



City of Lauderdale Lakes
Development Services Department
4300 NW 36th Street
Lauderdale lakes, FL 33319
Tel (954) 535-2480 • Fax (954) 535-0799

Code Enforcement Trust Fund Program

Program: The program established hereby and the benefits to be provided hereunder are limited to those violations pertaining to single-family homes and condominium units, which involve the aesthetic appearance of the exterior of real property or which constitute an eminent threat of the loss of property or bodily harm. By way of example, but not way of limitation, violations concerning the appearance of lawns and irrigation systems, exterior of buildings, including roofs, broken windows, unprotected swimming pools, stagnant water, deteriorated exterior doors, or deteriorated fences and walls shall be within the scope of the code enforcement trust fund program. For those eligible, the cost to cure shall not exceed \$2,500.00. The city may provide one-time financial assistance to eligible program participants to correct code violations.

The purpose of the regulations hereunder is to provide a revolving fund to assist persons suffering unique hardships, who have been cited for violations of the city regulations, but who cannot come into compliance with those regulations, because of an inability to pay the costs of such undertakings as would render the person's property compliant and to assist those with unique hardships to avoid the loss of property through the foreclosure of code enforcement liens and, thereby, to improve the general prosperity of the city for the benefit of all of the citizens thereof.

Eligibility: In order to be eligible for a trust fund award, 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 by a resolution of the city commission, and in compliance with at least one of the following (use check box to select two or more):

- Senior citizen (62 years of age or older);
- The death of the applicant's spouse or significant-other, who provided for substantially all of the applicant's support within a one-year period immediately prior to the filing of the application contemplated in [section 30-90](#);
- A debilitating illness, physical or mental condition of the applicant's spouse or significant-other, who provided for substantially all of the applicant's support within a one-year period immediately prior to the filing of the application contemplated in [section 30-90](#);
- Unemployment of the applicant's spouse or significant-other, who provided for substantially all of the applicant's support for a period of three or more months next preceding the date of application as a result of a physical or mental impairment; or
- Applicant has conceded the propriety of the violation.
- The cause of the violation being entirely out of the property owner's control and the direct result of a violation of this code by an unrelated third party.

Application Process: An application for code enforcement trust fund benefits shall be filed with the office of the city manager. The city manager shall determine the sufficiency of the application. If an application is not deemed sufficient, the application shall be returned to the applicant with a written explanation as to the deficiencies. In the event an application is deemed sufficient, the application shall be referred to such designee(s) as the city manager shall determine sufficient.

1. Driver's License or State ID for all house hold individuals (18 years of age and older).
2. Proof of property ownership: Warranty Deed or Satisfaction of Mortgage
3. Proof of primary residence. (Homestead)
4. Proof that you are current on your property taxes.
5. Most recent mortgage statement, showing that you are current.
6. Three estimates equal in workmanship

- Please make sure that estimates are equal in workmanship as the City is going to compare in order to get the most for the expense before allowing you to contract with any contractor.
- Estimates must list at the minimum:
 - a) Company's Information (Name, Address, Phone, License Number, Representative Name)
 - b) Homeowner's Name and property address
 - c) Scope of Work
 - d) The total amount of the job (to include permit fees if applicable)

7. Copy of the Contractor's License (for the lowest bidder)

8. Copy of Contractor's General Liability Insurance (for the lowest bidder)

All requested home repair work is subject to staff review and approval. Applications are accepted by appointment only; appointments are scheduled during the week between 8:00 am to 3:30 pm. The program does not reimburse for any expenses prior to applying and/or completed outside the program guidelines.



"We Care"

**** STAFF WILL NOT MAKE COPIES OF REQUIRED DOCUMENTS ****
BE SURE TO HAVE YOUR COPIES ALREADY MADE UPON SUBMISSION OF APPLICATION DOCUMENTS WILL NOT BE RETURNED
AND ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED



City of Lauderdale Lakes
 Community Development Department
 4300 NW 36th Street
 Lauderdale lakes, FL 33319
 Tel (954) 535-2815 • Fax (954) 535-0799

Code Enforcement Trust Fund Program Application

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	
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 ()

Name: _____ Relationship: _____

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

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

Code Enforcement Trust Fund Program
 FY 2022

<p>Office Use Only (Date stamp once application is verified)</p>

**CITY OF LAUDERDALE LAKES
AGREEMENT
AFFIDAVIT AND RELEASE**

The undersigned applies to participate in the Code Enforcement Trust Fund Program indicated in this application. The City of Lauderdale Lakes is not responsible for the damage, and I/we the undersigned release and hold harmless the City from any and all liabilities to myself/ourselves and personal property. The undersigned further understands that all statements made in this application are true and made for the purpose of participating in this Code Enforcement Trust Fund Program. The undersigned warrants that all income from every person in the household 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: