

City of Coral Gables

Signature Hurricane Protection Program Financial Affidavit

I (we), _____, am the property owner(s) of the property located at

and	am applying for the Signature Hurricane
Protection Program of the City of Coral Gables. I her	reby affirm and attest that:
 I am a resident of Coral Gables, Florida single-family residence listed above; and I do not own any additional real estate pro Coral Gables, FL. My household income is below 80% of Dade County, as provided for in Exhibit ' 	operty located within or outside of the City of the Area Median Income (AMI) for Miami
I understand that I am swearing and/or affirming unmade in this Affidavit and that the punishment for kases and/or imprisonment and that this claim is subject that I have read the contract of perjury, I declare that I have read the crue.	ect to the City of Coral Gables' False Claims and the penalties set out therein.
Executed on this day of, 2023.	
AFFIRMED AND ATTESTED BY:	
Owner	Date
Owner	 Date

NOTARIZATION

(STATE OF FLORIDA) ss. (COUNTY OF MIAMI-DADE)

The foreg	going instru	ment	was swe	orn to a	and/o	r affirmed an	nd subscril	oed b	efore n	ne by means	of
physical	presence	or	online	notai	rizatio	on, this _	of	·		20	23,
by			,	who	is	personally	known	or	who	produced	a
		as	identific	cation.							
My Com	mission Exp	ires:									
					\overline{N}	otary Public					

Exhibit "A"

Income Limits Effective April 18, 2022¹

Household Size	Maximum Household Income for the Prior Calendar Year
1	\$54,600
2	\$62,400
3	\$70,200
4	\$78,000
5	\$84,250
6	\$90,500
7	\$96,750
8	\$103,000

Source: U.S. Department of Housing and Urban Development for FY2022

https://www.miamidade.gov/global/housing/income-limits.page

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¹¹ Income limits may be updated on an annual basis