



PLEASE RETURN WITH YOUR SIGNED, NOTARIZED AFFIDAVIT

**INFORMATION UPDATE FORM**

CLIENT'S NAME Gloria Powell

PHONE NUMBER 954.534-3381

PLACE OF EMPLOYMENT Retired

ADDRESS OF EMPLOYMENT —

PHONE NUMBER —

CLIENT'S NAME —

PHONE NUMBER —

PLACE OF EMPLOYMENT —

ADDRESS OF EMPLOYMENT —

PHONE NUMBER —

**Housing & Community Development (HCD) Division**  
914 Sistrunk Boulevard, Suite 103, FORT LAUDERDALE, FLORIDA 33311 | (954) 828-4527  
[www.fortlauderdale.gov](http://www.fortlauderdale.gov)

August 27, 2019

TO WHOM IT MAY CONCERN:

RE: Request to reduce forever loan to 15 years

I, Gloria K. Powell, live at 419 NW 21<sup>st</sup> Terrace from 1997 to present (22 years). In September 2001

My grandmother passed (Rena Mae James – 99). Her last Will and Testament was read and it left my mother Ruby Lee Keaton, her half of the Estate, therefore after probate her name was added to the

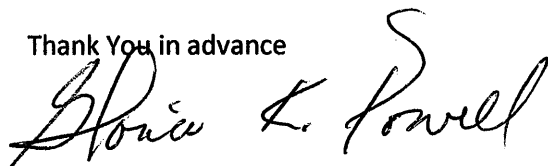
Property. Ruby never resided at 419 her home where she lived for 50 plus years was 525 NW 22<sup>nd</sup> Avenue. In January 2007 my mother removed her name from the property due to financial problems.

At that time I added my daughter, Charee Goldsmith, whom permit address is 117-4F Royal Park Dr, where she live since 2003 and never at 419. I only add her name because she will be the heir of my property and my personal representative in my passing.

In July I went to the CRA to get a loan to repair my home and was told that I had a forever loan and that other owner with forever loan had written a letter to reduce the forever loan to 15 years. I was never informed, after several years (10 yrs.) I stop receiving correspondence from the City, requesting my signature that I still live in the home. So, I assume that the loan was clear, not knowing that it was a forever loan.

I would like for you to reconsider the status of my forever loan so that I may apply for funding (for 15 yrs.) to make repairs to my home. This property has been in my family since 1949 owned by my grandmother. If my daughter name on the property is a problem I will remove it.

Thank You in advance



Ms gloria powell@yahoo.com

954-534-3381

1 - Attachment

CITY OF FORT LAUDERDALE

HOUSING IMPROVEMENT PROGRAM PROMISSORY NOTE  
(REPLACEMENT HOUSING - ZERO PERCENT)

AMOUNT: \$43,301.24

CASE NO.: RH 96-43

PROJECT NO.:

PLACE: 419 N. W. 21st Terr.  
Ft. Lauderdale, FL

ACCOUNT NO.: SHNANA7NA-8326

DATE: 4-4-97

FOR VALUE RECEIVED, the undersigned (referred to as "Maker") jointly and severally promise to pay to the order of the CITY OF FORT LAUDERDALE, FLORIDA (referred to as the "City"), or its successors in interest, the principal amount of FORTY THREE THOUSAND, THREE HUNDRED ONE AND 24/100 Dollars (\$43,301.24). Payment on the principal amount of this Note is deferred and without interest thereon until: (1) the sale, transfer or lease of the property identified and legally described in the Mortgage used to secure this Note, from the undersigned Maker signing this Note (being the fee simple titleholder to the below referenced property), other than as a result of the transfer to heirs or devisees of the Maker who are income eligible and make the property their principal residence; or (2) use of the property for non-residential purposes; or (3) the property is not maintained in standard condition; or (4) the event of a default in the Mortgage, or in the performance of any of the covenants, understandings and agreements obtained and entered into to secure financing used in connection with this Note or in said Mortgage; then the entire unpaid principal amount of this Note shall, become at once due and collectable without notice, time being of the essence, in accord with the Housing Improvement Program Loan Agreement (referred to as "Agreement") and the Mortgage executed simultaneously with this Note, which are incorporated verbatim and made a specific part of this Note by reference. The unpaid principal amount shall bear interest, at the maximum rate allowed by law, accruing thirty (30) calendar days after the time of such default until paid. Failure of the City to exercise its option shall not constitute a waiver of the right to exercise the same in the event of any subsequent default.

The deferred payment on the principal amount of this Note is to be made in lawful money of the United States paid at: CITY OF FORT LAUDERDALE, FINANCE DEPARTMENT, P.O. BOX 14250, FORT LAUDERDALE, FLORIDA.

The undersigned Maker reserves the right to prepay at any time all or any part of the principal amount of this Note without the payment of penalties, interest or premiums. During the deferred payment term, this Note will not accrue interest. Any payment of this Note prior to any event of default during the term of the deferment shall be applied solely to the principal amount due on this Note.

If suit is instituted by the City to recover on this

## CONTINUOUS RESIDENCY AFFIDAVIT

I/We, Gloria Powell, the undersigned, hereby depose and state:

1. I have been and am still the owner and occupant of the following described property which has been and remains my principal residence since entering into a Loan agreement with the City of Fort Lauderdale.

*Legal Description:*

**Lot 7, Block 3, of River Gardens, according to the Plat thereof, as recorded in Plat Book 19, Page 23 of the Public Records of Broward County, Florida; said lands situate, lying and being in Broward County, Florida.**

2. I have not lease or sold the property nor have I transferred ownership of the property since entering into the Housing Program Agreement with the City of Fort Lauderdale.
3. I understand that failure to live up the any of the requirements of the Program as described in but not limited to, the Participation Agreement, Mortgage and Note I signed for the Housing Program with the City of Fort Lauderdale will be considered and event of default and as such will make more subject to all the remedies available by law of the City of Fort Lauderdale.

**ACKNOWLEDGEMENT:** I acknowledge that the information I have deposed to and stated herein is true and accurate and that I am liable to the terms and agreements of the Program I participated in through the City of Fort Lauderdale and to penalties prescribed thereof.

**WARNING:** The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in penalties as provided for by Federal, State and or Local laws, and can involve imprisonment.

Affiant Name: Gloria Powell Affiant Name: \_\_\_\_\_

Address: 419 N.W. 21<sup>st</sup> Terrace

Gloria Powell

Affiant Signature

\_\_\_\_\_  
Affiant Signature

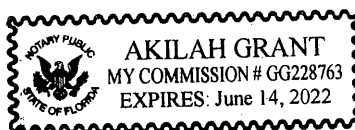
COUNTY OF: Broward  
STATE OF: FLORIDA

The foregoing instrument was acknowledged before me by means of physical presence, this 21<sup>st</sup> day of February, 2020, by Gloria G. Powell, who has produced Photo ID / Florida Driver's License P400-287-51-522-0 as identification.

Akilah Grant  
Notary Public Signature

NOTARY SEAL

Akilah Grant  
Name of Notary – Printed or Typed



# Social Security Administration



008259  
1/2



8259 114877 \*\*AUTOALL FOR AADC 331 R P2 T19 BEV 0605



008259

GLORIA K POWELL  
419 NW 21ST TER  
FT LAUDERDALE FL 33311-7713

Date: June 5, 2019  
BNC#: 19BC096F46040  
REF: A ,AI

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

## Information About Current Social Security Benefits

Beginning December 2018, the full monthly Social Security benefit before any deductions is \$ 560.50.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$ 560.00.  
(We must round down to the whole dollar.)

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

## Other Important Information

SENT BY R02

## Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

See Next Page

**If You Have Questions**

We invite you to visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 877-253-4720. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
SUITE 100  
3201 W COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*



**Broward County Records, Taxes & Treasury Div.**  
**Broward County Tax Collector 115 S. Andrews Ave. Room A100 Fort Lauderdale, FL 33301**

<b>Transaction # 11356146</b>	
Cashier:	AH
Paid By:	POWELL, GLORIA K
Posted Date:	09/19/2018 10:16AM
Received Via:	In Person
Num. Items:	1
Total Tendered:	\$873.78
Receipt #:	52A-17-00012483
Batch:	529042
Drawer:	52A
Status:	Complete

Receipt				
Item	Details	Effective Date	Due	Paid
Real Estate	Acc# 504205-07-0460 Bill Yr: 2017 Regular Due: 03/31/2018	09/19/2018	\$873.78	\$873.78
	Total:		\$873.78	\$873.78
Payment	Details			Paid
Cash	Cash			\$900.00
Cash	Cash Change			\$-26.22
	Balance:			\$0.00



# City of Fort Lauderdale

Municipal Service Bill  
100 North Andrews Avenue  
Fort Lauderdale Florida 33301-1016

Account Number	Bill Type	Due Date	Amount Due
2081037	Regular	1/6/20	\$298.09

GLORIA POWELL  
419 NW 21ST TER  
FORT LAUDERDALE FL 33311-7713

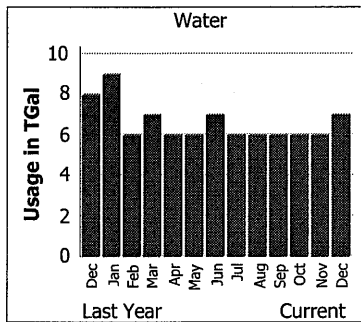


Service Address: 419 NW 21ST TER

## Municipal Services Information

**Water Billing:** 954-828-5150  
**24-Hour Customer Service:** 954-828-8000  
**E-Mail:** customerservice@fortlauderdale.gov  
**Lobby Hours:** Monday-Friday, 7:30 a.m. to 5 p.m.  
**Pay Online At:** utilitybilling.fortlauderdale.gov

Customer	GLORIA POWELL
Living Units	1
Period	11/8/19 to 12/10/19
Days	33
Previous Bill	\$275.92
Payments	-\$135.00
Adjustments	\$0.00
<b>Past Due ***</b>	<b>\$140.92</b>
Penalties	\$2.79
Current	\$154.38
<b>Total Due</b>	<b>\$298.09</b>



### Description

Water Single Family in the City  
Water Base (5/8 inch Water meter)  
Water Monthly Fixed Charge  
Utility Tax  
Sewer Single Family City  
Sanitation SF 1 Crt Operations  
Stormwater Single Family  
Sewer Base City  
Sewer Monthly Fixed Charge

Meter/Dial	Reading		Usage	\$ Amount
	Previous	Current		
200201784-M	1,483	1,490	7	\$28.99
				\$4.48
				\$2.29
				\$3.35
				\$49.24
				\$40.70
				\$14.00
				\$8.96
				\$2.37
				<b>\$154.38</b>

Detach and return this stub with remittance - Please make check payable in US funds to CITY of FORT LAUDERDALE - Allow 5 days for mailing

\*\*\* Scheduled termination date for past due: 12/24/2019. Call (954)828-5150 to protest termination. \*\*\*

Account Number	Address Served	Bill Date	Due Date	Amount Due
2081037	419 NW 21ST TER	Dec 12, 2019	Jan 06, 2020	\$298.09

Amount Enclosed \$

## City of Fort Lauderdale

Municipal Services  
P.O. Box 31687  
Tampa, FL 33631-3687



0000298090500020810379

\* DRIVE THRU LOCATION  
EAST OF CITY HALL IN PARKING LOT,  
A SELF-SERVICE PAYMENT KIOSK IS  
AVAILABLE FOR YOUR CONVENIENCE.

OFFICE HOURS:  
7:30 AM UNTIL 5:00 PM  
MONDAY THRU FRIDAY  
CLOSED SATURDAY, SUNDAY AND HOLIDAYS

CAM 20-0298

Exhibit 2

Page 8 of 13



**Florida** DRIVER LICENSE

**P400-287-51-522-0** CLASS E

POWELL  
GLORIA G  
#419 NW 21ST TER  
FT LAUDERDALE, FL 33311

DOB 01/22/1981 SEX F  
EXP 01/22/2027 HGT 5-02  
REST A

SAFE DRIVER  
ISS 10/29/2018  
SDD R01181062018  
REPLACED 10/02/2019

Operation of a motor vehicle constitutes  
consent to any sobriety test required by law.

**AFFIDAVIT OF HOUSEHOLD STATUS  
VERIFYING PERSON DOES NOT LIVE IN HOUSEHOLD**

Applicant/Household Name: Gloria Powell Program: Rehab / Replacement

Property Address: 419 N.W. 21<sup>st</sup> Terr Fort Lauderdale, FL 33311  
Address City State Zip

I, Gloria Powell being aware that it is a Federal offence to provide false or misleading information to the City of Fort Lauderdale in the course of applying for assistance do hereby state that Ruby L. Keaton does not live in my home, and is not a part of my household. This individual currently lives at the following address: 525 N.W. 22<sup>nd</sup> Ave.

**Please check which of the following applies:**

[ ☒ ] I have provided proof of their current residence by attaching copies of a recent utility bill, and other documents as follows: \_\_\_\_\_.

**WARNING: Under penalty of perjury, I certify that the information I have presented is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of program participation and criminal penalties.**

Gloria Powell  
Applicants Signature

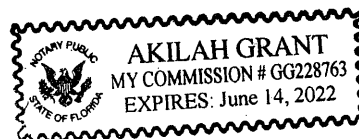
Date 02/21/20

**STATE OF: FLORIDA  
COUNTY OF: BROWARD**

The foregoing instrument was acknowledged before me this 21<sup>st</sup> day of February, 20 20  
by Gloria G. Powell of Rehab/Replacement Program, who is/are  
personally known to me or has produced Florida Driver License as identification.

(SEAL)

Akilah Grant  
Signature - Notary Public, State of Florida



## OFFICE of VITAL STATISTICS

CERTIFIED COPY

## FLORIDA CERTIFICATE OF DEATH

TYPE IN  
PERMANENT  
BLACK INK

LOCAL FILE NO.:

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Ruby J. Kealon				2. SEX Female	
3. DATE OF BIRTH (Month, Day, Year) June 30, 1931		4a. AGE - Last Birthday (Years) 76		4b. UNDER 1 YEAR Months Days	
5. DATE OF DEATH (Month, Day, Year) January 22, 2008		6. SOCIAL SECURITY NUMBER 266-38-4171		7. BIRTHPLACE (City and State or Foreign Country) Climax, Georgia	
8. COUNTY OF DEATH Broward		9. PLACE OF DEATH (Specify) <input checked="" type="checkbox"/> HOSPITAL Plantation General Hospital		10. FACILITY NAME (If not institution, give street address) Plantation General Hospital	
11a. CITY, TOWN, OR LOCATION OF DEATH Plantation		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separate <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		14a. RESIDENCE - STATE Florida		14b. COUNTY Broward	
14c. CITY, TOWN, OR LOCATION Fort Lauderdale		14d. STREET ADDRESS 625 N.W. 22nd Avenue		14e. APT. NO. 14f. ZIP CODE 33311	
14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Cook		15b. KIND OF BUSINESS/INDUSTRY Bank Cafeteria	
16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African America <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asia (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian origin) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuba <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death) <input type="checkbox"/> 8th or less <input checked="" type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					
19. WAS DECEDENT EVER IN U.S. ARMY FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
20. FATHER'S NAME (First, Middle, Last, Suffix) Clarence James			21. MOTHER'S NAME (First, Middle, Maiden Surname) Rena Coker		
22a. INFORMANT'S NAME Emma Cusack			22b. RELATIONSHIP TO DECEDENT Daughter		23a. INFORMANT'S MAILING - STATE Florida
23b. CITY OR TOWN Fort Lauderdale		23c. STREET ADDRESS 760 West Evanston Circle		23d. ZIP CODE 33312	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sunset Memorial Gardens		25a. LOCATION - STATE Florida		25b. LOCATION - CITY OR TOWN Fort Lauderdale	
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)					
27a. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
27b. LICENSE NUMBER (or Licensee) F046972					
27c. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Albert K. Makela					
28. NAME OF FUNERAL FACILITY McWhile's Funeral Home			29a. FACILITY'S MAILING - STATE Florida		
29b. CITY OR TOWN Fort Lauderdale		29c. STREET ADDRESS 3504 Broward Blvd		29d. ZIP CODE 33312-1011	
30. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician (If the best of my knowledge, destroyed at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner, on the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, due to the cause(s) and manner stated.					
31a. (Signature and Title of Certifier) 31b. DATE SIGNED (Month, Day, Year) 1/23/2008					
32. TIME OF DEATH (24 hr.) 1445					
33. MEDICAL EXAMINER'S CASE NUMBER					
34a. LICENSE NUMBER (or Certifier) 34b. CERTIFIER'S NAME Andrew Schneider, MD		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)			
36a. CERTIFIER'S STATE Florida		36b. CITY OR TOWN Lauderdale Lakes		36c. STREET ADDRESS 7351 W. Oakland Park Blvd	
36d. ZIP CODE 33313		37. SUBREGISTRAR - Signature and Date 1-25-08			
38a. LOCAL REGISTRAR - Signature Carmelita Salazar, ORI		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JAN 28 2008			
39. PROBABLE MANNER OF DEATH: The following are under the jurisdiction of the medical examiner: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined					
40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
41. CAUSE OF DEATH - PART I: Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. (Final disease or condition resulting in death) a. Cerebral artery aneurysm b. Cerebral aneurysm c. d.					
42a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
43. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY					
44. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown					
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify timeframe: _____ at time of death _____ within 1 to 42 days of death _____ within 43 days to 1 year of death					
46. DATE OF INJURY (Month, Day, Year)		47. TIME OF INJURY (24 hr.)		48. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49a. CITY OR TOWN		49b. STREET ADDRESS		49c. APT. NO.	
49d. ZIP CODE		50. DESCRIBE HOW INJURY OCCURRED			
51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)					
52. TYPE OF VEHICLE <input type="checkbox"/> Car/Truck <input type="checkbox"/> S.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)					

VOID IF ALTERED OR ERASED

State of Florida, Department of Health, Office of Vital Statistics, Certificate of Death (Form 10-01-08) (Rev. 10-01-08)

Eva Williams  
Chief Deputy Registrar

JAN 29 2008



WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1347 (08/04)

FLORIDA DEPARTMENT OF  
HEALTH

CAM 2008

34500613

CERTIFICATION OF VITAL RECORD



Page 1 of 3

**AFFIDAVIT OF HOUSEHOLD STATUS  
VERIFYING PERSON DOES NOT LIVE IN HOUSEHOLD**

Applicant/Household Name: Gloria Powell Program: Rehab / Replacement  
Property Address: 419 NW 21<sup>st</sup> Terrace Fort Laud. FL. 33311  
Address City State Zip

I, Gloria Powell, being aware that it is a Federal offence to provide false or misleading information to the City of Fort Lauderdale in the course of applying for assistance do hereby state that Chase Goldsmith does not live in my home, and is not a part of my household. This individual currently lives at the following address: 1174-F Royal Park Dr.

**Please check which of the following applies:**

☒ I have provided proof of their current residence by attaching copies of a recent utility bill, and other documents as follows: \_\_\_\_\_.

**WARNING: Under penalty of perjury, I certify that the information I have presented is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of program participation and criminal penalties.**

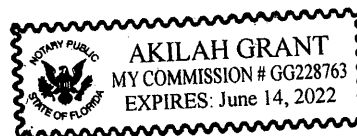
Gloria Powell Date 02/21/20  
Applicants Signature

STATE OF: FLORIDA  
COUNTY OF: BROWARD

The foregoing instrument was acknowledged before me this 21<sup>st</sup> day of February, 2020, by Gloria G. Powell of Rehab/Replacement Program, who is/are personally known to me or has produced Florida Driver License as identification.

(SEAL)

Akilah Grant  
Signature - Notary Public, State of Florida



Florida

The Sunshine State

DRIVER LICENSE CLASS E

G432-114-77-644-0

CHAREE NICOLE  
GOLDSMITH

117 ROYAL PARK DR APT 4F  
OAKLAND PARK, FL 33309-0000

DOB: 04-24-1977 SEX: F

ISSUED: 04-16-2012 HGT: 5-04

EXPIRES: 04-24-2020

REST:

ENDORSE:

REPLACED: 03-17-2016

SAFE DRIVER

Motor vehicle constitutes consent to any sobriety test required by law.