

**WEST PERRINE COMMUNITY REDEVELOPMENT AGENCY (CRA)**  
**Residential Rehabilitation Program Application**

Name(s) of property owner(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Program Requested:** (Please select one)

Paint Up and Beautification Program (PUB) \_\_\_\_

    Owner Occupied \_\_\_\_

    Rental Property \_\_\_\_

Residential Rehabilitation Program

    Owner Occupied \_\_\_\_

    Tenant Occupied \_\_\_\_

**PROPERTY INFORMATION**

Own: YES    /NO    (If no, applicant is not eligible)

Do multiple people own this property? YES    /NO

If yes, were all owners listed above? YES    /NO

If no, please explain:

\_\_\_\_\_

Living at this address since?

\_\_\_\_\_

Are mortgage payments current? YES /NO

Are your property taxes paid and current? YES /NO

Does this property have homestead exemption? YES /NO

What type of property is this? (Check One)

SINGLE FAMILY RESIDENCE \_\_\_\_

TOWNHOME \_\_\_\_

MULTIFAMILY \_\_\_\_

If multifamily, how many units? \_\_\_\_\_

Is this a rental property? YES /NO

If rental property, do you have a current Local Business Tax Receipt? YES /NO

If no, why? \_\_\_\_\_

If rental property, is this property receiving a homestead exemption? YES /NO

If yes, why? \_\_\_\_\_

Are there any code violations on the property? YES /NO

If yes, please explain:

Case Number:	Nature of Violation:	Status:



**LIABILITY STATUS:** (MORTGAGE, INSURANCE, TAXES):

BANK OR CREDITOR	MONTHLY PAYMENT AMOUNT	BALANCE DUE	LAST PAYMENT DATE

**PROPERTY IMPROVEMENTS:** USING THE APPROVED LIST OF IMPROVEMENTS IN THE GUIDELINES; PLEASE LIST DESIRED IMPROVEMENTS TO PROPERTY

SCOPE:	ESTIMATE:

# BID INFORMATION

## Contractor #1

Company Name	
Scope of Work	
Contact Name	
Office Phone	
Mobile Phone	
Email	
GC Number	
Miami Dade County LBT	
Address 1	
City, State, Zip	
Bid Amount	

## Contractor #2

Company Name	
Scope	
Contact Name	

Office Phone	
Mobile Phone	
Email	
GC Number	
Miami Dade County LBT	
Address 1	
City, State, Zip	
Bid Amount	

Contractor #3

Company Name	
Scope	
Contact Name	
Office Phone	
Mobile Phone	
Email	
GC Number	
Miami Dade County LBT	

Address 1	
City, State, Zip	
Bid Amount	

**Please Provide the Following as Backup:**

- Copy of Warranty Deed
- Proposed Renderings/Pictures (if applicable)
- Proof of current mortgage or Satisfaction of Mortgage
  - Include status of reverse mortgage if applicable
  - Include status of second mortgage if applicable
- Before pictures of current property demonstrating desired repairs
- Completed Residential Rehabilitation Application and signed Guidelines
- Proof of current property insurance
- Government issued ID
- Proof of current property taxes from Miami Dade County
- All contractor estimates for work to be completed
- If rental property, proof of incorporation and Miami Dade County business tax receipt.
  - Rental Property owner must demonstrate the ability to match award as per the guidelines.

By signing this document, **the applicant** affirms that all the information provided in this application is true, accurate and complete. By signing this document, the applicant agrees to use West Perrine Community Redevelopment Agency Residential Rehabilitation Program funds in accordance with the eligible property or activities set forth in the Program Guidelines. By signing this document, the applicant acknowledges that the applicant has read and fully understands the contents of this document and the Guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If the applicant is other than the property owner of the building, the following line must be completed. I certify that I, the trustee and/or owner of the below-cited property, give

\_\_\_\_\_ (applicant) authority to implement improvements at the property as may be required under the West Perrine CRA Residential Rehabilitation Program.

Print owner or trustee name and capacity/title:  
\_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of owner/trustee

\_\_\_\_\_  
Date

FLORIDA  
MIAMI-DADE COUNTY

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, \_\_\_ by \_\_\_\_\_, on behalf of \_\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification.

(NOTARY PUBLIC SEAL)

\_\_\_\_\_  
Signature of Person Taking Acknowledgment

\_\_\_\_\_  
(Printed, Typed, or Stamped Name of Notary Public)

\_\_\_\_\_  
Title or Rank

\_\_\_\_\_  
Serial Number, if any



## **TERMS & CONDITIONS**

Interested parties must meet with West Perrine Community Redevelopment Agency staff to ensure eligibility. Applicants may apply through the WPCRA website: [www.westperrinecra.com](http://www.westperrinecra.com). A thorough review of the guidelines and terms and conditions is required with applicant signature.

The WPCRA will make payments in the form of reimbursement issued during the duration of the project and/or after the completion of the project. Projects **MUST BE** pre-approved, and an agreement executed by the WPCRA prior to commencing the project.

The WPCRA reserves the right to deny any submitted application if (a) it is determined that the application does not meet the spirit, intent and/or legal requirements for the program and/or (b) the applicant has previously defaulted on an any prior agreement or other agreement with the WPCRA and/or County and/or (c) a prior award to the applicant was rescinded, and/or (d) the applicant is currently a party in litigation against the WPCRA and/or County or has threatened litigation against the WPCRA and/or County.

**ALL WORK MUST BE APPROVED BY THE CRA BOARD PRIOR TO ITS START TO BE ELIGIBLE FOR REIMBURSEMENT.**

### **CHANGE IN OWNERSHIP**

Program participation is not transferable to new property owners. New property owners must reapply to participate in the program. If the assisted property is sold during the three-year period following the completion of the project, the WPCRA will recapture 100% of the award. Property owners may not make any alterations to the funded improvements without written permission of the WPCRA during that time.

### **TIME LIMITS**

The term of the RRP Agreement will be up to one (1) year, commencing on the date of the agreement's execution by the CRA Chairman, and then a 2–3-year maintenance period. The construction process must commence within sixty (60) days of the agreement's execution.

### **CONSISTENCY WITH COUNTY ORDINANCES AND COMPLIANCE**

Projects must comply with all Miami Dade County zoning code and building requirements. To be eligible to participate in the program, applicants must comply with all program requirements. Failure to comply with the program requirements at any time will result in the applicant being dropped from the program. The WPCRA is the sole interpreter of eligibility determinations, payment amounts and compliance with program requirements. All the WPCRA's decisions are final. Projects are not officially accepted in the program until an agreement between the applicant and the WPCRA is signed.

### **APPLICATION DISCLOSURES**

- Applicant will review and complete the application and submit all required backup documentation to be considered for the award.

- Applicant must make appropriate changes/corrections in the application as instructed by CRA staff.
- A completed application must be received at least four (4) weeks before the next CRA Board Meeting if there is to be a recommendation of approval.
- Applicant or representative is required to attend the meeting(s).
- Once the application has been considered for approval/denial, staff will notify applicant regarding its next steps.
- If approved, an agreement will be negotiated between the Awardee and WPCRA, and such agreement will need to be executed prior to the awardee starting the work.
- Contractor must complete Miami Dade County Vendor Registration forms and a W-9 to be reimbursed by the WPCRA.
- If the project is denied, applicant may re-apply within a year of original request.

### **PAYMENT PROCESS**

The WPCRA will issue no more than three payments during the project. Upon completion of each phase of the project, program staff will inspect the project to ensure compliance with the approved plans and budget. Every reimbursement request must include:

1. An invoice with itemized expenses, from the contractor, for which reimbursement is being requested.
2. Front and back copies of cancelled checks.
3. Invoices for each payment made to contractors/vendors.
4. Pictures showing progression of project.
5. Copies of all permits, and inspection and final inspection reports or other documentation evidencing such inspections.

The WPCRA will **reimburse** the Awardee's contractor for the amount approved by the WPCRA Board and as established in the agreement by issuing a check up to six weeks after staff inspections and after proper documentation has been submitted for each phase of the project.

Final payment, will be issued after all work has been completed, all the above-mentioned documentation has been reviewed and accepted by the WPCRA, Certificate of Occupancy, Certificate of Use and Business Tax Receipt, when rental property, are provided and leasing and other program requirements have been met.

### **MONITORING PROCESS**

Staff will monitor progression of the project through photo/video documentation, in addition to comments to the file.

After the project is complete, staff will monitor the business/structure for the required maintenance period as outlined in the agreement.

**PUBLICITY**

By accepting this award, the Awardee shall recognize the CRA as a funding source for all the activities outline in the application and agreement. The Awardee shall ensure that any publicity, public relations, advertisements, and signs recognize the CRA for the support of all contracted activities. Awardee shall agree to have a sign placed on the property by the CRA in relation to this award.