

CITY OF TALLAHASSEE

Economic and Community Development

Rental Rehabilitation Program

Application



November 2008

Part 1 of the Rental Rehabilitation Program Application

General Instructions:

1. This is a preliminary application requiring basic information and the scope of work. Additional information will be required only if the applicant receives a positive preliminary review of this application.
2. Make sure the certification page is signed (Section V). (TIP: Signatures in blue ink are preferred.)

SECTION 1: APPLICANT INFORMATION

1. List the names(s), address(es) and telephone number(s) of all owners of the property. **There can be no changes in ownership after the application has been submitted. If the application is successful, changes in ownership must be approved by the City of Tallahassee, Housing Division. Changes in ownership will not void the terms and conditions of the loan nor the reporting or affordability requirements.**

Name	Address	Telephone/Fax

If other than individual ownership, please indicate the form of ownership:
 General Partnership Limited Partnership Corporation
 Other. Describe: _____

ATTACH EVIDENCE OF PROPERTY OWNERSHIP AS EXHIBIT 1 (i.e warranty deed, certificate of title, etc.)

2. Address of property to be rehabilitated: _____
3. Total number of units on the property: _____ Number of stories: _____
4. Approximate date of original construction completion: _____
5. Type of Structure: Single Family Duplex Triplex Quad
 Other, please describe: _____
6. Type of Construction: Wood Frame Masonry/Brick Concrete Block
 Other, please describe: _____
7. Are there any "owner-occupied" units? Yes No If yes, how many? _____
8. Total number of units to be rehabilitated: _____

9. Provide explanation of experience of the owner(s) in programs funded in whole or in part by the federal, state or local government including any experience with the programs at Florida Housing Finance Corporation (attach additional pages if necessary):

SECTION II: PROPERTY DATA

1. Current Rental Income:

Unit Number	Number of Bedrooms	Rent Charged to Tenant	Tenant Pays Utilities?	Estimated Utility Amount

Check appliances currently furnished:

Stove and Oven Refrigerator Disposal
 Other (describe) _____

2. After Rehabilitation Rental Income:

Unit Number	Number of Bedrooms	Rent Charged to Tenant	Tenant Pays Utilities?	Estimated Utility Amount

Check appliances to be furnished after rehab:

Stove and Oven Refrigerator Disposal
 Other (describe) _____

3. Relocation/Displacement:

- a. During the course of the rehabilitation work, will temporary or permanent relocation be required?

Yes No

If yes, list the unit(s)/tenant(s) to be affected and **ATTACH an explanation of how any needed relocation will be achieved.**

Tenant	Unit
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

2. How will the total cost of the rehabilitation be financed? Please explain your plan below:

Amount Requested from the City Rental Rehab Program: _____

Amount Borrowed from bank or other financial institution: _____

Amount to be paid by owners (cash equity): _____

Total Available Funding for Project: _____

3. If there are not sufficient funds reflected in #2 above, how would any shortfall be funded?

4. Describe any special circumstances surrounding your financing plans:

NOTE: A rehabilitation budget form and cost proforma will be completed and analyzed in Part 2 of the application. These forms will be provided to applicants that receive a positive preliminary review.

SECTION V: CERTIFICATION

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining financial assistance under the Rental Rehabilitation Program and is true and complete to the best of the applicant's knowledge.

The applicant understands and acknowledges that discrimination based upon race, age, handicap, creed or national origin in the marketing, rental, use or occupancy of the real property to be rehabilitated is prohibited.

The applicant further certifies that these units will be marketed in an affirmative manner to attract tenants, regardless of sex and minority and majority groups. All marketing materials, advertisements, signs and brochures for this property will carry the Equal Housing Opportunity Logo.

Verification of any of the information contained in this application may be obtained from any source identified herein.

Signed: _____
Owner

Signed: _____
Owner

Signed: _____
Owner

Dated this _____ day of _____, 20_____.