



City of Lauderdale Lakes  
Development Services Department  
4300 NW 36th Street  
Lauderdale lakes, FL 33319  
Tel (954) 535-2482 • Fax (954) 731-5309

## Homeowners Insurance Program

**Program Overview:** This program is limited to single-family homes and condominium units, the city will provide to eligible applicants **one-time** payment only up to \$3,500.00 to obtain property insurance. It is the responsibility of the property owner to maintain the insurance policy thereafter, the City of Lauderdale Lakes will not be responsible for any further payments. Priority will be given to residents applying to the City's grant programs. Funding is based on a first come, first serve bases until funding is exhausted.

**Eligibility:** In order to be eligible for the homeowners insurance program, the affected property must be owner-occupied, homestead property within the meaning of section 4 of article X of the Florida Constitution and the applicant shall be required to show, by substantial, competent evidence, in the record, that the applicant meets the guidelines established below:

- Applicant is a resident of the City of Lauderdale Lakes
- The property is a homestead, meaning primary residence
- The applicant must not have had homeowners insurance for 1 year, have been denied and or dropped
- Applicant cannot own multiple properties
- The applicant cannot exceed Broward County's Area Median Income of \$73, 400

**Application Process:** An application for the insurance program benefit shall be filed with the office of Development Services to determine sufficiency of the application. If an application is not deemed sufficient, the applicant will receive a written explanation as to the deficiencies. In the event an application is deemed sufficient, the application shall be referred for approval.

APPLICATION MUST BE ACCOMPANIED BY **COPIES** OF THE FOLLOWING DOCUMENTATION:

1. Proof of one (1) of the below Identifications (for both Applicant and Co-Applicant)
  - Passport
  - Resident Card
  - State issued picture ID
2. Proof of Property Ownership (Warranty deed or Quit claim deed)
3. Proof of marriage certificate (if applicable)
  - If divorced, a copy of the divorce decree will need to be provided.
  - If spouse is deceased, a copy of death certificate will need to be provided.
4. Proof that you are current on your property taxes.
5. Proof of primary residence. (If property recently purchased, please provide a copy of the Closing Disclosure and confirmation page submission of Homestead Exemption application.)

6. Most recent mortgage statement, showing that you are current, or proof of mortgage satisfaction
  7. No less than three (3) current quotes/estimates equal in coverage or one (1) from a broker
  8. Latest W-2 form as proof of annual income
  9. W-9 form required for Insurance Company.
  10. Please make sure that estimates are equal in coverage as the City is going to compare in order to get the most for the expense before allowing you to contract with any insurance company.
- Estimates must list at a minimum:
    - a) Company's Information (Date, Name, Address, Phone, License Number, Representative Name)
    - b) Homeowner's Name and property address
    - c) Details of coverage
    - d) The total amount of the quote
    - e) Contact information for authorized representative of the Insurance Company

All requested for funding is subject to staff review and approval. The program does not reimburse for any contracts signed prior to approval from the city. All payments will be made directly to the insurance company, no payment will be made directly to any applicant. Applications will be taken Monday through Thursday 8:00 am to 3pm by appointments only.



### Homeowners Insurance Program

Information contained herein shall be used for the purpose of determining eligibility only.  
**PLEASE PRINT CLEARLY.**

APPLICANT						
Last Name		First		M.I.	Date	
Address				Apartment/Unit #		
City	Lauderdale Lakes	State	FL	ZIP		
Phone			E-mail Address			

#### CO-APPLICANT

Last Name		First		M.I.
Phone Number			E-mail Address	

1. Are you a City of Lauderdale Lakes Employee? Yes  No

If yes, what department \_\_\_\_\_

2. Are you related to a City: employee, elected official, or any Board member? Yes  No

If yes, name of relative and relationship to relative \_\_\_\_\_

3. My house is a (Please Check One): Single Family ( ) Townhome ( ) Condominium ( )

4. Are there other parties on the Warranty Deed? Yes ( ) No ( ) Adult Occupants ( )

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

5. Please specifically indicate what type of work will be completed, for which funds are being requested.

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#### APPLICANT

**Marital status:**  Married  Single  Divorced  Widowhood  Separated

Relationship to Co-Applicant: \_\_\_\_\_

**Race:**  Black not Hispanic  White  Hispanic  Other (Specify) \_\_\_\_\_

**Sex:**  Male  Female Citizen / Residential Alien:  Yes  No

#### CO-APPLICANT

**Marital status:**  Married  Single  Divorced  Widowhood  Separated

Relationship to Co-Applicant: \_\_\_\_\_

**Race:**  Black not Hispanic  White  Hispanic  Other (Specify) \_\_\_\_\_

**Sex:**  Male  Female Citizen / Residential Alien:  Yes  No

<p>Office Use Only          (Date stamp once application is verified)</p>
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**CITY OF LAUDERDALE LAKES**  
AGREEMENT  
AFFIDAVIT AND RELEASE

The undersigned applies to participate in the Program in accordance to this application. The City of Lauderdale Lakes shall not be liable for any damage caused by contractor or as a result of repairs requested, and I/we the undersigned release and hold harmless the City from any and all liabilities to myself/ourselves and all personal and real property. The undersigned further attests that all statements made in this application are true and made for the purpose of participating in this Program. The undersigned warrants that is accurately listed on this application. Verifications may be obtained from any source named in the application. The undersigned fully understands that it is a federal crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts, as applicable under the Code of Ordinance Chapter 30 Article III.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Co-Applicant Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

STATE OF FLORIDA        )

) ss:

BROWARD COUNTY        )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. By

\_\_\_\_\_.

Personally known         Produced Identification: Driver's License/State ID/US Passport

\_\_\_\_\_  
Notary Public Signature

Stamp/Seal: