MacFarlane Homestead Subdivision Local Historic District Rehabilitation Grant Program Application Kit

City of Coral Gables Historical Resources Department



This MacFarlane District Project is supported by the Building Better Communities Bond Program and the Mayor and Board of County Commissioners of Miami-Dade County

INTRODUCTION

The MacFarlane Homestead Subdivision Historic District was locally designated by the City of Coral Gables in 1989, and its boundaries were expanded and contributing and non-contributing properties updated in 1998. The Historic District was listed in the National Register of Historic Places (National Register) in 1994 for its significance in the areas of Architecture, Community Planning and Development, and Ethnic Heritage. It is the only historic district listed in the National Register of Historic Places within the City of Coral Gables. The properties within the MacFarlane Homestead Subdivision, most of which were built during the late 1920's and 1930's, are representative of a vernacular type of architecture not seen elsewhere in Coral Gables.

The MacFarlane Homestead Subdivision Local Historic District Rehabilitation Grant Program is an effort by the City of Coral Gables Historical Resources Department to provide financial and technical assistance to the owners of the contributing resources within the historic district. In order to qualify for the grant funding, owners of a contributing historic resource must occupy and use the residence as their exclusive principal residence, and must meet the income qualifications defined in the Affordable Housing Restrictive Covenant included within this application. This MacFarlane District project is supported by the Building Better Communities Bond Program and the Mayor and Board of County Commissioners of Miami-Dade County.

This Application Kit was designed for the purpose of guiding and helping the applicant satisfy all of the requirements to obtain the grant funding. The application process consists of two steps, the first of which determines if the applicant and their residence qualify, and the second provides a detailed analysis of the restoration work and grant funding necessary to complete the rehabilitation. The checklist included within the Application Kit lists the documents that the applicant must submit for each part in order to be considered for grant assistance.

Please contact the City of Coral Gables Historical Resources Department Staff with any questions.

City of Coral Gables
Historical Resources Department
2327 Salzedo Street
Coral Gables, FL 33134
305-460-5093
historicalresources@coralgables.com

CHECKLIST

PART I:			
Completed Part I Rehabilitation Grant Program Application			
Certification of ownership A copy of proof of title must be provided.			
Proof of owner occupancy A copy of a recent power or water bill must be provided.			
Photographs The applicant must submit a minimum of four photographs of the structure to be rehabilitated, showing the north, south, east, and west sides. Additional photographs illustrating specific structural problems and deterioration may also be provided.			
☐ Income Qualification Documents			
PART II:			
Please note that once an applicant has been qualified for the program through Part I of the application, assistance will be provided by City of Coral Gables Historical Resources Department staff for the preparation of the Scope of Work, Budget, and Timeline for Part II. Please do not complete Part II until you receive notice that you have been qualified through Part I.			
Completed Part II Rehabilitation Grant Program Application The application primarily serves as a cover document for the requested Scope of Work, Budget, and Timeline.			
Scope of Work Provide a detailed description of the necessary elements to be rehabilitated.			
Project Budget Provide a detailed line item budget indicating necessary capital improvements, architectural and engineering services, fixtures and equipment.			
Project Timeline			
Affordable Housing Restrictive Covenant			
Certificate of Completion of Homebuyer Education Course See attached Homebuyer Education and Counseling Services Contact List Please contact Coral Gables Historical Resources Department Staff if you would like to request scholarship funding.			
Certificate of Income Qualification			

PART I: APPLICATION

MACFARLANE HOMESTEAD SUBDIVISION LOCAL HISTORIC DISTRICT REHABILITATION GRANT PROGRAM



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1. APPLICANT INFORMATION

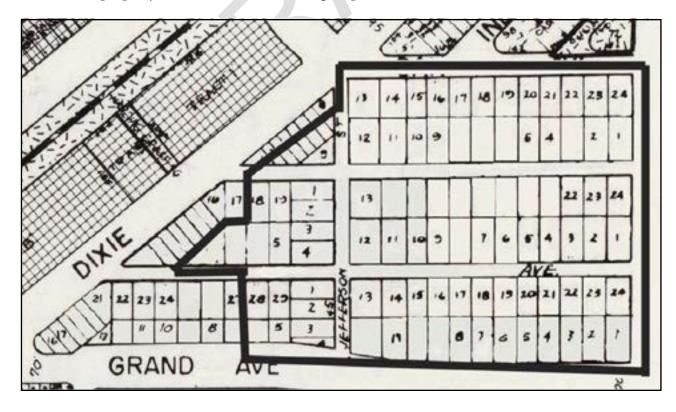
Name of Applicant:				
Address:				
Home Telephone No.:				
Cellular Telephone No.:				
Email:				
Preferred Contact Method: (circle one)	Home Telephone Cellular Telephone Email			
How many full time, permanent residents live at the house?				
List their names:				

2. PROPERTY INFORMATION

Items noted with a * can be found through a search on the Miami-Dade County Property Appraiser's Website: http://www.miamidade.gov/propertysearch.

Street Address:	
*Legal Description:	
*Folio Number:	
Is the property owner occupied	as the owner's exclusive principal residence? YES NO (circle one)
Is there currently a mortgage o	n the property? (circle one) YES NO
Date purchased or acquired:	*Year Built:
*Assessed valuation:	*Adjusted square feet:

Please mark property's location on the following map of the historic district:



3. PROPOSED REHABILITATION INFORMATION

Please circle **ALL** items in need of improvement: Accessibility/ADA Interior Walls/Ceilings Foundation Fences Electrical **Doors** Paint Paving/Walkways Lighting Plumbing Roof **HVAC Exterior Wall Surface** Windows Other Briefly describe minor and major improvements requested: Please note that if the level of improvements requires it, you may be required to temporarily relocate at your own expense for the period of construction. Please initial here to acknowledge that you are willing and able to temporarily relocate if necessary

4. AGREEMENT AND CERTIFICATIONS

The undersigned is applying for the grant indicated in this application for improvements to the property described herein, and represents that the property will not be used for any illegal or restricted purpose. The undersigned understands and agrees that records received by the City of Coral Gables in connection with the grant program will be public records, consistent with Florida statutes.

The undersigned further agrees to permit an engineer or architect to perform an inspection of the property proposed for rehabilitation under the grant program during Phase II of the application process. The fundamental purpose of this inspection is to determine, in a reasonable fashion, the general structural condition of the building under consideration for the rehabilitation grant funding.

I understand, acknowledge, and agree that the representations, covenants, and/or warranties contained herein or otherwise submitted in relation to this Application are being submitted under penalty of perjury. I further understand, acknowledge, and agree that should the City determine that any of the representations, covenants, and/or warranties contained herein or otherwise submitted in relation to this Application are false, misleading, or inaccurate, then any benefits contemplated in the Application as well as any permits issued and/or granted based upon this Application may be revoked, voided, and nullified. I also understand, acknowledge, agree, and accept that I may be held personally liable for any costs the City may incur, directly or indirectly, for acting in reliance upon any false, misleading, and/or inaccurate representations, covenants, or warranties related hereto or otherwise submitted in relation to this Application, and the City shall have the sole authority to determine the amount necessary to mitigate said additional costs.

I understand that I am swearing or affirming under oath as to the truthfulness of the claims and assertions made in this Application and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Executed on this	_ day of	
		Applicant's Signature
		Applicant's Printed Name
	N	NOTARIZATION
STATE OF FLORIDA COUNTY OF MIAM	,	
		day of, in the year 20, by _ who has taken an oath and is personally known to me or
		as identification.
My Commission Expi	res:	
		Notary Public

5. ATTACHMENTS

Please attach the following items, as noted on the Application Checklist:

(A) Certification of ownership

A copy of proof of title must be provided.

(B) Proof of owner occupancy

A copy of your last power or water bill, and a copy of a valid Florida driver's license or State ID card must be provided.

(C) Photographs

The applicant must submit a minimum of four photographs of the structure to be rehabilitated, showing the north, south, east, and west sides. Additional photographs illustrating specific structural problems and deterioration may also be provided.

(D) Additional Income Qualification Documents

Last four pay-stubs, un-employment compensation, social security award letter, and evidence of pensions, child support/alimony payments; if applicable
Most current 6 months bank statements for all accounts; must reflect monthly balances
Birth certificates for all children that reside at the house
Last 2 years Federal Income Tax Returns including W-2's, all pages and schedules
Please contact Historical Resources Department Staff to discuss additional qualification materials that may be necessary if any adults other than the owner(s) are full time, permanent residents of the house.

Please contact the Historical Resources Department Staff with any questions or concerns prior to submittal. Submit one copy of Part I of the Application and all required attachments to:

City of Coral Gables Historical Resources Department 2327 Salzedo Street Coral Gables, FL 33134

in of the requested information i	nust be submitted or an explanation as to why an	item cannot
e provided should be included b	elow.	
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PART II: APPLICATION

MACFARLANE HOMESTEAD SUBDIVISION LOCAL HISTORIC DISTRICT REHABILITATION GRANT PROGRAM



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Please note that Part II of the Application is to be completed with assistance from City of Coral Gables Historical Resources Department Staff after qualification through Part I of the Application. The Part II Application primarily serves as a summary and cover document for the required attachments.

1. REHABILITATION GRANT DETAILS

Name of Applicant:	
Property Address:	
Cost of Rehabilitation: a. Estimated construction costs:	
b. Estimated soft costs:	
TOTAL	
Estimated Construction Period:	
Projected project completion date:	
Amount of funding requested:	

2. ATTACHMENTS

(A) Scope of Work

Provide a detailed description of the necessary elements to be rehabilitated.

(B) Project Budget

Provide a detailed line item budget indicating necessary capital improvements, architectural and engineering services, fixtures and equipment.

(C) Project Timeline

(D) Affordable Housing Restrictive Covenant

(E) Certificate of Completion of Homebuyer Education Course

(Attached is a list of Homebuyer Education and Counseling Services Contact List. Please contact Coral Gables Historical Resources Department Staff if you would like to request scholarship funding.)

(F) Certificate of Income Qualification

This will be provided to qualified applicants after the completion of Part I of the Application.

Please contact the Historical Resources Department Staff with any questions or concerns prior to submittal. Submit one copy of Part II of the Application and all required attachments to:

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