



CITY OF HOMESTEAD HOUSING REHABILITATION GRANT PROGRAMS (CRA – CDBG)

TERMS AND CONDITIONS

INTRODUCTION

The City of Homestead Housing Rehabilitation Grant Programs are intended to provide Low and Moderate Income, single-family homeowners located within the incorporated City of Homestead with financial assistance needed to make necessary improvements to their homes to increase their livability, life span, correct code violations, and provide for a decent, safe and sanitary structure. Grant funding is available on a “first come, first qualified, first served” basis and will be funded through whichever program is deemed appropriate by City staff. The maximum amount of assistance per house is \$15,000, inclusive of all costs. Former participants of the Neighborhood Stabilization Program (NSP) do not qualify for this program.

The programs consists of three distinct grants; two for homes located within the geographic boundaries of the Homestead Community Redevelopment Agency (CRA) and funding directly by the CRA, and one for homes located within the geographic boundaries of the City of Homestead and funded by Community Development Block Grants (CDBG).

I. RESIDENTIAL FAÇADE IMPROVEMENT GRANT - (CRA AREA ONLY)

The Goal of the Residential Façade Improvement Grant is to stabilize the community, to preserve the quality of the neighborhoods and assist residents with improvements, creating a sense of pride, preserving the value of the homes equity, as well as, the well being of the occupants and the neighborhood.

The grant will provide for improvement of exterior portions of the property. This grant is limited to one per residence for the life of the program. Residential Façade Improvement Grants require no matching funds and repayment is not required if the homeowner lives in the property for the complete five (5) year period.

The façade improvements will include all of the following:

- Installation of accordion hurricane shutters
- Installation of new driveway (Up to 800 sq. ft)
- Exterior painting
- Installation of new wood fence (Up to 150 feet with 1 double and 1 single gate)
- New (low maintenance) landscape (plans must abide by City Landscape Regulations and should not be seasonal plants)

II. EMERGENCY HOME REPAIR GRANT – (CRA AREA ONLY)

The goals of the program are to improve the quality of life for homeowners, bring properties up to current building code, to provide decent, safe and sanitary housing, and to facilitate and encourage redevelopment activity in the Community Redevelopment Area.

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The focus of the Emergency Home Repair Grant is to provide funding for emergency repairs. This program will assist homeowners with necessary repairs and property improvements to make their homes safe, secure and sanitary. This grant is limited to one per residence for the life of the program. Emergency Home Repair Grants require no matching funds and repayment is not required if the homeowner lives in the property for the complete five (5) year period.

The emergency home repairs will include all of the following:

- Electrical and plumbing repairs
- Replacement of cabinetry, *if needed*, after a plumbing repair
- Exterior painting
- Roof repair
- Pest control work (inspection must reveal infestation)
- Removal of asbestos or other potentially hazardous materials
- Repairs to meet City Code Violations (must be verified by City Building Official)
- Connection to City Sewer Lines
- New doors and windows (if damaged) with hurricane shutters
- ADA Compliance home alterations

The grant will not cover the following items:

- Any luxury item – swimming pool, spa, hot tub, interior decorating, etc.
- Kitchen cabinets (unless needed after plumbing repair)
- Flooring, such as tile, hard wood, etc.
- New Additions
- Installation of satellite dishes
- Installation of new patio, porch or deck
- Interior painting or improvements
- Sculptures/ Statues, fountains, decorative rocks
- Seasonal Plants or Topiaries

III. RESIDENTIAL REHABILITATION GRANT - (CDBG Residential Rehabilitation Grant)

The CDBG Residential Rehabilitation Grant will address repairs related to problems affecting the health, safety, and welfare of homeowners.

- Installation of storm shutters (accordion style)
- Exterior painting
- Roof repair
- Pest control work (inspection must reveal infestation)



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ELIGIBILITY REQUIREMENTS

Qualification of applicants is determined by program staff according to the following guidelines.

General Eligibility Requirements (requirements for all grants):

- Applicants must reside within the City of Homestead boundaries.
- The applicant must be the property owner.
- Only **one** property under the same owner will qualify for the grant.
- All applications are to be submitted by registered mail, common carrier or hand delivered to the City of Homestead staff or designee located at:

CRA Office
212 NW 1ST Avenue
Homestead, FL 33030
(305) 224-4480

- Applicant shall obtain, read, and understand all aspects of the Grant Program and *execute the Grant Agreement* for the application to be considered **complete**.
- All work must be performed by a pre-approved licensed contractor who must obtain all necessary building permits from the City of Homestead Building Department. Contractors ***must*** meet with the City Planning Department to ensure all repair or improvements comply with City code and design guidelines.
- Applicants must have gross annual incomes at or below the applicable income limits established by the Department of Housing and Urban Development (HUD) for the fiscal year in which the grant is approved.
- The subject property taxes must be current.
- Standard property insurance must be maintained on the property. The property owner shall maintain the required insurance coverage during the entire term of the grant period (five years after completion of work) which may include flood insurance.
- Mortgage payments on the property must be current.
- Grantees of the program are subject to a five year recorded lien on their property after completion of work and payment is made to the contractor from the City of Homestead. If the amount of the project is not significant, the City will use its discretion to determine whether or not a lien is placed on a property. If a grantee sells their property within the five year lien period they will be required to payback funds disbursed on a prorated basis.
- All projects and improvements must comply with design guidelines as adopted by the City of Homestead.
- Projects must commence ***after*** applying and receiving written notification of award. **Any repairs or improvements underway or prior to be approved will not be funded.**



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- The property shall not have an outstanding City of Homestead or any other lien against it (except for mortgages programs). In the event that the property has an outstanding lien against it, the grant will not be awarded until the lien is satisfied. However, funds may be used **to correct** code violations on owner occupied properties solely at the discretion of the City. Grant funds **cannot** be used to pay fines for code violations.
- Applicants will need to be approved by the City of Homestead prior to beginning their projects in order to be funded.
- It is not the intent of the City of Homestead to engage in any rehabilitation activity that requires vacating property. The City will not pay for relocation expenses.
- Only the applicant can contact City staff with requests.
- The Grant Program shall be available to anyone meeting the eligibility requirements, and no one shall be denied the benefits of said program because of race, color, national origin, or sex.
- The Façade and Emergency Home Repairs Grant programs are restricted to the geographic boundaries of the CRA. The CDBG Residential Rehabilitation Grant program is City-wide.

Grant Eligibility Requirements (Income Eligibility)

To become eligible for the Housing Rehabilitation Grant Programs, the applicant must reside in a household which does not exceed 80% of the area median income. Following are the income limits by family size and admission income targeting requirements for the Public Housing*, Section 8, and Moderate Rehabilitation programs.

Income Limits effective 04/01/2018			
Family Size	Extremely Low (30% of Median)	Very Low (50% of Median)	Low (80% of Median)
1	\$16,550	\$27,550	\$44,100
2	\$18,900	\$31,500	\$50,400
3	\$21,250	\$35,450	\$56,700
4	\$25,100	\$39,350	\$62,950
5	\$29,420	\$42,500	\$68,000
6	\$33,740	\$45,650	\$73,050
7	\$38,060	\$48,800	\$78,100
8	\$42,380	\$51,950	\$83,100
9	\$46,560	\$55,100	\$88,150
10	\$50,740	\$58,250	\$93,150



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CITY VERIFICATION PROCEDURES

City staff will verify the following information through homeowner certification, a third-party source and/or site visits. Verification or certification of income and assets will be required to determine eligibility in the program. The following original documents will be required for all applicants:

- Drivers License or valid picture identification
- Last two (2) years' income tax return (1040 form with W2's for all household members). Information in the tax return **must** match the information in this application.
- Last two (2) months of bank statements
- Any person over 18 years of age who is not income earning shall execute a notarized no-income statement.
- One of the following:
 - ✓ Last 3 paycheck stubs (if working)
 - ✓ Proof of child support or Alimony (if applicable)
 - ✓ Proof of retirement or other income (if applicable)
- Declaration of Property Insurance (liability, flood and windstorm)
- Proof of current mortgage payments
- Copy of code violation notices, if applicable
- Color photos of existing site or project area

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PROGRAM PROCEDURES

All applications will be reviewed by City staff to determine completeness and income eligibility.

1. Applicants must complete the application and return it to the City of Homestead along with all the necessary documents.
2. Staff will verify the information through homeowner certification, a third-party source and/or site visits.
3. Applications will be reviewed by City Staff. Applicants will be notified within 30 days regarding their eligibility to participate in the program.
4. Applicant may request changes base on their needs and priorities. City staff reserves the right to provide accommodation and make the propose changes. If changes are made, they **must be within budget**.
5. Staff will obtain the quotes for the work to be done from licensed contractors that are registered vendors with the City of Homestead. The quotes will be reviewed for reasonableness and consistency.
6. After the application is complete and cost of the project is obtained, staff will send the package to the designated body for approval.

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7. Once the application has been approved, a “Notification of Award of Grant” will be sent to the applicant. The City will make all efforts to qualify local vendors for this purpose. City staff is responsible to notify the contractor that the work can start. All contractors must have a valid contractor’s license and proper insured, and must obtain all necessary building permits. Contractors must bring a copy of the permit to City staff.
8. When the approved work is completed, the contractor must notify City staff. City staff will call the applicant to confirm that all work is completed and satisfactory. The contractor will submit all invoices and copies of final building inspections and/or Permit Closed (when required) to City staff.
9. If the work is done in accordance to property owner’s original request and the work is completed in accordance with City building codes, the City **will not** be responsible to make corrections or changes.
10. Upon receipt of the required paperwork, City staff will perform an inspection to ascertain that all work has been completed in good standing. All repairs or improvements must be completed within six months after the “Notification of Award of Grant” is received.
11. ***After the City’s inspection, the funds will be paid directly to the contractors. Checks will not be released until all necessary paperwork is turned in. The City of Homestead will only pay for scope of work described and approved in the application.***

WARRANTIES FOR REPAIRS AND IMPROVEMENTS

It is the responsibility of the applicant(s) to obtain any and all warranties for repairs and improvements from their respected general contractor either during or after work has commenced. It is suggested that applicant(s) obtain at least a minimum one year warranty on any and all materials, a one-year warranty on roofing repairs, and a two-year warranty on the removal of all existing roofing and the replacement of a new roof. The applicant/property owner is responsible to notify the contractor of any warranty claims.

APPLICANT/PROPERTY OWNER OBLIGATION FOR THE RESIDENTIAL FAÇADE IMPROVEMENT GRANT

It is the goal of the Program to ensure that all work is completed in the highest quality and in a professional workmanlike manner and to ensure resident satisfaction to the highest extent possible, while ensuring effective and efficient administration and use of staff time. It is the applicants’ responsibility to ensure all paperwork to the City is prepared and completed in a timely manner. If an applicant has difficulty with any requirements of the application, City staff will guide them through the process.



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- A. Upon completion of the proposed construction work and execution of the proper paperwork, the City reserves the right to place a lien against the property for the full value of the City's contribution to the project, as stated in the contract, executed by all parties. The lien will be in force for five years after the work is completed. The lien will also require that the property improvements are maintained* (see Maintenance Section below) for five years after completion. Should the property change ownership through sale or transfer during that period of time, the applicant will reimburse the City the prorated amount at zero percent interest. During the term of the grant, the property owner agrees to notify the City, in writing, within ten calendar days of a change in the ownership or foreclosure of the property.

- B. Should the property change ownership through inheritance, the heirs will be responsible for clearing the lien by retaining ownership through the remainder of the five-year period or by making reimbursement to the City, the prorated amount at zero percent interest.

*MAINTENANCE

The applicant agrees to operate and maintain the project and property in accordance with commonly-accepted industry standards for the life of the project. The applicant shall keep and maintain the residence interior and exterior in good and safe condition and shall make repairs in a timely fashion. The applicant/property owner shall use all reasonable efforts to prevent damage or disrepair to the project.



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GRANT APPLICATION

OFFICE USE ONLY

CRA	<input type="checkbox"/>	FAÇADE	<input type="checkbox"/>	Date: _____
		EMERGENCY	<input type="checkbox"/>	Application No. _____
CDBG	<input type="checkbox"/>	REHABILITATION	<input type="checkbox"/>	

APPLICANT INFORMATION

Head of Household: _____

Street Address: _____

Home Phone Number _____ Cell Phone Number _____

E-Mail Address: _____

PROPERTY INFORMATION

Own: Yes _____ No _____ (If no, applicant is not eligible)

Name and address of Mortgage Holder: _____

Are mortgage payments current? Yes _____ No _____

Property Folio Number: _____

Are there any code violations on the property? Yes _____ No _____

Explain: _____



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SCOPE OF WORK

OFFICE USE ONLY

Façade/Improvement Grant:

Alternative Option: _____

Emergency Home Repair Grant:

Option # _____

Housing Rehabilitation

Option # _____

DESCRIPTION OF WORK:



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HOUSEHOLD INFORMATION

Number Living in Unit: _____

Head of Household Marital Status:

_____ Married _____ Unmarried (single, divorced or widowed) _____ Separated

	NAME	RELATIONSHIP TO HOUSEHOLD	SS #	AGE	SEX
1					
2					
3					
4					
5					
6					
7					
8					

Head of Household Race: _____ Black _____ White
 _____ Asian/Pacific Islander _____ Other (Specify)

Head of Household Ethnicity: _____ Hispanic _____ Non-Hispanic

Check all that apply to Head of Household: _____ Elderly (Over 62)
 _____ Female Head of Household
 _____ Handicap/Physically Disabled



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HOUSEHOLD INCOME

Annual (Per Year) Income of Head of Household and each additional member of the household (use additional sheet if you need additional columns for other household members).

SOURCE OF INCOME	HEAD OF HOUSEHOLD	HOUSEHOLD MEMBER	HOUSEHOLD MEMBER	HOUSEHOLD MEMBER	INCOME VERIFICATION
Salary	\$	\$	\$	\$	Check Stubs
Tips/Bonuses	\$	\$	\$	\$	Check Stubs
Interest/Dividends	\$	\$	\$	\$	Bank Statement
Pension	\$	\$	\$	\$	Check Stubs
Social Security	\$	\$	\$	\$	Letter
Unemployment Benefits	\$	\$	\$	\$	Letter
Workers Compensation	\$	\$	\$	\$	Letter
Alimony/Child Support	\$	\$	\$	\$	Court Order
Welfare Payments	\$	\$	\$	\$	Letter
Rental Income	\$	\$	\$	\$	Lease/Tax Return Form
Business Income	\$	\$	\$	\$	Tax Return Form
Other	\$	\$	\$	\$	
TOTAL	\$	\$	\$	\$	



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SOURCES OF INCOME VERIFICATION

1. Name: _____
Position/Title: _____
Employer Name: _____
Business Address: _____

Business Phone: _____
Dates Worked: _____

2. Name: _____
Position/Title: _____
Employer Name: _____
Business Address: _____

Business Phone: _____
Dates Worked: _____

3. Name: _____
Position/Title: _____
Employer Name: _____
Business Address: _____

Business Phone: _____
Dates Worked: _____

4. Other Income Source: _____
Name: _____
Address: _____

Phone: _____
Dates Worked: _____

5. Other Income Source: _____
Name: _____
Address: _____

Phone: _____
Dates Worked: _____



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HOUSEHOLD ASSETS
(Bank Accounts, Stocks, Retirement Accounts, MMs and/or CDs)

Household Member –Include Name of Financial Institution	Describe Asset	Value of Asset
Total Cash Value of Assets		\$



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APPLICATION CERTIFICATION FORM NOTICE – PLEASE BE AWARE THAT:

Fl statute section 837.06 - false official statements law states that: "whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree," punishable as provided by a fine to a maximum of \$500 and/or maximum of a 60 day jail term.

The undersigned specifically certifies that: (1) all statements made in this application are made for the purpose of obtaining the assistance indicated herein and are true and accurate; (2) verification or re-verification of any information contained in the application may be made at any time by the City or its consultant during the project to verify applicants qualification: (3) pay restitution for all costs occurred may be required for supplying false income information: (4) I hereby waive my rights under the privacy and confidentiality provision act, and give my consent to the City of Homestead, its agents and contractors to examine any confidential information given herein: (5) I further grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.

Applicant's Name: _____

Signature: _____ Date: _____

Co Applicants Name: _____

Signature: _____ Date: _____

**FLORIDA
MIAMI DADE COUNTY**

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, this _____ day
of _____, 20_____.

Notary Public
Signature _____

My Commission Expires: _____



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***** Each additional household members receiving income must sign below*****

Verification or re-verification of any information contained in the application may be made at any time by the City or its consultant during the project to verify applicants qualification:

1. Print Name: _____

Signature: _____ Date: _____

2. Print Name: _____

Signature: _____ Date: _____

3. Print Name: _____

Signature: _____ Date: _____

4. Print Name: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

a. Total Annual Income as listed above: \$ _____

b. Number of people living in household: _____

c. Section 8 Income Limits 30% _____ 50% _____ 80% _____

Income determination (check category that applies based on Section 8 HUD standards)

_____ Very Low Income _____ Low/Moderate Income _____ Over Income

Staff Members Signature: _____

Date of Determination: _____



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CONFLICT OF INTEREST STATEMENT

Check the following that apply:

_____ I hereby certify that I am **NOT** related to any of the current City Council members as identified by the attached list. **OR**

_____ I **AM** related to Council Member _____;

Relationship_____

_____ I hereby certify that I am **NOT** a City of Homestead employee with the City of Homestead nor am I related to any City of Homestead employees **OR**

_____ I **AM** a City of Homestead employee or I am related to the following City employee(s).

Name _____

Department_____ Relationship_____

Name _____

Department_____ Relationship_____

Applicant Signature:_____

Print Name:_____

Co-Applicant Signature:_____

Print Name:_____

Elected Officials of the City of Homestead

Mayor Jeff Porter
Councilman Jon Burgess
Councilman Elvis R. Maldonado
Councilwoman Jenifer N. Bailey

Vice-Mayor Stephen R. Shelley
Councilwoman Patricia Fairclough
Councilman Larry Roth



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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, its agents, and consultants, for the purposes of verifying information provided as part of determining eligibility for assistance under the City of Homestead's CDBG/DRA Residential Rehabilitation Grant 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.

Applicant Signature

Print Name

Date

FLORIDA MIAMI DADE COUNTY

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, this _____ day
of _____, 20_____.

Notary Public Signature _____

My Commission Expires: _____

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", prepare, and sign separately.

VERIFICATION OF EMPLOYMENT

NAME OF APPLICANT/CO-APPLICANT:

Social Security Number:

RETURN TO:

Name: Elizabeth Mangual

Agency: CRA CITY OF HOMESTEAD

Address: 100 Civic Court
Homestead, FL 33030
FAX NO. (305) 224-4489



AUTHORIZATION:

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.

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) 224-4489.

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

A copy of the executed "Release of Information Form" is attached which authorizes the release of information requested.

Employed Since _____ Occupation _____

SALARY: Effective Date of Last Increase:

Base Pay Rate:

Hourly _____ or Weekly _____ or Monthly _____

Average Hours: _____ Hours Per Week

_____ Months Worked Per Year

Overtime Pay Rate: _____ Per Hr

Expected average number of hours overtime worked per week during next 12 months

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

FOR _____ \$ _____ Per Week

Is pay received for vacation? _____ No. of days/year _____

Total Base Pay Earnings for past 12 months \$ _____

Total Overtime Earnings for past 12 months \$ _____

Total Base Pay Earnings for next 12 months \$ _____

Total Overtime Earnings for next 12 months \$ _____

Expected Date of Any Pay Increase: _____/\$ _____

Does the Employee have access to Retirement Account?

_____ Yes _____ No

If Yes, what amount can they get access to: \$ _____

Authorized Representative

Name: _____

Title: _____

Date: _____

Telephone: _____

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

NAME OF APPLICANT/CO-APPLICANT:

Social Security Number:

RETURN TO:

Name: Elizabeth Mangual

Agency: CRA CITY OF HOMESTEAD

Address: 100 Civic Court
Homestead, FL 33030
FAX NO. (305) 224-4489

AUTHORIZATION:

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.

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) 224-4489.

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

A copy of the executed "Release of Information Form" is attached which authorizes the release of information requested.

CHECKING ACCOUNT NO.

Average Monthly
Balance for Last
6 Mos.

Current
Interest
Rate

SAVINGS ACCOUNT NO.

Current Balance

Current
Interest
Rate



IRA, KEOGH, RETIREMENT ACCOUNTS

Company

Amount

Current
Interest
Rate

Authorized Representative

Name: _____

Title: _____

Date: _____

Telephone: _____

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.