

City of Lorain
Community Development Department
Rental Rehabilitation Program

Information/Application Form

Property Owner				
<i>Name:</i>				
<i>Address:</i>				
<i>Telephone:</i>				
Proposed Building				
<i>Are units owner-occupied?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>				
<i>Address</i>				
<i>Approximate Date of Building Construction</i>			<i>Structure Type (brick, wood frame, etc)</i>	
<i>Number of Stories</i>			<i>Number of Units</i>	
<i>Number of Units to be rehabilitated</i>				
Number of Units & Bedroom Size				
<i>Unit</i>	<i># of bedrooms</i>	<i>Present Rent(s)</i>	<i>To be Rehabilitated Yes/No</i>	<i>Unit Occupied Yes/No</i>
Unit 1			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Unit 2			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Unit 3			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Unit 4			YES <input type="checkbox"/> NO <input type="checkbox"/>	

Housing Assistance History

Are any units in this building, or any tenant currently or within the past twelve (12) months subsidized or assisted under any Federal or Local Housing Program? YES NO

If yes, identify the Federal or Local Program: _____

Tenant Information

Please furnish the following information:

<i>Tenant Name</i>	<i>Phone #</i>	<i>Apt. #</i>	<i># of Occupants</i>	<i>Elderly</i>	<i>Minority</i>	<i>Female Head of Household</i>	<i>Handicapped</i>	<i>Low/Mod Income</i>

Anticipated Permanent Displacement or Temporary Relocation

1. Is it anticipated that there will be a need for temporary relocation of any tenants during the rehabilitation period? YES NO
2. Is permanent displacement of any current tenant anticipated? YES NO

Provide a brief description of anticipated rehabilitation work to be funded:

Provide a brief description of the proposed rehabilitation work to be performed:

PLEASE NOTE UPON SUBMITTING THIS INFORMATION/APPLICATION FORM TO OUR OFFICE, WE WILL SCHEDULE INSPECTIONS TO BE PERFORMED THROUGH THE LORAIN BUILDING DEPARTMENT AND LORAIN ELECTRICAL DEPARTMENT. ONCE OUR OFFICE RECEIVES ALL WRITTEN INSPECTION REPORTS FROM THE ABOVE MENTIONED AGENCIES, WE WILL HAVE DETAILED SPECIFICATIONS PREPARED BASED ON THE CODE DEFICIENCIES LISTED WITHIN THE INSPECTION REPORTS AND THE WORK PROPOSED TO BE PERFORMED ABOVE. COPIES OF THE WRITTEN INSPECTION REPORTS AND WORK SPECIFICATIONS WILL BE DISCUSSED WITH YOU, AT WHICH TIME YOU ARE TO GET TWO (2) COST ESTIMATES FROM CONTRACTORS WHO ARE LICENSED IN THE CITY OF LORAIN. IN ADDITION, AN APPRAISAL WILL BE PREPARED TO DETERMINE A BEFORE AND AFTER VALUE. (THE COST OF THE APPRAISAL WILL BE CHARGED TO THE BORROWER).

Property Financial Data and Current Expenses

<i>Purchase Price:</i>		<i>Date of Purchase:</i>	
<i>Owner Cash Equity at Purchase</i>			
<i>Amount Borrowed</i>		<i>Rate</i>	<i>Term</i>
		%	Years
<i>Name of Lender</i>			<i>Monthly Payment</i>
<i>Capital Improvements since Date of Purchase</i>			
<i>Total Amount of Expenditures for Capital Improvements</i>			
<i>Were These Expenditures from Borrowed Funds?</i>		<i>Rate</i>	<i>Term</i>
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, provide the following information:		%	Years
<i>Name of Lender</i>			<i>Monthly Payment</i>
<i>List Existing Liens</i>			<i>Balance</i>
1.			
2.			
3.			
<i>Total Outstanding Indebtedness on Property:</i>			
<i>Current Property Value:</i>			
<i>Annual Insurance Costs on Property (Fire, Extended Coverage, Other)</i>			
<i>Current Real Estate Taxes on Property:</i>			
<i>Maintenance/Managing Costs (Annual)</i>			

I (We) certify that I (we) are the owner of this property and that the above information is true, accurate and complete to the best of my (our) knowledge and belief. I (We) also authorize the City of Lorain Community Development Department, it's employees or agents to perform any inspections, request any credit and/or investigative inquires it deems necessary in connection with securing a Rental Rehabilitation Loan for this property.

 Date

 Name of Owner/Applicant

 Date

 Name of Owner/Applicant

<i>Employment:</i>
<i>Occupation::</i>
<i>Date of Birth</i>
<i>Name of Owner/Applicant</i>
<i>Social Security Number</i>
<i>Employment</i>
<i>Occupation</i>
<i>Date of Birth</i>

Interviewed with

Date

Financing of Rehabilitation Costs

1. Total cost per contractor estimates	\$
2. Total amount of Rehabilitation to be paid by owner	\$
3. Total amount of rehabilitation to be borrowed	\$
Name of lender	
4. Total amount eligible for rental rehabilitation loan	\$

Reviewed by _____

Date _____

Approved by _____

Date _____

Acceptance of Rental Rehabilitation Loan

Owner/Applicant _____

Date _____

For Office Use Only

Date of Building Inspection	
Date of Electrical Inspection	
Date of Plumbing Inspection	
Date of Mechanical Inspection	
Date of Specifications	
Date Appraisal Requested	
Date Appraisal Received	
Date of Final Inspection	

**Dwelling Unit Report
City of Lorain
Rental Rehabilitation Program**

<i>Owner Name</i>		
<i>Property Address</i>		
<i>Telephone</i>		
<i>Apartment Number</i>	<i>Occupied?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>If vacant, Name and current address of last tenant</i>
<i>Name Head of Household</i>	<i>Phone Number</i>	<i>Number of Occupants</i>
<i>Number of Bedrooms</i>	<i>Gross Monthly Income</i>	<i>Current Monthly Rent, Include average Utility Cost</i>
<i># Square Feet of Living Area in Existing Unit</i>	<i>Will Project Cause this Household to Move Temporarily?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Will Project Cause this Household to Move Permanently from the Property?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Initial Monthly Rent Including Average Utility Cost for this Dwelling Unit upon Completion</i>	<i>Is the Current Tenant receiving Government Housing Assistance?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>If Yes, Identify Program</i>

_____ *Date*

_____ *Name of Owner/Applicant*

_____ *Date*

_____ *Name of Owner/Applicant*

RELOCATION LIABILITY AGREEMENT

1) The borrower agrees that, prior to closing the loan, he/she did comply with the requirements for compensation and/or relocation of any displaced residential tenants housed in the property which is the subject of this agreement as required by the Housing and Community Development Act of 1987 as amended, the Uniform Relocation and Assistance and Real Property Acquisition Policies Act of 1970, as amended (The Uniform Act), and the Tenant Assistance Policy of the City of Lorain as locally administered by the Department of Community Development.

2) The Borrower understands and agrees that, should the actions of the Borrower or the Borrower's agents, at anytime prior to Certification of Project Completion/Final Inspection of the rehabilitation of the property which is the subject of this agreement, cause the displacement of any residential tenants housed in said property so as to make them eligible under the Housing and Community Development Act of 1987, as amended, the Uniform Act, or the Rental Rehabilitation Tenant Assistance Policy of the City of Lorain, for payment of relocation cost including but not limited to moving expense, payment of rent, payment of utilities, and reimbursement to the City, salary costs for the time spent in performing relocation services, such costs shall be borne by the Borrower and not the City of Lorain.

Witness

Borrower

Title

Borrower

Date

TO BE COMPLETED FOR EACH UNIT

<i>Property Address</i>		
<i>Property Owner</i>		
<i>Date Property Purchased</i>		
<i>Application Date</i>		
<i>Occupied?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>Vacant?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>How long?</i> Years _____ Months _____	
<i>Has application ever been made before?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>If yes, Date</i>	
<i>Number of Bedrooms:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
<i>Number of bedrooms changed from _____ to _____.</i>		
<i>No change in number of bedrooms</i> <input type="checkbox"/>		
<i>Rent before rehabilitation:</i> \$ _____	<i>Rent after rehabilitation:</i> \$ _____	
<i>before rehabilitation:</i>		<i>after rehabilitation:</i>
<i>Electric, Gas, Etc.</i>	<i>Owner Pays</i>	<i>Tenant Pays</i>
<i>Heating</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cooking</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Lighting</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Water/Sewer</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Water Heating</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Air Conditioning</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Trash Removal</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Is subsidy connected to the unit?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Amount?</i> \$ _____	
<i>Has Unit been occupied within the last six months?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>Name of Occupants:</i>		
<i>Reason for move (Documentation Submitted)</i>		
<i>New Address of Occupant:</i>		

Date

Name of Owner/Applicant

Date

Name of Owner/Applicant