

APPLICATION FOR RENTAL REHABILITATION ASSISTANCE

City of St. Petersburg
HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT
 (727) 893-7247
 One Fourth Street North, Ninth Floor
 Municipal Services Building
 St. Petersburg, Florida 33701



A. Owner/applicant information:

		Property Owner		Applicant	
Full Legal Name					
Mailing Address					
City & Zip Code					
Post Office Box, if applicable					
City & Zip Code					
Telephone	Home:	Work:	Cell:	Work:	Cell:
Form/Type of ownership					
Explain relationship between owner and applicant (if different):					

B. Building Information:

Parcel Identification #				Date Constructed:	
Property Address					
City:	State:	Zip:	# of stories:		
Total # of Units	# 1-BR	# 2-BR	# 3-BR	#4-BR	

C. Anticipated permanent displacement or temporary relocation

- Permanent displacement of current tenant anticipated.
 Number of units affected, by bedroom size: 1-BR 2-BR 3-BR 4-BR
- (or)
- Temporary relocation of any current tenant during the rehabilitation period.
 Number of units affected, by bedroom size: 1-BR 2-BR 3-BR 4-BR

D. Subsidies and assistance programs

Is the building, any unit in the building, or any tenant currently subsidized or assisted under any Federal or local housing program? Yes No

If "yes," identify the Federal or local assistance program: _____

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E. Property financial data and current expenses

Purchase Price:		Date of Purchase:	
Amount borrowed:		Term of loan:	
Amount owed:		Monthly loan payment:	
Lender Name:			
Lender Address:			
City:	State:	Zip Code:	
Name of Insurance Company:			
City:	State:	Zip Code:	
Annual cost for insurance (i.e. fire, extended coverage, other)			\$
Total outstanding indebtedness on the property		\$	
Current property value \$		Assessed property value \$	
Annual property taxes \$		Replacement Reserves \$	
List any liens on the property (including any City imposed liens):			

F. Description of proposed rehabilitation

G. Unit/tenant data for units to be assisted

NOTE: This table must be completed for each unit that will receive rehabilitation assistance.

Property Address: _____ Unit #: _____

Total number of tenants in unit: _____ Total income of tenants in unit: \$ _____

NAME (full name of all persons residing in unit)	AGE	RACE	INCOME	DOES TENANT HAVE RENTAL ASSISTANCE?

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Property Address: _____ Unit #: _____

Total number of tenants in unit: _____ Total income of tenants in unit: \$ _____

NAME (full name of all persons residing in unit)	AGE	RACE	INCOME	DOES TENANT HAVE RENTAL ASSISTANE?

Property Address: _____ Unit #: _____

Total number of tenants in unit: _____ Total income of tenants in unit: \$ _____

NAME (full name of all persons residing in unit)	AGE	RACE	INCOME	DOES TENANT HAVE RENTAL ASSISTANE?

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CERTIFICATION AND SIGNATURE

I (we) hereby certify that all of the foregoing information is true and complete to the best of my (our) knowledge, and hereby give my (our) permission to the City of St. Petersburg Housing and Community Development Department (or any lender acting on the City's behalf) to conduct further credit and financial investigation, as deemed necessary to determine eligibility. Furthermore, I (we) agree to abide by the eligibility and program requirements set forth in connection with any opportunities which may be offered to me (us) by the City of St. Petersburg pursuant to this application. I (we) understand that false, inaccurate, or incomplete information in the foregoing application shall be considered cause for me (us) to be disqualified from participation in the City of St. Petersburg's Rental Rehabilitation Program.

PENALTY FOR FALSE OR FRADULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any Department or Agency of the United States, knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements of representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both.

I/WE CERTIFY AND ACKNOWLEDGE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

Owner

Owner

Owner

Owner

My commission expires:

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing application is acknowledged before me this _____ day of _____, 20____,
by _____, who is/are personally known to me, or who has/have
produced _____ as identification and who did (did not) take an oath.

NOTARY SEAL

Signature of Notary Public

My commission expires:

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing application is acknowledged before me this _____ day of _____, 20____,
by _____, who is/are personally known to me, or who has/have
produced _____ as identification and who did (did not) take an oath.

NOTARY SEAL

Signature of Notary Public

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STATE OF INTENT TO ABIDE BY AFFIRMATIVE MARKETING GUIDELINES

I (we) have read the Rental Rehabilitation Program information and understand that the primary purpose of this program is to provide decent, safe and sanitary housing for low- to moderate-income residents.

When units become available, I (we) will make a good-faith effort to attract low- to moderate-income tenants from all racial, ethnic and gender groups. I (we) will not discriminate against or refuse to consider referrals from agencies working with fair housing assistance. I (we) agree to affirmatively market my (our) unit(s) for at least five (5) years from project completion.

Owner

Date

Owner

Date