



MIAMI-DADE COMMISSION ON ETHICS AND PUBLIC TRUST

Overtown Transit Village North
701 Northwest 1st Court · 8th Floor · Miami, Florida 33136
Phone: (305) 579-2594 · Facsimile: (305) 579-0273
Website: ethics.miamidade.gov

County Employee or Relative of County Employee Seeking Assistance from Public Housing and Community Development

Please submit the following information by mail, fax, or e-mail to:

Miami-Dade Commission on Ethics & Public Trust

E-mail: ethics@miamidade.gov

Input checkbox for County Employee section.

County Employee

Complete this section ONLY if you are a County Employee.

Form fields for County Employee: Employee's Name, Employee's Dept. and Section, Employee's Title, Employee's Job Description and Duties, Supervisor's Name, Supervisor's Phone Number and E-mail, Employee's Mailing Address, Employee's Phone Number, Employee's E-mail.

Input checkbox for Immediate Family Member of County Employee section.

Immediate Family Member of County Employee

Complete this section ONLY if you are an immediate family member of a County Employee - Miami-Dade County's Conflict of Interest and Code of Ethics Ordinance, section (b)(9), defines "immediate family" as spouse, domestic partner, parents, stepparents, children, and stepchildren.

Form fields for Immediate Family Member: Your Name, Your Mailing Address, Your Phone Number, Your E-mail, Name of County employee related to you, Type of relationship (spouse, child, parent, other), County employee's department or division, Disclose if family member works at PHCD, County employee's title, List names, titles, and departments of any other immediate family members currently employed by Miami-Dade County.

Please check below the Public Housing and Community Development (PHCD) program(s) to which you are applying:

Section 8 Programs

(Those wishing to file to become **Section 8 Landlords** must complete either the “County Employee as Landlord for Section 8 Housing” form OR the “Relative of County Employee Seeking to Accept Section 8 Housing Voucher” form at: <http://ethics.miamidade.gov/frequently-used-forms.asp>)

- Housing Choice Voucher (HCV)
- Project-Based Voucher (PBV)
- Veterans Affairs Supportive Voucher (VASH)
- Moderate Rehabilitation
- Substantial Rehabilitation
- Shelter Plus Care (S+C)

Other Rental (not Section 8 related) and Mortgage Programs

- Public Housing Rental
- Tenant-Based Rental Assistance (TBRA-maximum 2years)
- First-Time Home Ownership Mortgages
- Home-Owner Rehabilitation Program
- Home-Owner Beautification Program
- Emergency Rental Assistance Program (ERAP)
- Other (please list): _____

The Miami-Dade County Conflict of Interest & Code of Ethics, at Section 2-11.1(c)(5)(5), allows County Employees and their immediate family members to apply for direct housing assistance programs from the County’s Public Housing and Community Development department (PHCD) if they meet certain conditions and if the following criteria are met:

Please check one of the following categories and affirm that you meet the criteria for that category:

I am a County Employee and:

- 1. I am eligible to receive such assistance from PHCD.
- 2. I do not work in PHCD, the department that enforces, oversees, or administers the contract.

I am a PHCD Employee and:

- 1. I am eligible to receive such assistance from PHCD.
- 2. I will not participate in the administration of the program during the entire term of the loan or rental assistance provided.

I am an Immediate Family Member of a County Employee and:

- 1. Check one:
 - ___ I am an immediate family member of an employee who is not employed at the County Public Housing and Community Development department.
 - ___ I am an immediate family member of an employee working at the County Public Housing and Community Development department.
- 2. I am eligible to receive such assistance from PHCD.

I affirm that the information I have provided is true and I pledge to abide by the requirements listed here.

Signature

Date