



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

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

Gilma Diaz-Greco, Staff Attorney

The Commission on Ethics and Public Trust

19 West Flagler Street, Suite 820

Miami, FL 33130

Phone: (305) 350- 0638

Fax: (305) 579-0273

Email: gdiazgr@miamidade.gov

County Employee (check here if you are a County employee applying for one of the programs administered by PHCD)

Employee's Name _____

Employee's Dept. and Section _____

Employee's Title _____

Employee's Job Description and Duties _____

Employee's Mailing Address and Zip Code _____

Employee's Phone Number _____

Employee's Email _____

Immediate family member
who works at PHCD _____

PHCD Division where relative works _____

Supervisor's Name _____

Supervisor's Phone Number and Email _____

Immediate Family Member of County Employee (Miami-Dade County's Ethics code at Section (b)(9) defines "Immediate Family" as spouse, domestic partner, parents, stepparent, children, and stepchildren)

Complete this section if: You are a County employee who has an immediate family member working at PHDC (complete top section **and** this section)

You are not a County employee, but an immediate family member is a County employee (complete this section only)

Your Name _____

Your Mailing Address _____

Your Daytime Phone Number _____

Your Email _____

Name of County employee _____

What is the relationship? (spouse, child, parent, etc...) _____

County employee's department or division _____

County employee's title _____

List names, titles, and departments of any other _____
immediate family members currently employed _____
by Miami-Dade County _____

Please check below which Loan or Rental Assistance program you are seeking

Section 8 Programs

(Those wishing to file to become **Section 8 Landlords** must complete the COE application for **Section 8 Landlords** 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)
- Home-ownership Second Mortgages
- Home-owner Rehabilitation Program
- Home-owner Beautification Program
- Other (please list): _____

The Miami-Dade County Code, 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:

County Employees:

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.

PHCD Employee:

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.

Immediate Family Member of a County Employee

1. I am an immediate family member of an employee who is not employed by 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

Your ethics opinion will be sent to by first class mail and email. Please submit the letter to the PHCD department.