Housing Services of South Florida, Inc. | Phone – 305-751-5511, ext. 1117<br>Fax – 305-751-2228 | 300 NW 12 <sup>th</sup> Ave.,<br>Miami, FL 33128                         | Creolo, English, Spanish | Neighbor Works America                      |
| Miami-Dade Affordable Housing Foundation, Inc.       | Phone – 305-373-9750<br>Fax – 373-9350                | 19 West Flagler St., Suite 311<br>Miami, FL 33130                        | French Spanish           |   |
| South Florida Board of Realtors                      | Phone – 305-653-3580<br>Fax -                         | 610 NW 180 <sup>th</sup> St., Suite 206<br>Miami, FL 33169               | English                  | HOMEFREE – USA                              |
| South Florida Board of Realists                      | Phone – 305-412-5184<br>Fax – 305-653-8242            | 610 NW 183 <sup>rd</sup> St., Suite 206<br>Miami, FL 33169               | English                  | HOMEFREE – USA                              |
| Miami Beach Community Development Corporation        | Phone – 305-538-0090<br>Fax – 305-538-2863            | 945 Pennsylvania Ave.,<br>2 <sup>nd</sup> Floor<br>Miami Beach, FL 33139 | Spanish                  |   |
| NID-HCA Casseus                                      | Phone – 305-651-8877<br>Fax – 305-303-9566            | 17801 NW 2 <sup>nd</sup> Ave., Suite 240<br>Miami Gardens, FL 33169      | Creole                   | National Association of Real Estate Brokers |
| Vision to Victory Destination Home                   | Phone – 305-691-3464<br>Fax – 305-953-8327            | 13230 NW 7 <sup>th</sup> Ave.<br>N. Miami, FL 33168                      | English                  | Mission of Peace                            |
| Centro Campesino, Farmworkers Center, Inc.           | Phone – 305-245-7738<br>Fax – 305-247-2619            | 35801 SW 186 <sup>th</sup> Ave.,<br>Florida City, FL 33034               | Creole, Spanish, English | National Council of La Raza                 |
| Trinity Empowerment Consortium                       | Phone – 305-248-4553<br>Fax – 305-777-8835            | 15260 SW 280 <sup>th</sup> St., #206<br>Homestead, FL 33030              | English                  | HOMEFREE – USA                              |