



**Miami-Dade County Community Action and Human Services  
Department(CAHS D)  
Paint and/or Shuttering Program Overview**

- The Paint and/or Shuttering Program provide assistance to homeowners of single-family detached homes located in Miami-Dade County with exterior painting and/or Accordion Hurricane Shutters.
  
- Participation in the program is subject to the availability of funds, and is subject to change without notice. Loans will be provided based on a first come, first served basis.
  
- If approved Miami-Dade County will place a lien on the home for 5 years, if the applicant is receiving only one service (painting or shuttering) and 10 years if the applicant is receiving both services (painting and shuttering). The lien depreciates at 20% if the forgivable loan is attained for five (5) years, and 10% if the forgivable loan is attained for ten (10) years.
  
- The requirements to qualify for this program are as follows:
  - A.** Be the owner / occupant of the home.
  - B.** The home is a single family home (not an apartment or duplex).
  - C.** Not own other investment properties.
  - D.** Meet the maximum income requirements listed in the table below:

<b>Household Size</b>	<b>Income Limit*</b>
1	\$64,120
2	\$73,360
3	\$82,460
4	\$91,560
5	\$98,980
6	\$106,260
7	\$113,540
8	\$120,960

\*effective 2013



**Miami-Dade County Community Action and Human Services  
Department (CAHSD)  
Paint and/or Shuttering Program Overview**

**If you are interested in applying for the Paint and/ or Shutter program you **MUST** submit the following documentation with your completed application:**

1. Valid State of Florida Driver's License or identification card.
2. Copy of Social Security Cards for owner/ co-owner of property.
3. Birth Certificates for all house members, or permanent legal residency.
4. One full month of pay check stubs for all employed individuals residing in the home.
5. Copy of 2013 Social Security Award letter and or retirement pension letter, child support, unemployment compensation, if applicable.
6. A copy of the 2012 tax return and 2012 W-2, including all pages and schedules.
7. Property taxes must be current.
8. Most recent mortgage statement.
9. Most recent utility bill. (Electric and Water bill)



Miami-Dade County Community Action and Human Services Department
Energy Division
Paint and /or Shuttering Program
Application

INSTRUCTIONS

Complete application in its entirety. Only one (1) application per household will be processed. For more information or to request assistance in completing this application, please contact Miami-Dade Community Action and Human Services at (786) 469-4730. Return your complete application to: Miami-Dade Community Action and Human Services, 701 NW 1st Court. Suite 11. Miami, Florida 33136

Property Owner Information

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

Property Address: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Marital Status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widow \_\_\_

Household Gross Annual Income: \$ \_\_\_\_\_
(Attach copy of last income tax return and last month pay stubs)

Household Size: \_\_\_\_\_ Currently Employed: Yes \_\_\_ No \_\_\_

Type of Improvement Requested: Paint \_\_\_\_\_ Shuttering \_\_\_\_\_

OFFICE USE ONLY

Folio #: \_\_\_\_\_ Year Built: \_\_\_\_\_

Homestead Exemption (Y) \_\_\_ (N) \_\_\_

I HEREIN CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_



**RIGHT OF ENTRY AND LIABILITY WAIVER AGREEMENT**

I/We \_\_\_\_\_ (the  
"Owner(s)")  
owner(s) of the property commonly identified as:

\_\_\_\_\_

Folio No(s): \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ (the  
"Property")  
Street (attach legal description                      City/Town  
if available)

In consideration of one or more of the following activities to be conducted on the Property, the Owner(s) thereof hereby grant to Miami-Dade County, a political subdivision of the State of Florida, a right of entry and a waiver of liability from the Owner in order to conduct one or more activities on the Property:

- \_\_\_\_\_ (1) painting of the exterior;
- \_\_\_\_\_ (2) Accordion Hurricane Shutters

This right of entry and waiver of liability granted by the Owner(s) in accordance with the Beautification Program (the "Program"), which was established by the Miami-Dade County Board of County Commission, through Resolution Numbers **R- 88-06**, as amended by R-1438-06. The purpose of the Program is to provide assistance to qualified home owners, who use their homes as their primary residence, to landscape, paint the exterior of their homes and/or complete other improvements to the façade of their homes,

Right of Entry to said property is hereby granted by the Owner to Miami-Dade County and its contractors and their subcontractors thereof, for the purpose of accomplishing the above purpose. The undersigned agrees and warrants to hold harmless Miami-Dade County, its contractors, their subcontractors, officers, agents, employees, or assigns for damage of any type, whatsoever, either to the above described Property or to any persons present thereon and hereby releases, discharges and waives any action against Miami-Dade County, its contractors, their subcontractors, officers, agents, employees, or assigns from all liability to Owner(s), Owner(s)'s children, relatives guests, representatives, assigns, or heirs, for bodily injury, death or property damage that Owner(s) may suffer in connection with any activities on the Property, whether caused solely or partially by the negligence of Miami-Dade County, its contractors, their subcontractors, officers, agents, employees, or assigns.

I/we have read this Right of Entry and Liability Waiver Agreement, or it has been read to me/us, and I/we fully understand its terms, understand that I have given up substantial rights

by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**WHEREOF**, the undersigned has caused this Right of Entry and Waiver of Liability Agreement to be executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Property Owner Name

\_\_\_\_\_

\_\_\_\_\_

Telephone No.

\_\_\_\_\_

Address

\_\_\_\_\_

Witness

Date



Miami-Dade Community Action and Human Services Department  
Paint and/or Shuttering Program  
701 N.W. 1 Street, 11 Floor  
Miami, FL 33136  
Phone: (786) 469-4730/ Fax: (786) 469-4750

**ACKNOWLEDGEMENT OF RECEIPT OF THE  
Notice of Privacy Practices Brochure**

By signing the form, you acknowledge that Miami-Dade Community Action and Human Services, has provided you with a copy of the “Notice of privacy Practices: brochure.

\_\_\_\_\_  
Home Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Signature



Community Action and Human Services Department  
Energy Programs Division  
Overtown Transit Village North  
701 NW 1<sup>st</sup> Court, Suite 1100  
Miami, Florida 33136  
T 786- 469-4730 F 786-469-4750  
[www.miamidade.gov](http://www.miamidade.gov)

**PAINT PROGRAM**

**PAINT COLOR SELECTION AGREEMENT**

Property Owner Name (Please print): \_\_\_\_\_

Property Address (Please print): \_\_\_\_\_

MAIN COLOR (Please print): \_\_\_\_\_

TRIM COLOR (Please print): \_\_\_\_\_

The undersigned property owner hereby agrees to the paint color selection described above. I understand that once the color selection is made, colors cannot be changed.

\_\_\_\_\_  
Property Owners Signature

\_\_\_\_\_  
Date

**Copy of this form to be given to homeowner.**



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Paint and/or Shuttering Program  
701 NW 1<sup>st</sup> Court, Suite 1100  
Miami, Florida 33136  
T 786- 469-4730 F 786-469-4750  
[www.miamidade.gov](http://www.miamidade.gov)

## PERJURY STATEMENT

This is to certify, under penalty of perjury, that the Financial Statement/ Federal Tax Returns bearing my signature are a true and accurate accounting of financial information provided, or to be provided, to the Internal Revenue Services for income tax reporting purpose.

### WARINING:

#### **SECTION 1010 of TITLE 13 W.S.C. Federal Housing Administration**

transactions provide the following: "Whoever for the purpose of influencing in any way the action of such administration...to be false...shall be fined not more than \$5,000 or imprisoned not more than two (2) years or both."

\_\_\_\_\_  
*Borrower*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Borrower*

\_\_\_\_\_  
*Date*



Community Action and Human Services Department  
Paint and/or Shuttering Program  
701 NW 1<sup>st</sup> Court, Suite 1100  
Miami, Florida 33136  
T 786- 469-4730 F 786-469-4750  
[www.miamidade.gov](http://www.miamidade.gov)

## **POLICY ON COLLECTION OF SOCIAL SECURITY INFORMATION**

Dear Borrower:

The Community Action and Human Services Department of Miami-Dade County, Florida collects your social security number for the following purposes:

Identification and verification; credit worthiness; and data collection (which includes requesting credit reports from the three credit bureaus). This notification is in compliance with Section 119.07 (5) Florida Statutes.

I (we) hereby acknowledge that we have been informed about the use of my (our) social security information for the purposes noted above.

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*Borrower*

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*Date*

---

*Co-Borrower*

---

*Date*

Paint and/ or Shuttering Program. 701 North West 1<sup>st</sup> Court. Suite 11 Miami, Florida 33136  
Phone: (786) 469-4730 Fax: (786) 469-4750



Community Action and Human Services Department  
Paint and/or Shuttering Program  
701 NW 1<sup>st</sup> Court, Suite 1100  
Miami, Florida 33136  
T 786- 469-4730 F 786-469-4750  
[www.miamidade.gov](http://www.miamidade.gov)

## NOTICE TO BORROWER(S)

It is the policy of Miami-Dade County to comply with all of the requirements of the American with Disabilities Act (ADA).

Individual with disabilities who may need auxiliary aids, i.e. interpreters, brailled material, etc. must contact the Financial Advisor at (786) 469-2100.

\_\_\_\_\_  
*Borrower*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Borrower*

\_\_\_\_\_  
*Date*



Community Action and Human Services Department  
Paint and/or Shuttering Program  
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T 786- 469-4730 F 786-469-4750  
[www.miamidade.gov](http://www.miamidade.gov)

## AFFORDABILITY PERIOD

I, \_\_\_\_\_, agree to the “Affordability Period”, which requires that I own my property for a period of five (5) if I am receiving only one service (painting or shuttering) and ten years (10) years if I am receiving both services (painting and shuttering).

Name: \_\_\_\_\_  
Please Print

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

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

Witness By: \_\_\_\_\_



Community Action and Human Services Department

Paint and/or Shuttering Program

HOLD HARMLESS AGREEMENT

Re: Property located at (address, folio # and legal description) \_\_\_\_\_ Date \_\_\_\_\_

In exchange for good and valuable consideration, I agree to hold harmless:

Miami-Dade County a political subdivision of the state of Florida through its Community Action and Human Services, Energy Division, Associated Construction Contractors of Greater Florida, Florida Home Builders Association, Roofing Contractor Association of South Florida; Florida Roofing, Sheet Metal and Air Conditioning Contractors Association, South Florida Associated General Contractors, and any and all of their sub-contractors, suppliers, and purveyors thereof, and all of their aforementioned officers, agents, employees or their representatives, or instrumentalities and indemnify and relieve them from any responsibility or liability from any claims, demands, suits, causes of action legal action or any other cause of action or proceeding or damage, cost or expense (including attorney's fee) arising from the performance of rehabilitation and other repairs undertaken pursuant to the Energy Program. I furthermore assume responsibility for the correction, if required, of work performed under the permit. In the event there has been a change of ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his or her intent to transfer the permit.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_
\_\_\_\_\_ Date \_\_\_\_\_

The person(s) whose signature appears above, deposes that he/she/they is/are the legal owner(s) of the above property.

Witness \_\_\_\_\_ Witness \_\_\_\_\_

STATE OF FLORIDA
COUNTY OF DADE

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by
\_\_\_\_\_. Who is personally known \_\_\_\_\_ or produced the
identification

\_\_\_\_\_
SEAL

Signature of Notary Public

Print or Type Name of Notary Public



Miami-Dade County Community Action Agency  
 Paint and/ or Shuttering Program  
 APPLICATION SUPPLEMENTAL

NOTE TO THE APPLICANTS: Please provide the information on the spaces below. **The information furnished on this form will be used for federal and local statistical reporting information purposes ONLY and WILL NOT be used when evaluating eligibility of your application.**

Name of Applicant: \_\_\_\_\_

I. Property Address: \_\_\_\_\_

II. Household Size: (Total Number in household including yourself) \_\_\_\_\_

Marital Status: Single  Married  Widowed  Separated  Divorced

III. Household Status (Check as many of the following as pertains to your situation)

- Handicapped
- Female-Head of Household
- Senior Citizen (60 or older)

IV. Minority Status: (Please check only one of the below)

- American Indian
- Alaskan Native
- Asian or Pacific Islander
- African American
- Hispanic
- White
- Other – Explain \_\_\_\_\_

V. Total Annual Gross Household Income \$ \_\_\_\_\_ (As reported on your Application)



Community Action and Human Services  
 701 NW 1<sup>st</sup> Court, Suite 1000  
 Miami, Florida 33169  
 (786) 469-4600

### Release Form

I understand that information regarding the services I receive from Miami-Dade Community Action and Human Services (herein after referred to as “CAHS”) maybe used by agents, employees or representatives of CAHS to promote, market and educate the community about its programs and services.

I hereby authorize CAHS to copy, exhibit, publish or distribute any and all such information including images and audio of me or wherein I appear, including composite or artistic forms and media, forms and media, for purposes of publicizing CAHS programs and services or for any lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my information or likeness appears.

I hereby hold harmless and release and forever discharge CAHS and Miami-Dade County from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have be reason of this authorization

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print Name) \_\_\_\_\_ (Street address)  
 \_\_\_\_\_ (City, State, Zip code)

(If individual signing is under 18 years of age, there should be consent by parent or guardian, as follows)

I hereby certify that I am the parent or guardian of \_\_\_\_\_, the minor named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_ (Parent/ Guardian’s Signature) \_\_\_\_\_  
 (Date)

\_\_\_\_\_ (Parent/ Guardian’s Signature)

Miami-Dade Community Action and Human Services is a department of Miami-Dade County Government



**Miami-Dade Community Action and Human Services Department  
Paint and/ or Shuttering Program**

Non-Owner Additional Properties Affidavit

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

Borrower(s): \_\_\_\_\_

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

The undersigned, having applied for a loan with Miami-Dade County on the above referenced property and certifies as follows:

1. I/We do not own any additional properties other than my homestead property in which I/we reside.
2. I/We fully understand that this certification is made for determining eligibility. I/We certify that I must inform Miami-Dade County of any changes to my application for loan assistance.
3. I/We understand that any false statements concerning the above representation may be the basis for disqualification.

Signature of Applicant: \_\_\_\_\_

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

Signature of Co-Applicant: \_\_\_\_\_

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