

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 2010 income limits:

	Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6
Income Limits	\$59,050	\$67,500	\$75,900	\$84,350	\$91,100	\$97,850

- 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.
- You must be Pre-Approved for a 1st mortgage loan by a financial institution. Please attach copy of Pre-Approval letter to this application.
- You **DO NOT** have to be a first-time homebuyer.
- Property must be used as your **PRIMARY RESIDENCE**.
- All properties are located within the city limits of the City of Homestead and are in the target areas required for NSP funding. Target areas are in Zip Codes 33030, 33033, and 33035.

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

ALL OF THE FOLLOWING DOCUMENTS MUST BE RETURNED WITH YOUR APPLICATION FOR IT TO BE CONSIDERED FOR FUNDING!!!

	Two Year's Most Recent Tax Returns
	Photocopy of Applicant and Co-Applicant's Photo Identification
	Proof of Permanent Immigration Status or Copies of Social Security Cards
	Copy of Pre-Approval Letter from Financial Institution – NOTE – Pre-Qualification Letter will not be accepted.
	Copy of Certification of Completion for 8-Hour Homebuyer Education Course
	Copy of Prior 3 month's Checking, Savings Accounts, and Certificate of Deposit Statements
	SIGNED Authorization to Release Information Form
	SIGNED Verification of Employment Form
	SIGNED Verification of Assets Form
	Copy of Two Months Check Stubs, Social Security Checks, VA Checks, Any Source of Income

Eligibility will not be determined until the entire application is complete. You must submit all of the above documents with your application for it to be considered a complete application. If your application is not completed when you submit it to the City for review, the City will notify you that your application is ineligible for funding. You will be required to resubmit a new application if you are ineligible for assistance.

Only completed, income eligible applications will be considered for the NSP Lottery program.

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.

_____	_____	_____
Applicant Signature	Print Name	Date

_____	_____	_____
Co-Applicant Signature	Print Name	Date

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.
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 style="text-align: center;">(Applicant Information)</p> Name of Applicant: Social Security Number: Return to: Name: <u>Evelin Simpson</u> Agency: <u>City of Homestead</u> Address: <u>790 North Homestead</u> <u>Homestead, FL 33030</u> 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.	Employed Since _____ Occupation _____ Salary: Effective Date of Last Increase: Base Pay Rate: Hour _____; or Weekly _____; or Month _____ 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: \$ _____
<p>RELEASE: I hereby authorize the release of the requested information.</p> _____ (Signature of Applicant) Date: _____ A copy of the executed "Release of Information Form" is attached which authorizes the release of information requested.	_____ Authorized Representative Name: _____ Title: _____ Date: _____ Telephone: _____

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VERIFICATION OF: Assets on Deposits

<p>(Applicant Information)</p> <p>Name of Applicant:</p> <p>Social Security Number:</p> <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> <u>Homestead, FL 33030</u></p> <p>AUTHORIZATION: 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>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</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>				

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