



CORAL SPRINGS CDBG-CV MORTGAGE ASSISTANCE PROGRAM-APPLICATION

Minority Builders Coalition, Inc. (MBC) * 499 NW 70th Avenue, Suite # 101, Plantation, FL 33317

Contact: Shantel (954) 792-1121 Ext 23 or Janice (954) 792-1121 Ext 25

Email: MBCAdmin1@MinorityBuilders.org or Email: JaniceHayes@MinorityBuilders.org

APPLICANT'S NAME: _____

Co-APPLICANT'S NAME: _____

ADDRESS: _____ **UNIT #:** _____

CITY, STATE, ZIP: _____

PHONE (Mobile): _____ **Home/Other:** _____

EMAIL: _____

LENDER (NAME OF COMPANY): _____

CONTACT PERSON/TITLE: _____

LENDER'S ADDRESS: _____ **UNIT #:** _____

CITY, STATE, ZIP: _____

PHONE(Office): _____ **OTHER/EXT:** _____

EMAIL: _____

INSTRUCTIONS

- Please Write legibly or Type. Use BLACK or BLUE ink ONLY.
- Incomplete Applications will Not be accepted. Do NOT leave BLANK Spaces. All questions must be answered or write in N/A (Not Applicable).
- All Household Members 18 years or Older must SIGN the Application, where applicable.
- We do NOT make copies. You must provide Copies of All required documents.
- All REQUIRED DOCUMENTS must be submitted with the Application, except the Lender's Agreement which may be sent by your Lender to MBC directly OR if your Lender provides you with a copy, then you may submit it with your application.
- This program provides mortgage assistance to eligible Coral Springs residents who have experienced loss of income, reduction in hours, or unemployment **as a result of the COVID-19 pandemic ONLY**.
- Applicant(s) must have documented evidence of loss of income, reduction of hours, or unemployment as a direct result of the COVID-19 pandemic that contributed to missed or mortgage payments.
- Applicant(s) name must be listed as the primary or secondary mortgage holder on mortgage statement showing non-payment during the time of payment requested.
- Applicant(s) or household members must not have received any other financial assistance for mortgages for the time frame payment is requested.
- **Applicant(s) must meet the Household gross annual income limits listed below:**

Household Size:	1	2	3	4	5	6	7	8
Maximum Income:	\$49,300	\$56,350	\$63,400	\$70,400	\$76,050	\$81,700	\$87,300	\$92,950



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REQUIRED DOCUMENTS CHECKLIST - Must be submitted with the Application

- Government Issued Identification for ALL Household members 18 or older (Driver's License, State Issued ID Card, Other Official Identification documentation)
- Social Security Cards for all Household Members (Must be signed)
- Proof of dependents for All Minors in household (Birth Certificate -OR-Adoption Documents -OR- Social Security Card-Must be signed)
- Most recent 2 month's Pay Stubs for ALL Household members 18 years or older
- All Earned and Unearned Income statements for ALL Household members (Social Security Statements, Disability, Recurring Contributions, etc.)
- Most recent Unemployment Benefits Statement or Letter from Unemployment for ALL Household members (If denied, please provide a copy of the denial letter)
- Business Owners or Self-Employed individuals must submit the following: (Most recent 12 months Profit and Loss Statement & The Schedule C, SE from Tax Returns and Business Tax Transcript)
- Letter from Employer verifying loss wages, furloughed, Business Closed, termination due to COVID
- Proof of loss of income related to COVID-19 Pandemic (Statements, Other Documents)
- The Most recent Bank Statements for the last Six (6) Months (Include ALL Page of each Statement)
- Most recent Statement from any other Sources of Assets (401k, Pension, Rental Property, Life Insurance, etc.)
- Child Support & Alimony Statements and/or Court documents showing amounts and terms
- Household Member 18 or older must provide proof of income or proof of unemployment
- Household Member 18 years or older proof of School/College enrollment, if they are still a student
- Most Recent Tax Transcript from IRS Tax Returns filed (Contact: IRS # 1-800-908-9946 OR visit the website at www.IRS.gov for a FREE Tax Transcript)
- Proof of Paid Property Tax Statement (Broward County Property Appraiser-BCPA.net)
- Proof of Ownership (Deed, Quit Claim Deed, Warranty Deed-Broward.org/Records)
- Most recent Mortgage/Other Debtor (HOA fees, Escrow, etc.) Statement showing amount past due
- Lender/Debtor's Participation Agreement
- Lender/Debtor's W-9 form (Most recent IRS W-9 form, Completed, dated, and signed)



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APPLICANT

LAST Name:		FIRST Name:		Middle Initial
Current Address:			Unit #:	
City:		ST:	Zip:	
Daytime Phone:		Mobile:	Other:	
Email Address:				
Date of Birth:	Age:	Marital Status		
Employment Status: ___ Full-Time ___ Part-Time ___ Retired ___ Self-Employed ___ Unemployed ___ Disabled F/T Student				

I Prefer Not to answer the following two (2) questions about Race and/or Ethnicity.

Race (Head of Household): ___ American Indian or Alaskan Native ___ Asian ___ Black or African American ___ White or Caucasian
 ___ Native Hawaiian or Other Pacific Islander ___ Other Multi-Racial

ETHNICITY (Check one): ___ Hispanic or Latino-A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or Origin
 ___ Non-Hispanic or Latino

Co-APPLICANT

LAST Name:		FIRST Name:		Middle Initial
Current Address:			Unit #:	
City:		ST:	Zip:	
Daytime Phone:		Mobile:	Other:	
Email Address:				
Date of Birth:	Age:	Marital Status		
Employment Status: ___ Full-Time ___ Part-Time ___ Retired ___ Self-Employed ___ Unemployed ___ Disabled F/T Student				

ALL OTHER HOUSEHOLD MEMBERS: Please indicate the relationship of each family member to the Head of the Household (such as spouse, daughter, son, sibling, mother, father, etc.) and if you plan to have additional household members in the next 12 months to be added to the household.

Household Member's NAME	Relationship to Head of Household	Date of Birth	Age	Marital Status	Employment Status	Disabled Yes or No

Make additional Copies of this Page for other household Members, if needed.



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ELIGIBILITY INFORMATION:

If the Answer to the following question is NO, you are NOT eligible for assistance.

Were you or a household member affected financially by the COVID-19 pandemic? (Loss of job, Loss of Business, Reduced Hours, Reduced Pay, Temporary or Permanent Lay-off, Furloughed, Fired, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If you answered no, you are not eligible for assistance and do not need to complete the remainder of this application

Please Continue to Complete the remainder of the Application if you answered YES to the question above.

How many Household Members experienced a loss of income due to the Covid-19 Pandemic?	# _____
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For each Household Member that experienced a loss of Income due to COVID-19, provide the following information:

1st Household Member impacted by COVID-19

Name: _____

Unemployed or Under-employed due to COVID-19? Yes No Date you became Unemployed or Under-Employed: _____

Name and Address of Employer (Current or PRIOR to COVID) Employer Name: _____

Employer Address: _____ Phone #: _____

Employer Email Address: _____

What was your Annual Gross Income BEFORE being impacted by COVID or Prior to March 2020? \$ _____

What is your ESTIMATED Annual Gross Income AFTER being impacted by COVID for the next 12 months? \$ _____

Please explain how your household loss of income is a result of the COVID-19 pandemic:
(You must clearly state how the COVID pandemic caused you to lose income.)

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For each Household Member that experienced a loss of Income due to COVID-19, provide the following information:

2nd Household Member impacted by COVID-19

Name: _____	
Unemployed or Under-employed due to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you became Unemployed or Under-Employed: _____
Name and Address of Employer (Current or PRIOR to COVID) Employer Name: _____	
Employer Address: _____ Phone #: _____	
Employer Email Address: _____	
What was your Annual Gross Income BEFORE being impacted by COVID or Prior to March 2020? \$ _____	
What is your ESTIMATED Annual Gross Income AFTER being impacted by COVID for the next 12 months? \$ _____	
Please explain how your household loss of income is a result of the COVID-19 pandemic: (You must clearly state how the COVID pandemic caused you to lose income)	

For each Household Member that experienced a loss of Income due to COVID-19, provide the following information:

3rd Household Member impacted by COVID-19

Name: _____	
Unemployed or Under-employed due to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you became Unemployed or Under-Employed: _____
Name and Address of Employer (Current or PRIOR to COVID) Employer Name: _____	
Employer Address: _____ Phone #: _____	
Employer Email Address: _____	
What was your Annual Gross Income BEFORE being impacted by COVID or Prior to March 2020? \$ _____	
What is your ESTIMATED Annual Gross Income AFTER being impacted by COVID for the next 12 months? \$ _____	
Please explain how your household loss of income is a result of the COVID-19 pandemic: (You must clearly state how the COVID pandemic caused you to lose income> _____	

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PROOF of UNEMPLOYMENT

Please submit a copy of your UNEMPLOYMENT BENEFITS AWARD LETTER or STATEMENTS to prove that you are receiving Unemployment or that you applied for unemployment, you were furloughed, your hours were reduced, you were laid off, etc.

Yes, I have attached documentation of my unemployment filing, benefits Award letter or Statement

No, I have not attached documentation to prove that I filed and/or received unemployment benefits

If you did not attach your Unemployment Award Letter or Statement, please explain why you did not submit The required documentation: _____

Property Information:

(Please note that if you Currently Mortgage or own a manufactured or mobile home constructed before June 1994, you are Not eligible for assistance)

Do you Mortgage or own a pre-1994 Mobile or Manufactured YES NO

Mortgage Information

Are you past due or delinquent on your Mortgage payment(s)? YES NO

How much is your monthly Mortgage payment? \$ _____ Monthly Late Fees, Penalty: \$ _____

How many months of Mortgage payments are past due? # _____ Total Amount Mortgage/Fees Due: \$ _____

The following question will require a special review to determine eligibility:

Did you APPLY for COVID-19 assistance to any other program or organization? YES NO

Did you RECEIVE COVID-19 assistance from another program or organization? YES NO PENDING

If yes, what was the Amount Approved? \$ _____ If yes, what is the Amount Received to date \$ _____

What was the purpose of the assistance (Mortgage, Rent, Utilities) _____ Which months did the assistance cover: (ex. March-July, 2021) _____

List All agencies providing services

Name of Agency	Name of Program	Agency Contact Information (Phone, Email, Website, Etc.)

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HOUSEHOLD INCOME INFORMATION

INCOME INFORMATION: Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, unemployment benefits, other benefits for all household members. **List ALL household members and their incomes. Attach a separate sheet if you need more space.**
FOOD STAMPS ARE NOT CONSIDERED INCOME- do not list food stamps.

Household Member Name	Full Time Student? Y/N	Source of Income Include the Name of the Source (Employer Name, Company Name, Social Security Payment, Pension, Etc.)	Rate of Pay (How much you make per Hour, Week or Month)	Payment Basis (hourly, weekly, monthly, etc.)

ASSET INFORMATION: Provide the requested information on any property you may own or assets you may have.

Do you own any other Real Estate property? (Rental Property)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide Address, City, and State of property(s):		
If yes, what is the tax roll value of the Real Estate/property?	\$	
If yes, what is the Current balance owed on the Mortgage of the Real Estate?	\$	
Do you have income from the property? (Rental income):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual Income:	\$	

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CHILD SUPPORT AFFIDAVIT

Child support payments that are received shall be included as income whether or not there is yet a court awarding payment. Child support Amounts awarded by the courts, but not received can be executed only when the Applicant certifies that payments are not being made and further documents to show proof that all reasonable legal actions to collect amounts due, including filing with appropriate courts or agencies responsible for enforcing payment, have been taken.

Please Check only One box below:

____ Not Applicable (Child support is not applicable to our household)

____ Yes, we have an Agreement or Court order for Child Support or we plan to file for child support.

If Yes, Please complete the following:

Do you currently received child support (Circle one): Yes No

Payment Amount: \$ _____ **Frequency:** _____

Name of Source (Person paying Child Support): _____

Name of Custodial (Person receiving Child Support payments): _____

(1) Name of Child: _____ **Amount:** \$ _____

(2) Name of Child: _____ **Amount:** \$ _____

(3) Name of Child: _____ **Amount:** \$ _____

(4) Name of Child: _____ **Amount:** \$ _____

a. Are you receiving the payments as court ordered or agreed: (Circle one): Yes No

b. If yes, how do you receive payments: ___Cash ___Direct Deposit to Bank Account ___ Other
Please describe Other: _____

c. Payment process through Name of Agency/Person: _____

d. If payment is NOT being received or if amount received is less than the amount awarded provide details and documentation of collection efforts:

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of your application for assistance.

Applicant's Signature Print Name Date

Custodial Parent's Signature Print Name Date

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Citizenship Declaration

PLEASE CHECK ONLY ONE BOX BELOW (Either Box 1, or Box 2 or Box 3)

I, _____ hereby declare, under penalty of perjury, that I am _____
(Signature) (Print First Name, Middle Initial & Last Name)

____ Check here if adult signed for a child _____
(Signature of adult signing for child) (Print name of adult signing for child) (Print Child Name)

____ 1. A citizen or national of the United States.

____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents
If you are UNDER 62 years of age you will need: Form I-551-Permanent Resident Card, Form I-94- Arrival-Departure Record with annotations; if no annotation: Court Docs, DHS Letter, DHS Receipt)
If you are 62 years or older, you need only submit proof of age documents together with this form signed

____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.
(If you checked box 3, no further information is required as you are not eligible for assistance)

LAST NAME: _____ FIRST NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

DATE OF BIRTH: _____ SEX: _____ SOCIAL SECURITY #: _____ - _____ - _____

ALIEN REGISTRATION NO.: _____

ADMISSION NUMBER: _____
(If applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)

NATIONALITY: _____
(Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth)

SAVE VERIFICATION NO: _____
(to be entered by owner if and when received)

This form must be completed for every household member, including minors.

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EPA LEAD-BASED PAINT NOTICE

Many houses and apartment buildings built before 1978 have paint that contains high levels of Lead (commonly called Lead-Based Paint). Lead from paint chips, and dust can pose serious health hazards if not taken care of properly. Federal Law requires that individual receive certain information before buying, renting, or renovating housing built before 1978.

By signing this notice, I/WE attest to the fact that we were issued a EPA Lead Pamphlet.

Signature of Homeowner

Print Name of Homeowner

Date

Address

City

State

Zip



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AUTHORIZATION FOR RELEASE OF INFORMATION

Your signature(s) is required on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older. This allows the City, County, subrecipient, sponsor, State, Vendor or Broward County Minority Builders Coalition, Inc. (MBC) to request information from Third Parties concerning your eligibility and participation in this program.

By signing below, I/We, the undersigned, hereby authorize the release without liability, information regarding your employment, income, and/or assets for the purposes of verifying information provided, as part of determining eligibility for employment and/or housing related matters.

By signing below, I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/We have the right to review this file and correct any information found to be incorrect. Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Types of information to be verified:

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

- Banks, Financial or Retirement Institutions Social Security Administration
- Past/Present Employers
- Alimony/Child/Other Support Providers
- State Unemployment Agency Veteran’s Administration
- Assets such as Pensions, IRA’s, Stocks, Recurring Gifts, Property, Estates

Applicant’s Signature *Print Name* *Date*

Co-Applicant’s Signature *Print Name* *Date*

Other Household Member’s Signature *Print Name* *Date*

Other Household Member’s Signature *Print Name* *Date*

Other Household Member’s Signature *Print Name* *Date*

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Duplication of Benefits Agreement with Recipient

(MUST BE COMPLETED MONTHLY BY EACH HOUSEHOLD MEMBER 18 YEARS or OLDER)

Whereas, the person signing below "Recipient") is receiving CDBG-CV Funds in the amount of funding listed below was provided to (pay Mortgage and/or other related payments) for the property located at the address listed below.

Now, therefore, the Jurisdiction has an option to recoup assistance used on the below described property upon the terms, conditions and contingencies herein set forth:

Federal Benefits and Charitable Donations

Recipient agrees that if he/she receives further federal benefits or charitable donations to (pay Mortgage, pay mortgage payments, pay utilities) in connection with the COVID-19 response, the recipient will report receiving benefits by contacting The City of Coral Springs/Neirah Sankar/Community Development and Housing Administrator, Phone: 954-344-5910, Fax: 954-344-1181 at 9500 West Sample Road, Coral Springs, FL 33065

e: nsankar@coralsprings.org within one (1) month of receipt of additional proceeds and/or benefits. If recipient fails to report additional federal benefits or charitable donations, then the Jurisdiction may require immediate repayment in full of the entire amount of assistance provided by the Jurisdiction.

Duplication of Benefits

Recipient agrees that if benefits received subsequent to the receipt of CRF funds are a duplication of benefits (DOB) received from other sources such as federal benefits or charitable donations, that the following shall apply:

1. If the Award has been fully expended by the City/County, any Subsequent DOB Proceeds shall be repaid by Recipient to the City/County up to the amount of the Award.
2. If no portion of the Award has been expended by the City/County, any Subsequent DOB Proceeds shall be paid by Recipient to the City/County and used to reduce the Award. If the application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City/County shall be returned to the Recipient, and this Agreement shall terminate.
3. If some portion of the Award has been expended by the City/County, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by Recipient to the City/County to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award and retained by the City/County; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the Recipient, and this Agreement shall terminate.
4. If the City/County makes the determination that the Recipient does not qualify to participate in the Program or the Recipient decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the Recipient to the City/County that have not been used or obligated by the Program shall be returned to the Recipient, and this Agreement shall terminate.
5. Once the City/County has recovered an amount equal to the Award, the City/County will reassign to Recipient any rights assigned to the City/County pursuant to this Agreement.

Income Eligibility

Recipient certifies that he/she has provided complete, accurate, and Current information regarding household income to demonstrate Recipient's eligibility to receive CRF funds.

Enforcement

The Recipient and the Jurisdiction acknowledge that the Jurisdiction has the right and responsibility to enforce this agreement.

Whereas, if the Recipient does not violate any of the terms listed in this agreement, then this agreement will be considered released on the day of December 31, 2020.

Signature of Applicant/Household Member

Printed Name of Applicant/Household Member

Date

Address of Property

City

State, Zip

Grant Award Amount: \$ _____

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, **by means of** **physical presence** or **online notarization**, this _____ day of _____, 20____, by _____, as _____, who is personally known to me or who has produced _____ as identification.

Notary Signature: _____

Printed Name: _____

Notary Stamp _____

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SELF-CERTIFICATION OF INCOME

To Be Completed by EACH Household Member 18 Years or Older

Household Member _____ Local Government City of Coral Springs

Address, City, State, Zip: _____

Phone #: _____ Email _____

I hereby certify that I have been negatively impacted by the COVID-19 pandemic and am underemployed or unemployed.

YES	NO	(Check Yes or No) I will receive Income from the Following sources over the next 12 months?
		Wages from employment (including commissions, tips, bonuses, fees, etc.) Estimate how Much \$ _____
		Net income from operation of a business; Estimate How much \$ _____
		Interest or dividends from assets; Estimate how much \$ _____
		Social Security, annuities, insurance policies, retirement funds, pensions, or death benefits; Estimate \$ _____
		Unemployment Benefits; Estimate how much \$ _____
		Disability payments; Estimate how much \$ _____
		Public Assistance payments: Estimated how much \$ _____
		Periodic allowances: Alimony, Child support, or Gifts received from persons not living in my household; \$ _____
		Sales from self-employed resources; Estimate how much \$ _____
		Any other source not named above; Estimate how much \$ _____
		I Currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

1) I will be using the following sources of funds to pay for Mortgage and other necessities: _____.

2) I certify my anticipated gross annual income for the next 12 months to be: \$ _____

3) I will inform local government staff if my income changes during the period when I am receiving assistance.

4) Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

FEDERAL WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make fraudulent statements or misrepresentations of any material fact knowingly and willingly in the use of or obtaining the use of federal funds. There are fines and imprisonment for anyone who makes false, fictitious, or fraudulent statements or entries in any matter within the jurisdiction of the Federal Government (18 U.S.C 1001).

STATE 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 S775.082 o 775.83.

LOCAL WARNING: The local government overseeing the administration of this program may also impose fines and/or imprisonment, for anyone who makes false, fictitious or fraudulent statements regarding, income assets, liabilities, household size, occupancy and any other information necessary to determine eligibility for this program.

Signature

Print Name

Date

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this _____ day of _____, 20____, by _____, as _____, who is personally known to me or who has produced _____ as identification.

Notary Signature: _____

Printed Name: _____

Notary Stamp: _____

Make additional Copies of this Page for other household Members, if needed.