

**CITY OF TAMARAC**  
**APPLICATION FOR HOUSING ASSISTANCE**  
**FLORIDA HOMEBUYERS OPPORTUNITY PROGRAM (FHOP)**  
**ASSISTANCE PROGRAM FOR FIRST TIME HOMEBUYERS**

Dear Applicant,

The documents listed below must be submitted when applying for the Florida Homebuyer Opportunity for First Time Homebuyers Program. Attached is the application package. Due to Federal and/or State funding requirements, all the information in the package must be completed. If any form does not apply to you, please initial the bottom and submit along with the entire application package.

**You must close on a property prior to December 1, 2009 unless otherwise extended by the Internal Revenue Service.**

**\*\* STAFF WILL NOT MAKE COPIES OF REQUIRED DOCUMENTS \*\***  
**BE SURE TO HAVE YOUR COPIES ALREADY MADE UPON SUBMISSION**  
**OF APPLICATION**

**Copies of the following documents are required to be submitted with your application.**

- ❖ Proof of Identification (for both Applicant and Co-Applicant)
  - State issued picture ID
  - Marriage Certificate if you are married and have different last names.
- ❖ Social Security Cards for All Household Members
- ❖ 2008 Federal Income Tax Return or Transcript from the IRS (For each household member 18 and older that filed separately or joint return - whichever applies). If you are self-employed you must provide tax returns for the past two years.
- ❖ Proof of Income (For each household member 18 and older)
  - Three recent and consecutive pay stubs
  - Social security benefit award letter.
  - Pension/Retirement statement – we need three most recent statements.
  - Self-employment - Profit & Loss Statement for last 2 years and a statement from your accountant projecting your anticipated net business income for the next twelve months.
- ❖ Additional Proof of Income (If Applicable)
  - Child Support – court order, divorce decree, or a printout from the agency ordering the child support.
  - Alimony/Palimony – divorce decree or court order.

- ❖ Assets (For all household members 18 and older)
  - Six (6) months of recent and consecutive bank statements for all bank accounts. (ALLPAGES-PARTIAL STATEMENTS WILL BE ACCEPTED)
  - Most recent statements for your IRA, 401 (K), Retirement/Pension, stocks, bonds, annuities and life insurance.
  - Proof of the value of additional property that you own (land, homes, & boats)
- ❖ Proof of Number of Dependants (dependants must be listed on your tax return). Submit one of the below.
  - Birth Certificate on which the parent/applicant's name is listed
  - School Record, which provide the parent/applicants name and address
  - Court ordered letter of guardianship
  - Divorce decree
  - Letter of Adoption
- ❖ Loan Commitment or Pre-Approval Letter from Lender. Must include amount of loan.

This program is intended to assist with the up-front costs associated with purchasing a home up to \$8,000 or 10% of the purchase price. Funds will be issued at time of closing to help pay your closing costs.

Once your completed application and all required documents are received, staff will review and make a determination of eligibility. A formal reply (Approval or Denial) will be sent to you along with any further instructions necessary.

If approved, you may begin searching for your new home. Once you locate the home you would like to purchase the documents listed in approval letter will be required to complete your application.

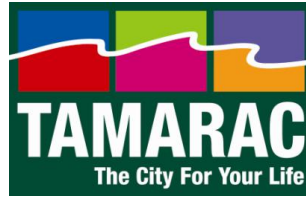
At time of closing you will be required to submit contract on home, appraisal, inspection, and HUD-1 statement from lender/title company. Homebuyer is responsible for contributing 1% of the contract price toward closing.

**Within 18 months of your closing, you must amend your 2008 Income Tax Return applying for your tax credit and refund the City. After 18 months if you have not amended your 2008 Tax Return and refunded the City, interest will accrue and your balance due will increase according to your loan documents. Should you be denied the tax credit, a payment plan may be established in order to pay back your loan.**

Should you have any questions regarding the application process, please feel free to contact the Housing Office in the Community Development Department at (954) 597-3549.

Sincerely,

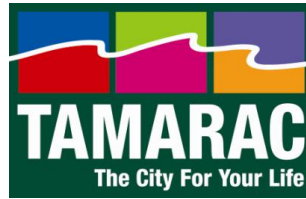
Angela Bauldree  
Housing Administrator



**CITY OF TAMARAC  
FLORIDA HOMEBUYER OPPORTUNITY PROGRAM (FHOP)**

Funds are available down payment/closing costs for the purchase of new and existing homes with a sales price up to \$329,268.60. An applicant must qualify by income as listed below:

<b>2009 INCOME LIMITS</b>				
<b>Family Size</b>	<b>Extremely Low Income (30%)</b>	<b>Very Low Income (50%)</b>	<b>Low Income (80%)</b>	<b>Moderate Income (120%)</b>
1	\$16,050.00	\$26,800.00	\$42,850.00	\$64,320
2	\$18,350.00	\$30,600.00	\$48,950.00	\$73,440
3	\$20,650.00	\$34,450.00	\$55,100.00	\$82,680
4	\$22,950.00	\$38,250.00	\$61,200.00	\$91,800
5	\$24,800.00	\$41,300.00	\$66,100.00	\$99,120
6	\$26,600.00	\$44,350.00	\$71,000.00	\$106,440
7	\$28,450.00	\$47,450.00	\$75,900.00	\$113,880
8	\$30,300.00	\$50,500.00	\$80,800.00	\$121,200



A commitment letter from a lender is required at time of application submission. The following is a list of suggested participating lenders. Applicants are not limited to this list and may utilize other lenders.

<b>PARTICIPATING LENDERS</b>		
Acclaim Mortgage Company	Milette Thurston	954-640-6100
Bank Atlantic	Edith Bynes Robin Holley	954-940-5435 954-940-5429
Bank Of America	Bobby Fountain	954-832-3024
Bank Of America	Veronica Sylvester	954-489-7542
Bank Of America	Michelle Richards-Phillips	954-832-3030
BB&T Mortgage	Eric Leonhardt	561-627-6870
City National	Eugene Simmons	305-577-7263
First East Side Savings Bank	Brian Kiley	954-721-3400
Flamingo Trust Mortgage	Patrick Burden	954-430-9513
Florida Mortgage Finance	Tammy Whyte-Venter	954-255-2027
Home Lending Center	Heather Craig	954-720-3312
Qualified Mortgage Specialists	Shari Kavalin	954-649-4026
SunTrust Mortgage	Kimberly Prat	954-295-7298
Wells Fargo Home Mortgage	Michal Bander	954-684-9227

**Things Homeowners Should Know Before  
Participating in the Florida Homebuyer Opportunity Program  
for First Time Homebuyers**

The following is a list of some of the things homeowners should be aware of before participating in the rehabilitation program:

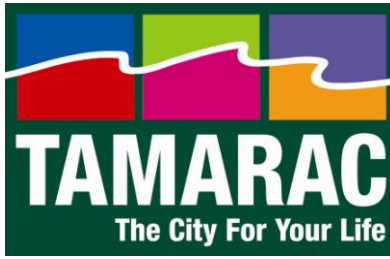
1. The purpose of the Homebuyer Opportunity Program for First-time Homebuyers is to assist low income families with the up-front costs associated with purchasing a home in the City of Tamarac.
2. You must close on a property prior to December 1, 2009 unless otherwise extended by the Internal Revenue Service.
3. Within 18 months of your closing, you must amend your 2008 Income Tax Return applying for your tax credit and refund the City. After 18 months if you have not amended your 2008 Tax Return and refunded the City, interest will accrue and your balance due will increase according to your loan documents. Should you be denied the tax credit, a payment plan may be established in order to pay back your loan.
4. Full re-payment of the loan is due upon the sale, transfer of the property title, or if cash equity is taken out of the property within the 18 month period as well as any interest due for lack of re-payment within the initial 18 months preceding your closing.
5. Homebuyers must not currently own a home (house, condo, townhouse, etc.) and must not have owned a home within the past three years. Exceptions are made for single parents that were displaced because of a recent divorce (proof is required).
6. Homebuyers must apply with his or her spouse.
7. Homebuyer is responsible for contributing at least 1% of the contract price towards closing.
8. The home must be intended to be an owner-occupied property.
9. The City of Tamarac is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Applications and documents submitted to the City are public records and, unless exempt pursuant to Florida Statutes, are subject to public records disclosure. All documents submitted to the City of Tamarac will become property of the City and will not be returned.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date



**CITY OF TAMARAC  
HOUSING ASSISTANCE PROGRAM  
FLORIDA HOMEBUYER OPPORTUNITY PROGRAM  
FOR FIRST TIME HOMEBUYERS**

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**TOTAL Anticipated Gross Household Income for the next 12 months:** \_\_\_\_\_

**Family Size:** \_\_\_\_\_

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**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY OF TAMARAC  
HOUSING ASSISTANCE PROGRAM  
FLORIDA HOMEBUYER OPPORTUNITY PROGRAM  
FOR FIRST TIME HOMEBUYERS**

**APPLICATION INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

CO-APPLICANT'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

CURRENT STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS (If different from current address): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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**ANNUAL GROSS INCOME – Attach additional sheet if needed**

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBER 18 OR OVER	TOTAL
Gross Salary				
Overtime, Tips, Bonuses, etc.				
Interest/Dividends				
Business net Income				
Rental net Income				
Social Security, Pensions, etc.				
Unemployment, Workers Comp.				
Alimony, Child Support				
Welfare Payments				
Other (List)				

**EMPLOYMENT INFORMATION**

**APPLICANT / CO-APPLICANT**

Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**APPLICANT / CO-APPLICANT or Household Member over 18:**

Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**APPLICANT / CO-APPLICANT or Household Member Over 18:**

Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**APPLICANT / CO-APPLICANT or Household Member Over 18:**

Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Please complete the following for ALL members of the household – Attach additional sheet, if needed**

FULL NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #

**ASSETS:** (If Applicant and any household members over the age of 18 hold separate or additional accounts from that of the applicant, please list.)

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NO.
Checking Account(s)				
Savings Account(s)				
Credit Union Account(s)				
Pension(s)				
Stocks, Life Insurance				
Other				

**LIABILITIES** (List debts including auto loans, credit cards, charge accounts, real estate & mortgage Loans, etc. for all members of the household.)

TYPE	CREDITOR'S NAME / ADDRESS	MONTHLY PAYMENT	BALANCE
Rent/Lease Payment			
Auto Loan(s)			
Auto Loan(s)			
Credit Card(s)			
Credit Card(s)			
Credit Card(s)			
Student Loan(s)			
Other Debt			
Other Debt			

1. Are you current with your Rent? YES No Amount\$\_\_\_\_\_

2. How long have you resided at this residence?\_\_\_\_\_

3. Do you have any outstanding unpaid collections or judgments? YES No

4. Have you declared Bankruptcy in the last 7 years? YES No

5. Are you a party in a lawsuit? YES No

**“IMPORTANT – APPLICANT READ BEFORE SIGNING”**

The City of Tamarac is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Applications and documents submitted to the City are public records and, unless exempt pursuant to Florida Statutes, are subject to public records disclosure.

The information provided is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information of purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. Applicant understands that the information provided is needed to determine assistance eligibility and into no way assures qualification for assistance. The applicant also agrees to provide any other documentation needed to verify eligibility.

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.

\_\_\_\_\_  
Applicant Signature

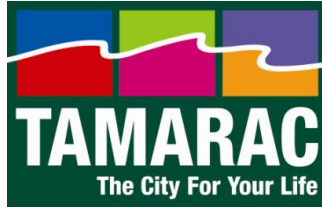
\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**Fair Housing Act**

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).



**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_, the undersigned, hereby authorize the release of information without liability for information regarding my employment, income, mortgage (if applicable), and/or assets to the City of Tamarac for the purposes of verifying information provided as part of determining eligibility for assistance under the Rehabilitation or Florida Homebuyer Opportunity 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, certification 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, alimony or child support payments, and mortgage verification.

**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.

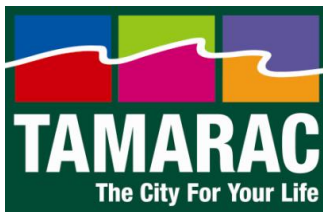
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Signature of Applicant	Printed Name	Date
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Signature of Co – Applicant / household member	Printed Name	Date
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**THIRD PARTY VERIFICATION OF EMPLOYMENT**

State and/or Federal Regulations require us to verify employment/income for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self addressed return envelope is enclosed or you may fax it to: (954) 597-3544.

**Authorization:**

I hereby authorize the release of requested information. A copy of the executed "Authorization for Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant/Co-Applicant/Household Member	Printed Name	Date
----- <b>APPLICANT NOT TO FILL OUT BELOW THIS LINE</b> -----		

**Please return information to:**

Community Development Department  
 Name: Housing Division Title: Housing Staff  
 Address: 7525 NW 88 Avenue Tamarac, FL 33321 Phone: 954-597-3549

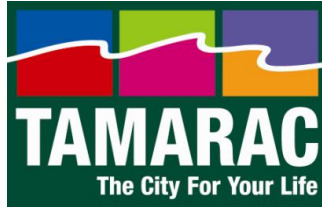
**Please provide information about the anticipated employment during the next 12 months:**

Position: _____	Length of time employed: _____
Pay Rate: \$ _____	Frequency of Pay(Hr, Wk, Mo): _____
Overtime Pay Rate: _____	Average overtime hours/wk: _____
Amount of other compensation (bonus, raise, commission, tips): \$ _____	
Frequency of other compensation (bonus, raise, commission, tips): \$ _____	
Vacation Pay (Yes or No): _____	If Yes, number of days: _____
Retirement Account (Yes or No): _____	Amount Accessible to employee: \$ _____
Total Gross Annual Income, including other compensation, for next twelve months: \$ _____	
Signature of Authorized Representative: _____	
Printed Name: _____	Title: _____
Phone #: _____	Date: _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

*NOTE: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate administration; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notation, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.*

**If this form does not apply to you initial here and return with the rest of the application package.** \_\_\_\_\_



**THIRD PARTY VERIFICATION OF ASSET INCOME**  
*(To be completed for ALL household members, including minors.)*  
**ONE SIGNED FORM PER ASSET HOLDING HOUSEHOLD MEMBER**

State and/or Federal Regulations require us to verify asset income for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self addressed return envelope is enclosed or you may fax it to: (954) 597-3544.

**Authorization:**

I hereby authorize the release of requested information. A copy of the executed "Authorization for Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant/Co-Applicant/Household Member \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
 -----**APPLICANT NOT TO FILL OUT BELOW THIS LINE**-----

**Please return information to:**

Community Development Department  
 Name: Housing Division Title: Housing Staff  
 Address: 7525 NW 88 Avenue Tamarac, FL 33321 Phone: 954-597-3549

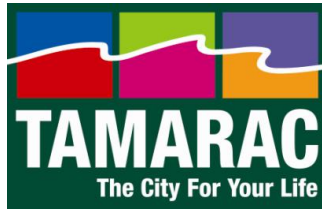
**Complete the applicable sections below:**

Institution Name: _____	Checking Account # _____
Average Monthly Balance (last 6 mo): \$ _____	Interest Rate: _____
Savings Account # _____	Balance/Interest Rate: _____
Certificate of Deposit# _____	Amount: \$ _____
Interest Rate: _____	Withdrawal Penalty: _____
IRA, Keogh, Retirement Account # _____	Amount: \$ _____
Interest Rate: _____	Withdrawal Penalty: _____
Other Account #: _____	Amount/Interest Rate: _____
Signature of Authorized Representative: _____	
Printed Name: _____	Title: _____
Phone #: _____	Date: _____

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*NOTE: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate person/agency; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notation, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.*

**If this form does not apply to you initial here and return with the rest of the application package.** \_\_\_\_\_



**THIRD PARTY VERIFICATION OF UNEMPLOYMENT BENEFITS**

State and/or Federal Regulations require us to verify Unemployment Benefit income for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self addressed return envelope is enclosed or you may fax it to: (954) 597-3544.

**Authorization:**

I hereby authorize the release of requested information. A copy of the executed "Authorization for Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant/Co-Applicant/Household Member Printed Name Date

-----APPLICANT NOT TO FILL OUT BELOW THIS LINE-----

**Please return information to:**

Community Development Department

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: 7525 NW 88 Avenue Tamarac, FL 33321 Phone: \_\_\_\_\_

**Complete the applicable sections below:**

Are Benefits being paid now (Yes or No): \_\_\_\_\_

If Yes, Gross Wkly Payments: \$ \_\_\_\_\_

Date of Initial Payment: \_\_\_\_\_

Duration of Benefits: \_\_\_\_\_

Claimant Eligible for Future Benefits (Yes or No) \_\_\_\_\_

If Yes, Provide # of weeks: \_\_\_\_\_

If No, Provide date of Termination \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

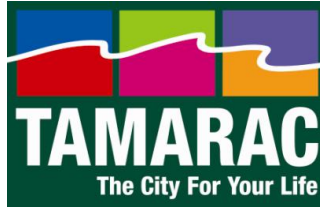
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

*NOTE: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate administration; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notation, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.*

**If this form does not apply to you initial here and return with the rest of the application package.** \_\_\_\_\_



**THIRD PARTY VERIFICATION OF INCOME FROM BUSINESS**

State and/or Federal Regulations require us to verify Business income for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self addressed return envelope is enclosed or you may fax it to: (954) 597-3544.

**Authorization:**

I hereby authorize the release of requested information. A copy of the executed "Authorization for Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant/Co-Applicant/Household Member	Printed Name	Date
-----APPLICANT NOT TO FILL OUT BELOW THIS LINE-----		

**Please return information to:**

Community Development Department  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: 7525 NW 88 Avenue Tamarac, FL 33321 Phone: \_\_\_\_\_

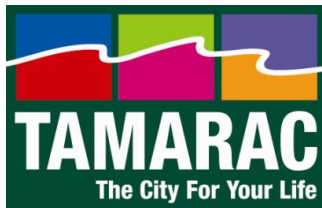
**Complete the applicable sections below:**

Dates Business Transacted from: _____	Gross Income:\$ _____
Expenses (Provide Amounts for Applicable Expenses)	
Interest on Loans: \$ _____	Rent: \$ _____
Cost of Goods/Materials: \$ _____	Utilities: \$ _____
Wages/Salaries: \$ _____	FICA: \$ _____
Employee Contributions: \$ _____	Sales Tax: \$ _____
Federal Withholding Tax: \$ _____	Other: \$ _____
State Withholding Tax: \$ _____	Other: \$ _____
Straight Line Depreciation: \$ _____	Total Expenses: \$ _____
NET INCOME: \$ _____	

Signature of Authorized Representative: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

**If this form does not apply to you initial here and return with the rest of the application package.** \_\_\_\_\_



**THIRD PARTY VERIFICATION OF REGULAR CASH CONTRIBUTIONS**

State and/or Federal Regulations require us to verify regular cash contributions made to the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. A self addressed return envelope is enclosed or you may fax it to: (954) 597-3544.

**Authorization:**

I hereby authorize the release of requested information. A copy of the executed "Authorization for Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant/Co-Applicant/Household Member Printed Name Date  
-----APPLICANT NOT TO FILL OUT BELOW THIS LINE-----

**Please return information to:**

Community Development Department

Name: \_\_\_\_\_  
Address: 7525 NW 88 Avenue Tamarac, FL 33321

Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Complete the sections below:**

Type of Cash Contribution \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Frequency of Contribution(Wk, Mo One Time) \_\_\_\_\_

Will Payments Continue (Yes or No) \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

*NOTE: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate administration; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notation, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.*

**If this form does not apply to you initial here and return with the rest of the application package.** \_\_\_\_\_

Social Security Administration  
Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number
------	---------------	------------------------

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

I want this information released because:

\_\_\_\_\_

(There may be a charge for releasing information.)

Please release the following information:

- \_\_\_\_\_ Social Security Number
- \_\_\_\_\_ Identifying information (includes date and place of birth, parents' names)
- \_\_\_\_\_ Monthly Social Security benefit amount
- \_\_\_\_\_ Monthly Supplemental Security Income payment amount
- \_\_\_\_\_ Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_\_ Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_  
(specify) \_\_\_\_\_
- \_\_\_\_\_ Medical records
- \_\_\_\_\_ Record(s) from my file (specify) \_\_\_\_\_
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: \_\_\_\_\_

(Show signatures, names, and addresses of two people if signed by mark.)

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_