



North Bay Village Condominium Special Assessments Application Packet

North Bay Village (NBV) Condominium Special Assessment Program is designed to provide funding assistance to help condominium owners in North Bay Village pay for special assessment requirements that arise from rehabilitation and repairs due to applicable building integrity recertification requirements. The assistance is provided as a zero percent interest loan.

Eligible participants can receive up to \$25,000.

To apply for the program, applicants must meet the following criteria to submit an application:

- Read, understand, and sign program application disclosures. All program disclosures must be signed and submitted with the program application. Applications without disclosures will not be accepted.
- Meet the appropriate income guidelines as established (see income chart below).
- Property must be located in NBV.
- Property must be primary residence.

Income Limits

Family Size	1	2	3	4	5	6
140% AMI	\$133,560	\$152,600	\$171,640	\$190,680	\$205,940	\$221,200

Source: 2026 Florida Housing Finance Corporation.

Please contact one of the individuals below, and they will assist you in making an appointment with Housing Foundation of America to submit your application for review.

Contact: Kenya Louidor at 954-766-2709 or klouidor@cgasolutions.com

Alt. Contact Vickki Placide-Pickard at 954-266-6495 or vpickard@cgasolutions.com



DOCUMENTS REQUIRED TO BE SUBMITTED WITH THE APPLICATION

(Please check each item below and submit the necessary copies of all required documents)

#	These Documents MUST be submitted with the Application. Please submit COPIES of all the required documents listed below or Check N/A if it is Not Applicable	YES	N/A or Comments
1	Complete the Application (No Blank Spaces)		
2	Valid Florida driver's licenses or State ID card for adults		
3	Proof of property ownership (warranty deed, quit claim deed or other evidence of ownership of the property)		
4	Mortgage payment must be current and provide copy of current mortgage statement. (No Coupons accepted) Copy of current HOA Fees		
5	Proof of hazard insurance, flood insurance; if applicable.		
6	Ad Valorem Tax Statement (must show assessed value & homestead exemption)		
7	Property tax receipt (Proof you are current on your property taxes)		
8	Homeowners Hazard/Property Insurance (Declaration Page)		
9	Proof of Employment (Pay Stubs for last 2 MONTHS for all household members 18 & Older)		
10	Business Owners ONLY: Proof of Self-Employment, Profit & Loss Statement, Tax Return Schedule C, E or F, and Notarized Letter of Expected Income for the next 12 months)		
11	Federal income tax returns filed with the IRS for the last two (2) years AND W-2's for the last two (2) years. 2024 and 2023		
12	Proof of the number of Dependents (Birth Certificates, Adoption Documents, etc.)		
13	Social Security Cards (All Household Members, including minors, All SS cards must be signed)		
14	Proof of Citizenship or Legal Alien Status (Passport, or Birth Certificate, or Alien Registration Card, or Voter's Registration Card)		
15	If Divorced or Legally Separated (Divorce decree, court documents)		
13	Child Support Payments (Proof of Amount: court docs, payment records, official print-out, notarized statement)		
14	Alimony Support Payments (court docs, payment records, print-out, etc.)		
15	Social Security, SSI, SSDI payment (award letter for the most recent year showing the amount)		
16	Unearned Income Statements (disability, worker's Comp, Unemployment, Welfare)		
17	Veteran Administration VA Benefits (Awards Letter and Income Statements)		
18	Unemployed Household Member(s) 18 years or older and is NOT a full-time Student (Must provide documents and/or a notarized letter stating the Status of their Income)		
19	Assets (Bank Statements , IRA's 401K, Pensions, CD's, Mutual, Stocks, Etc. Bank Statements (Last 6 months Statements) Submit All Pages of Statement, even Blank pages for ALL Household members		
20	Life Insurance Policy (Declaration Page showing value, Term & Coverage)		
21	This checklist should be completed and included with the Application submittal packet		



PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant may be subject to Chapter 119, Florida Statutes regarding “Open Records.” Information provided by you that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. The determination regarding the release of information pursuant to an Open Records request shall be made by the Village pursuant to statute.

Having been advised of this prior to submitting application for assistance or supplying any information, I/We agree to hold harmless and indemnify **Calvin Giordano & Associates, Housing Foundation of America and North Bay Village**, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that neither **Calvin Giordano & Associates, Housing Foundation of America nor North Bay Village** have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to **Calvin Giordano & Associates, Housing Foundation of America or North Bay Village** in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/We agree that neither **Calvin Giordano & Associates, Housing Foundation of America nor North Bay Village** have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless **Calvin Giordano & Associates, Housing Foundation of America and North Bay Village** or any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to my/our applying for Condominium Special Assessments Program or any matter arising out of Condominium Special Assessments Program funded by **North Bay Village**.

Applicant Signature

Print Name

Date

Co-Applicant Signature

Print Name

Date



Applicant Information				
Last:		First:		Middle Initial
Date of Birth:		Age:	Last 4 #s of Social Security	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Employment Status: (Check One)	<input type="checkbox"/> Employed-F/T <input type="checkbox"/> Employed-P/T <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled			
	<input type="checkbox"/> Business Owner <input type="checkbox"/> Independent -1099-Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Other			
Home Address				
City, ST, Zip				
Mailing Address (If different from above)				
Cell Phone:		Alt. Phone:		Alt. Phone:
EMAIL:				
Are you a USA Citizen: (Select One)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Other		
If you checked Legal Permanent Resident, a copy of the Resident/Green Card must be provided				

Co-Applicant Information				
Last:		First:		Middle Initial
Date of Birth		Age:	Last 4 #s of Social Security	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Employment Status: (Check One)	<input type="checkbox"/> Employed-F/T <input type="checkbox"/> Employed-P/T <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled			
	<input type="checkbox"/> Business Owner <input type="checkbox"/> Independent -1099-Worker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Other			
Home Address				
City, ST, Zip				
Mailing Address (If different from above)				
Cell Phone:		Alt. Phone:		Alt. Phone:
EMAIL:				
Are you a USA Citizen: (Select One)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Other		
If you checked Legal Permanent Resident, a copy of the Resident/Green Card must be provided				



ALL HOUSEHOLD MEMBERS RESIDING IN THE HOUSEHOLD

<u>All Household Members Names (First & Last Name)</u>	<u>Relationship to Applicant</u>	<u>Date of Birth</u>	<u>Age</u>	DEMOGRAPHICS	
				<u>RACE</u> Alaskan Native, American Indian, Asian, Black, Multi-Racial, Native Hawaiian/Pacific Islander, White, Other	<u>ETHNICITY</u> Hispanic (H) -OR- Non-Hispanic (NH)
(1)	SELF				
(2)					
(3)					
(4)					
(5)					
(6)					

SOURCE OF INCOME FOR ALL HOUSEHOLD MEMBERS

APPLICANT & ALL HOUSEHOLD MEMBERS Including Applicant NAME of HOUSEHOLD MEMBER (First & Last)	SOURCE OF INCOME (Employment, Business Owner, Independent Worker, Social Security, Veteran Benefits, Disability, Other) <u>SALARY DATA</u> (Rate, Frequency of Pay, Earnings)	CONTACT INFORMATION FOR Verification of Income Employer/Company/Business Phone, Fax, Email Address	ANNUAL Income
	Source of Income: _____ Rate of Pay Amount: Per: Hourly Day Week Other	Company: _____ Phone: _____ Fax: _____ Email: _____	\$ _____
	Source of Income: _____ Rate of Pay Amount: Per: Hourly Day Week Other	Company: _____ Phone: _____ Fax: _____ Email: _____	\$ _____
	Source of Income: _____ Rate of Pay Amount: Per: Hourly Day Week Other	Company: _____ Phone: _____ Fax: _____ Email: _____	\$ _____



OTHER HOUSEHOLD INFORMATION

Do you own your home free and clear? Yes No. If no, to whom do you make your house payments?

Lender _____ Monthly Payment _____ Phone _____

Loan # _____

Name of HOA/Maintenance _____

Monthly Payment Amount _____

Special Assessment Fee _____

Describe Improvements including the 40-year certification and any other recertifications (if applicable) for Special Assessment Financing _____

Do you have any liens on your property Yes No

Is your home in foreclosure Yes No

Is your home for sale? Yes No

Is your home for rent? Yes No

Do you have Homeowner's Insurance/Master Policy Yes No

To the best of my knowledge, the information provided on this application is true. I hereby authorize North Bay Village to verify this information, and any other information pertaining to this application.

Applicant Signature Print Name Date

Co-Applicant Signature Print Name Date



ASSET INFORMATION

Applicants must complete the following asset information for all persons, including minors, who will occupy the assisted property. This information will be used for qualification purposes only.

Assets include, but are not limited to: Cash held in savings and/or checking accounts, safe deposit boxes, homes, etc.; trust funds (revocable trusts); equity in real estate and other capital investments; stocks, bonds, Treasury Bills, certificates of deposit, money market and other investment accounts; IRA, and similar accounts; retirement and pension funds; cash value of life insurance policies available to the individual before death; mortgage or deed of trust; lump sum receipts (i.e. lottery winnings, inheritances, victim's restitution, insurance claims, or settlements, etc.) and, personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.) **NOTE: Do NOT include property such as clothing, furniture, cars, wedding bands, etc.**

APPLICANT ASSETS

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCT. NO.
Checking Accts				
Savings Accts.				
Credit Union Accts.				
Stock Life Insurance				
Other				
Other				

CO- APPLICANT ASSETS

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCT. NO.
Checking Accts				
Savings Accts.				
Credit Union Accts.				
Stock Life Insurance				
Other				
Other				

