

**RESOLUTION NO. 2021 - 011**

**A RESOLUTION OF THE CHAIR AND BOARD MEMBERS OF THE NORTH MIAMI COMMUNITY REDEVELOPMENT AGENCY APPROVING THE RESIDENTIAL REHABILITATION GRANT PROGRAM GUIDELINES; AUTHORIZING THE EXECUTIVE DIRECTOR TO IMPLEMENT THE RESIDENTIAL REHABILITATION GRANT PROGRAM AND PROVIDING AN EFFECTIVE DATE.**

**WHEREAS**, one of the primary objectives of the North Miami Community Redevelopment Agency (the “NMCRA”) is to effectuate positive change within the targeted Community Redevelopment Area (the “CRA”) through the improvement of business and residential structures; and

**WHEREAS**, the NMCRA works to transform the CRA into one that again contributes to the overall health of the community and this transformation occurs through the various grants and incentive initiatives, including the Residential Rehabilitation Grant Program; and

**WHEREAS**, each of the NMCRA’s grant programs may have individual requirements, apart from the NMCRA’s universal requirements that all projects be within the NMCRA geographic boundary, have visible improvement to the property or area, eliminate slum and blight, meet current NMCRA Redevelopment Plan goals and objectives, and show quantifiable benefits to the community; and

**WHEREAS**, the NMCRA staff has extensively reviewed the Residential Rehabilitation Grant Program and prepared specific guidelines for application and eligibility to the Residential Rehabilitation Grant Program; and

**WHEREAS**, the proposed guidelines for the Residential Rehabilitation Grant Program are attached hereto as Exhibit “A” and by this reference made a part hereof; and

**WHEREAS**, the Board Members of the NMCRA desire to approve the adoption of the specific guidelines for the Residential Rehabilitation Grant Program prepared by the NMCRA staff.

**NOW, THEREFORE, BE IT RESOLVED BY THE CHAIR AND BOARD MEMBERS OF THE NORTH MIAMI COMMUNITY REDEVELOPMENT AGENCY:**

**Section 1. Recitals.** The recitals in the whereas clauses are true and correct, and incorporated into this Resolution.

**Section 2. Approval of the Residential Rehabilitation Grant Program Guidelines.** The Residential Rehabilitation Grant Program Guidelines (the “Guidelines”) attached hereto as Exhibit “A” are hereby approved.

**Section 3. Implementation of the Residential Rehabilitation Grant Program.** The Executive Director is hereby authorized to take all steps necessary and appropriate to implement the administration of the Residential Rehabilitation Grant Program pursuant to the Guidelines.

**Section 4. Effective Date.** This resolution shall take effect immediately upon approval.

**PASSED AND ADOPTED** by a \_\_\_\_\_ vote of the Board of the North Miami Community Redevelopment Agency, this 13<sup>th</sup> day of April, 2021.

ATTEST:

NORTH MIAMI COMMUNITY  
REDEVELOPMENT AGENCY

\_\_\_\_\_  
VANESSA JOSEPH, ESQ.  
NMCRA SECRETARY

\_\_\_\_\_  
PHILIPPE BIEN-AIME  
CHAIR

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY:

\_\_\_\_\_  
SPIRITUS LAW LLC  
NMCRA ATTORNEY

SPONSORED BY: ADMINISTRATION

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

**Vote:**

Chair Philippe Bien-Aime  
Board Member Alix Desulme  
Board Member Mary Estimé-Irvin  
Board Member Scott Galvin  
Board Member Carol Keys, Esq.

\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)  
\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)  
\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)  
\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)  
\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)



To: North Miami Community Redevelopment Agency Board

From: Rasha Cameau, MBA, FRA-RP  
Executive Director

Date: April 13, 2021

RE: NMCRA Residential Program Guidelines

The NMCRA is requesting your review and approval of the new Residential Rehabilitation Program Guidelines.

From 2016 until March 31, 2021, the NMCRA funded the City's Housing Division Single Family Rehab Program and funded 50% of an Inspector and 50% of a Housing Coordinator. As the Agency grows, it has become more efficient and cost effective to manage its own residential program. To that end, the following guidelines will provide for:

1. Painting Program for Owner Occupied Homes for up to \$5,000, and up to \$7,500 with a 60/40 match for multiple dwellings up to four (4) units.
2. Beautification Program for owner occupied homes for up to \$20,000 with no match, and for renters with a 70/30 match requirement.
3. Multi Unit Dwelling Improvements of up to four (4) units, for up to \$30,000 with a 70/30 match.
4. Eligible uses are mainly for exterior improvements: roof, impact windows and doors, landscaping and irrigation, energy efficient air conditioning, water heater, septic to sewer and flood mitigation improvements to name a few.

There is \$750,000 budgeted for this fiscal year. This program will be effective as of April 15<sup>th</sup> 2021.

Staff recommends approval.

**12330 NE 8 Avenue, North Miami, FL 33161 | P: 305.895.9839 | F: 305.895.9822 | [NorthMiamiCRA.org](http://NorthMiamiCRA.org)**

## **North Miami CRA Residential Rehabilitation Grants Guidelines**

One of the primary objectives of a community redevelopment agency is to effectuate positive change within the targeted area through improvements of business and residential structures. To that end, the NMCRA works to transform that area into one that again contributes to the overall health of the community. This transformation occurs through the various grants and incentives initiatives listed below:

- Commercial Grants
- Public Private Partnership Developments
- Infrastructure Improvements
- Residential and Neighborhood Improvement Programs
- Affordable, Workforce, Market Rate, Luxury and Mixed Income Housing
- Affordable/Workforce Housing Development & Renovation
- Transportation and Transit Oriented Developments

### **Mandate**

While each grant program may have individual requirements, the NMCRA requires all projects abide by the following to be considered:

1. Must be within the NMCRA geographic boundary
2. Must have a visible improvement to the property or area
3. Must eliminate slum and blight
4. Must meet current NMCRA Redevelopment Plan goals and objectives
5. Must show quantifiable benefits to the community

### **Residential Rehabilitation Grants**

#### **Universal Requirements:**

1. Primary property use must be residential
2. Applicable City of North Miami/county/state licenses must be up to date for rental properties, up to four (4) units.
3. Scope of work must be clearly defined
4. Color photos of existing and adjacent properties must be provided
5. Owner/Operator or Applicant shall have no outstanding liens, violations, pending litigation with the City of North Miami or NMCRA or any unpaid real and/or tangible personal property taxes.

6. Applications must be completed in full, signed and submitted to be considered
7. Applications can be completed online application at: <http://northmiamicra.org/>. If online process is not possible, it may be emailed to [cragrants@northmiamifl.gov](mailto:cragrants@northmiamifl.gov) or delivered to: 735 NE 125<sup>th</sup> Street, First Floor, North Miami, Florida, 33161. All hardcopy applications must be legible to be considered.
8. Applications will not be considered for funding until a completed application and supporting documentation are received by the CRA.
9. Once application is submitted, NMCRA staff will review for eligibility, then schedule a meeting.
10. If rental property, owner must notify all tenants of the proposed improvements to an assisted residential property in a reasonable time prior to the initiation of the project.
11. If tenant, applicant must obtain approval from landlord in order to participate in program, provide written authorization and execute a landlord's certificate as provided by the NMCRA.
12. Applicants will use a licensed contractor from the NMCRA's selected list of approved contractors. NMCRA Staff reserves the right to deny any submitted cost estimates.
  - a. All cost estimates must be fully and completely itemized and detailed.
  - b. The lowest bid amount will be utilized unless otherwise approved by the NMCRA.
12. CRA staff may require additional work to be done as a condition to approval if the requested items do not show a visible impact/improvement and/or meet the NMCRA's goals.
13. Applicants must abide by all ordinances, code provisions, rules and laws of the City of North Miami, and the NMCRA, or the grant is subject to immediate forfeiture.
14. Any and all improvements must adhere to City of North Miami Building and Zoning Codes and all Federal, State and Local Requirements.
15. The property must legally conform to City of North Miami regulations.
16. If more applications are received than available funds, staff will coordinate the selection via lottery. Exception can be made for life safety issues.
17. Grant awards are limited by funding availability.
18. Once project is complete, property owner is forbidden to make any alterations to the funded improvements without written permission of the NMCRA.
19. **ALL WORK MUST BE APPROVED BY THE NMCRA BOARD PRIOR TO ITS START TO BE ELIGIBLE FOR REIMBURSEMENT.**

## **AUTOMATIC DISQUALIFICATION:**

- A. Properties that have received grant/assistance from the City of North Miami Housing Division within the last two years.
- B. More than one application submitted for the same property will not be considered.
- C. Properties 'for sale' or listed on the MLS will not be considered.
- D. Any work done prior to approval by the CRA Board does not qualify.

## **ELIGIBLE USES:**

NMCRA funds are to be used for standard building finishes as determined by the NMCRA.

- Impact Windows and Doors
- Awnings & Canopy
- Painting & Stucco
- Roof repair or Replacement \*(Only for non-insured homeowners)
- Safety Enhancements: Security Exterior Lighting & Fixtures, 2 per residence
- Electrical upgrades, if deemed a life safety issue
- Fence and Gates
- Driveways/walkways
- Parking/surface lots
- Wells
- Landscaping and irrigation
- Flood mitigation Improvements
- Energy efficient air conditioning, water heater
- Termite removal
- Sceptic to sewer conversion
- ADA enhancements to include stairs/ramps
- Other exterior improvements not listed above may be considered on a case by case basis.

While this program is designed to perform exterior improvements, emergency interior repairs can also be included if they mitigate life safety issues including: Removal of asbestos, mold, home barriers to the disabled and/or elderly or other life safety issues as determined by the Building or Code Compliance Official.

\*Applicants requesting funding for roof repair or replacement must provide proof of insurance denial letter for coverage. If roof replacement is required, up to \$25,000 may be allocated. If the requested roof improvements are required in order to qualify for insurance coverage, a grant may be approved to fund the required improvements, provided that the property owner provides proof that a policy has been/will be purchased and will activate upon completion of roof repair or replacement project.

Costs may include other work necessary to complete the project, including: Architectural, landscape architectural or engineering fees for the preparation of construction drawings, construction supervision, permits and inspection fees.

### **GENERAL INFORMATION REQUIRED:**

1. Name of applicant, co-applicant(s), and any other household members residing at the property (whether related to the property owner or not) and relationship to property owner(s).
2. Address of property and telephone number.
3. Dates of birth of applicant(s) and ages of other household members.
4. Proof of income, employment information on all household members (if applicant is unemployed, date unemployment began and type of work done before).
5. All other income for the household including but not limited to wages, salaries, pensions, social security, disability, unemployment, self-employment, rental income, alimony, child support, interest dividends, and income derived from assets.
6. Assets including but not limited to bank accounts, stocks, bonds, equity in real estate, and owned cars, boats, mobile homes, etc...
7. Legal description of the property.
8. Monthly housing expenses including mortgage payments of principal and interest where debt was incurred for housing purposes only (first, second, or other mortgage), real estate taxes, special assessments, flood insurance, fire and extended coverage insurance (hazard insurance).
9. Declaration page of current year Home Owners Insurance policy. Information on flood and hazard insurance including name of insurer, agent, address, policy number, and amount and dates of coverage.
10. Government issued ID of Applicant.
11. Property taxes verification.
12. Last two years (consecutive) of Federal Tax Returns, all schedules, W-2s and 1099s.
13. Current three (3) consecutive pay stubs (if applicable).
14. Custody or Adoption agreement (if applicable).
15. Alimony, Child support payment records (if applicable).
16. Warranty Deed.
17. Copies of last three (3) consecutive bank statements for each account (all pages).

18. Documentation of any other income (Award of retirement benefits, etc.)
19. Other information as required.

Staff will review insurance records for the property to determine that sufficient hazard insurance and flood insurance coverage exists that is at least equal to the total loans outstanding on the property including the NMCRA's anticipated grant and the balance of all other senior debt against the property. The insurance records shall be endorsed to include the North Miami CRA as a loss payee and a mortgagee. The property will be considered in compliance if the required insurance coverage and policy endorsements are included. If insurance coverage is not in compliance, the applicant may achieve compliance by obtaining the required coverage. Failure of the homeowner to provide the CRA with proof of insurance within one (1) year from the date of the contract will be an act of default.

### **TERMINATION OF GRANT OR FORFEITURE:**

Termination of funding and forfeiture grant can occur if:

- The applicant refuses or fails to allow the rehabilitation work to commence within thirty (30) days from contract award.
- The applicant refuses or fails to allow reasonable access to complete the rehabilitation after commencement.
- The applicant refuses to authorize payments associated with the project which have been deemed payable by CRA staff.
- An event of default occurs as specified in the mortgage, promissory note or lapse in insurance.
- Applicant sales the property within the five (5) year maintenance period.

Notice shall be given to the applicant of such termination and/or forfeiture, as appropriate, with follow-up action by the CRA Attorney, for full refund of funds disbursed.

### **1) Paint Up Program**

The NMCRA will provide up to \$5,000 for single family homes utilizing the services of a qualified paint contractor, from the approved NMCRA list of contractors. The NMCRA will pay up to \$7,500 for multi dwellings up to four (4) units, with a 60/40 match requirement from property owner.

### **2) Beautification Program for Owner Occupied Single Family Homes**

The NMCRA will provide up to \$20,000 with no match requirement, to eligible owner-occupied homeowners. This grant is subject to 100% forgiveness, pending the successful completion of a five (5) year maintenance period on the improved property.

### **REQUIREMENTS**



1. Must be a resident of North Miami for one (1) year.
2. Proposed enhancements must show visible improvements or positively affect the quality of life of the resident and community.
3. Mortgage must be current at the time of the application.
4. Must be homesteaded property.
5. Property taxes must be current.
6. Applicant's total household income may not exceed (140%) of the area's median income as defined by Miami Dade Housing income limit chart.
7. Property Insurance must be current.

## **2) Beautification Program for Rental Homes**

The NMCRA will provide up to \$20,000 with a 70/30 match requirement, to eligible single family homes rented. This grant is subject to 100% forgiveness, pending the successful completion of a five (5) year maintenance period on the improved property.

### **REQUIREMENTS**

1. Must be a resident of North Miami for one (1) year.
2. Proposed enhancements must show visible improvements or positively affect the quality of life of the resident and community.
3. Must provide an executed lease for at least one year.
4. If tenant is applying, applicant must obtain approval from landlord in order to participate in program, provide written authorization and execute a landlord's certificate as provided by the NMCRA.
5. Property Taxes must be current.

## **3) Multi-Unit Improvements**

Up to four (4) Units eligible for up to \$30,000 with a match 60/40 match requirement. This grant is subject to 100% forgiveness, pending the successful completion of a five (5) year maintenance period on the improved property.

### **REQUIREMENTS**

1. All units must be rented or be rented within 6 months of improvements.
2. Proposed enhancements must show visible improvements or positively affect the quality of life of the resident and community.

3. Property Taxes must be current.

## **CODE VIOLATION**

Properties with pending code violations are not eligible for the program, unless it is determined that the proposed scope of work includes the resolution of the code violation(s) in a manner that is deemed acceptable and appropriate in the sole discretion of the program administrator.

## **TIME LIMITS**

Construction must start 3 months from the date of signing of the agreement between the Grantee and the Grantor and must be completed 1 year from such date. Projects must be completed by the timetable outlined in an agreement signed between the Grantor, business owner, and approved by the property owner in the case of a tenant.

## **CONSISTENCY WITH CITY ORDINANCES AND COMPLIANCE**

Projects must comply with all City of North Miami 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 Grantor is the sole interpreter of eligibility determinations, payment amounts and compliance with program requirements. All of the Grantor's decisions are final. Projects are not officially accepted in the program until an agreement between the applicant and the Grantor is signed.

## **MONITORING PROCESS**

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

After project is complete, staff will monitor the status of the property for the required five (5) years and will follow the monitoring steps outline in the CRA SOP.

## **PUBLICITY**

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

**SINGLE FAMILY HOME APPLICANT:**

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

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

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

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

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

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Monthly Mortgage: \_\_\_\_\_ Living at this address since: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

If entity, FEIN# \_\_\_\_\_ Household Size: \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Unmarried(single, divorced, widow)

**Employer #1 (All employment must be listed below):**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

**Income**

Monthly Salary	
Bonus	
Overtime	
Alimony/Child Support	
SS/Disability/Pension	
Other (explain):	

**Employer #2 (All employment must be listed below):**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

**Income**

Monthly Salary	
Bonus	
Overtime	
Alimony/Child Support	
SS/Disability/Pension	
Other (explain):	

**APPLICANT'S TOTAL MONTHLY INCOME \$** \_\_\_\_\_

**CO-APPLICANT**

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

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

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

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

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

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Monthly Mortgage: \_\_\_\_\_ Living at this address since: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

If entity, FEIN# \_\_\_\_\_ Household Size: \_\_\_\_\_

Is property homesteaded? \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Unmarried(single, divorced, widow)

**Employer #1 (All employment must be listed below):**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

**Income**

Monthly Salary	
Bonus	
Overtime	
Alimony/Child Support	
SS/Disability/Pension	
Other (explain):	

**Employer #2 (All employment must be listed below):**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

**Income**

Monthly Salary	
Bonus	
Overtime	
Alimony/Child Support	
SS/Disability/Pension	
Other (explain):	

**CO-APPLICANT'S TOTAL MONTHLY INCOME \$** \_\_\_\_\_

**TOTAL HOUSEHOLD GROSS MONTHLY INCOME \$** \_\_\_\_\_

ALL OTHER HOUSEHOLD MEMBERS (do not include applicant and co-applicant)

Name	Date of Birth	Relationship	Gross Annual Income

**Assets** (For Applicant and Co-Applicant and Other)

Bank accounts: Checking, Savings, Retirement, Certificates of Deposits, etc. Use additional pages if needed:

Type of Account	Bank/Institution	Applicant	Co-Applicant	Other	Total
Checking					
Savings					
Retirement					
Stocks					
Bonds					
Mutual Funds					
Vehicles/Boats					
Other					

**TOTAL ASSETS** \$\$ \_\_\_\_\_

**Liabilities** (For Applicant, Co-Applicant, Other)

Bank or Creditor	Applicant	Co-Applicant	Monthly Payment	Balance Due
Mortgage/Rent				
Insurance				


**TOTAL DEBTS:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**MULTIPLE DWELLING APPLICANT**

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

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

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

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

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

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Monthly Mortgage: \_\_\_\_\_ Own this property since: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

If entity, FEIN# \_\_\_\_\_ Number of Units: \_\_\_\_\_

Are units fully occupied: \_\_\_\_\_

Monthly Income:

Rent	
Other	
Total income	

**Assets**

Bank accounts: Checking, Savings, Retirement, Certificates of Deposits, etc. Use additional pages if needed:

Type of Account	Bank/Institution	Applicant	Co-Applicant	Other	Total
Checking					
Savings					
Retirement					

Stocks					
Bonds					
Mutual Funds					
Vehicles/Boats					
Other					

**TOTAL ASSETS** \$\$ \_\_\_\_\_

**Liabilities**

Bank or Creditor	Applicant	Co-Applicant	Monthly Payment	Balance Due
Mortgage/Rent				
Insurance				

**TOTAL DEBTS:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TYPE OF IMPROVEMENT(S):**

(Please list all improvements to be made to the home)


**CERTIFICATION:**

I/we understand that my income will be verified with the employer(s) listed above.

I/we understand that this program provides assistance for homeowners/property owners that are not currently in bankruptcy.



I/we agree to participate in the promotion of this program, and agree to be interviewed and accept pictures to be taken. I/we agree that NMCRA may use such photographs of me/us with my/our names(s) and for any lawful purposes, including but not limited to publicity, illustration, advertising and web consent.

I/we understand that if assistance is provided and work is not completed with 1 year, or I/we cease to occupy the property as my/principal residence or if I/we sell or convey the property, then the total assistance provided will be due and payable to the NMCRA plus any applicable penalties, interest and attorney's fees.

I/we understand the terms of this program and sign acknowledging the following terms apply to me/us:

I/we must remain in the home/own property for at least five (5) years to avoid forfeiture.

I/we declare that all information provided on all pages of this application is true and accurate to the best of my/our knowledge. I/we understand that misrepresentations or incorrect information provided can disqualify me/us from participating in this program.

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Applicant's Name and Signature

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Co-Applicant Name and Signature