



OPERATION NIP IT APPLICATION

Dear Applicant,

The documents listed below must be submitted with your application when applying for Operation N.I.P. It. **Additional documents may be requested upon review of your application.** Each item requested applies to the homeowner(s) officially listed with the Property Appraiser’s Office. Properties must be homesteaded, owner-occupied and have no current code liens to be eligible. Applicants must qualify by income as listed below. Household income must not exceed amount listed by size.

2020 INCOME LIMITS			
FAMILY SIZE	VERY LOW (50 % AMI)	LOW (80 % AMI)	MODERATE (120 % AMI)
1	\$ 31,200.00	\$ 49,950.00	\$ 74,880.00
2	\$ 35,650.00	\$ 57,050.00	\$ 85,560.00
3	\$ 40,100.00	\$ 64,200.00	\$ 96,240.00
4	\$ 44,550.00	\$ 71,300.00	\$ 106,920.00
5	\$ 48,150.00	\$ 77,050.00	\$ 115,560.00
6	\$ 51,700.00	\$ 82,750.00	\$ 124,080.00
7	\$ 55,250.00	\$ 88,450.00	\$ 132,600.00
8	\$ 58,850.00	\$ 94,150.00	\$ 141,240.00
9	\$ 62,370.00	\$ 99,792.00	\$ 149,688.00
10	\$ 65,934.00	\$ 105,494.00	\$ 158,242.00

Very Low-Income Households

100% Grant

City will provide payment for 100% of work, not to exceed \$2500.00. City may pay contractor first 50% to begin work. Upon completion of project, the City will pay the balance directly to the contractor.

Low Income Households

50/50 Matching Grant

City will provide payment for 50% of work (up to \$2500.00) as a grant, homeowner responsible for the other 50%. Homeowner must pay contractor 25% of their share to begin work and provide proof of payment to the City.

Moderate/Above Income Households

50% Loan – 0% interest

City will provide payment for 50% of work (up to \$2500.00) in the form of a 0% interest loan to be paid back in 12 months, homeowner responsible for the other 50%. City may provide a portion of its 50% to contractor to begin work.

DO NOT MAIL, EMAIL OR FAX DOCUMENTS OR APPLICATION. ALL INFORMATION IS TO BE BROUGHT IN PERSON TO PROTECT THE INDIVIDUALS PRIVACY.

**** STAFF WILL NOT MAKE COPIES OF REQUIRED DOCUMENTS ****

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

- 1) *Proof of Identification – State issued picture ID*
- 2) *Recent Social Security benefit award letter of all parties listed on tax roll*
- 3) *Recent Federal Income Tax return of all parties listed on tax roll*
- 4) *Two recent, comparable contractor estimates addressing the violation(s).*
- 5) *Recent Bank Statement –complete and consecutive statements for each account (checking, saving & other) of all parties listed on tax roll. (No more than \$10,000.00 combined total.*

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, the City will notify the contractor conducting the work. A Work Agreement will be executed between the City, homeowner and contractor confirming the work and the costs. ***The City of Tamarac will NOT reimburse any work performed prior to approval from the City.***

Should you have any questions regarding the application process, please feel free to contact the Code Enforcement Division in the Community Development Department at (954) 597-3425.

Sincerely,
Code Enforcement Division



Community Development Department
 Code Enforcement Division
 7525 NW 88 Avenue, Room 205
 Tamarac, FL 33321

CITY OF TAMARAC

Operation NIP It Application

DATE	
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CASE NUMBER (S)	PROPERTY ADDRESS

HOUSEHOLD GENERAL INFORMATION:

HOMEOWNER				HOMEOWNER			
NAME				NAME			
S.S #				S.S #			
HOME PH		CELL PH		HOME PH		CELL PH	
DOB		AGE		DOB		AGE	
ADDRESS				ADDRESS			
CITY, STATE, ZIP				CITY, STATE, ZIP			

OTHER HOUSEHOLD MEMBER	DOB	AGE	RELATIONSHIP TO HOMEOWNER
1.			
2.			
3.			
4.			
5.			
6.			

**INCOME AND EMPLOYMENT INFORMATION FOR
(ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD)**

HOMEOWNER NAME/ ADDITIONAL MEMBER	EMPLOYER NAME	ADDRESS	PH
POSITION	YEARS EMPLOYEED	SUPERVISOR	

HOMEOWNER NAME/ ADDITIONAL MEMBER	EMPLOYER NAME	ADDRESS	PH
POSITION	YEARS EMPLOYEED	SUPERVISOR	

HOMEOWNER NAME/ ADDITIONAL MEMBER	EMPLOYER NAME	ADDRESS	PH
POSITION	YEARS EMPLOYEED	SUPERVISOR	

HOMEOWNER NAME/ ADDITIONAL MEMBER	EMPLOYER NAME	ADDRESS	PH
POSITION	YEARS EMPLOYEED	SUPERVISOR	

ANNUAL GROSS INCOME

SOURCE OF INCOME	HOMEOWNER	HOMEOWNER	ADDITIONAL HOUSEHOLD MEMBER	TOTAL
TOTAL				

BANK ACCOUNTS

ACCOUNT TYPE	ACCOUNT HOLDER NAME	BANK NAME	LAST 3 DIGITS	CURRENT BALANCE
CHECKING ACCOUNT #				
CHECKING ACCOUNT #				
CHECKING ACCOUNT #				
SAVINGS ACCOUNT #				
SAVINGS ACCOUNT #				
SAVINGS ACCOUNT #				