

COMMUNITY DEVELOPMENT

Application for Blighted Properties Redevelopment Program

Part I

APPLICANT INFORMATION					
Name:					_
Address:(Street)		(City)	//	(Zip)	
SSN:	Driver	s#			
Telephone: (Home)	(Work)		(Other)		
Email address:					
Marital Status: () Married	() Unmarried	Spouse N	lame:		
Date of Birth:	<u> </u>				
Employer:					
Employer Address:	(Street)	/	(City)	////	(Zip)
Occupation:		Date of Emp	loyment:		

CO-APPLICANT INFORMATION Name: (Street) (City) SSN: Drivers # Telephone: (Home) _____ (Work) _____ (Other) _____ Marital Status: () Married () Unmarried Spouse Name: Email Address: ______ Date of Birth: _____ Employer Address: (Street) Occupation: Date of Employment: _____ Attach additional sheet with previous employment data (as above) if applicant or co-applicant have worked for current employer less than five (5) years. ______ Attach additional sheet with page 2 information for all other parties with an ownership interest in the property. In addition, please provide the following for each applicant: If applicant is an individual: Most recent pay stub Copy of most recent tax return and W-2s If applicant is a corporation/partnership: Attach Charter Board of Director's Resolutions **Bv-Laws** authorizing this application as appropriate Certificate of Existence Tax ID# Partnership agreement Current P&L & balance sheet If applicant is a nonprofit: Attach most recent Copy of IRC 501(c)(3) designation audited financial statement Statement from governing body that this application has been authorized

DEVELOPER CAPACITY and ELIGIBLITY					
Applicants must be able to demonstrate their another organization or individual with the cap	capacity to complete the proposed project, or to partner with pacity to complete the project.				
1. Please name all partners and provide specipartnership will work in carrying out the propo	ifics of who will be performing different tasks and how this sed development.				
<u>Partner</u>	Roles/Tasks				
someone else, please attach a state Attach a list of <u>all</u> property owned b	ations and Experience. If you are partnering with ement of their Qualifications and Experience. y <u>all</u> applicants in the City of Knoxville and Knox ending city or county taxes due, liens and code				
Have you ever received loans/grants from If so, please describe:	the City? ? () Yes () No				
3. Will you need technical assistance from Co	mmunity Development staff for:				
Work write up and cost estimate	() Yes () No				
Obtaining contractor bid () `	Yes () No				

• Lead based paint testing, assessment and clearance exams () Yes () No

Applicant:	Co-Applicant:	
() Male () Female	() Male () Female	
Hispanic () Yes () No	Hispanic () Yes () No	
 () White () Black/African American () Asian () American Indian/Alaskan Native () Native Hawaiian/Other Pacific Islander () American Indian/Alaskan Native & White () Asian & White () Black/African American & White () American Indian/Alaskan Native & Black/African American () Other Multi-Racial 	 () White () Black/African American () Asian () American Indian/Alaskan Native () Native Hawaiian/Other Pacific Islander () American Indian/Alaskan Native & White () Asian & White () Black/African American & White () American Indian/Alaskan Native & Black/African American () Other Multi-Racial 	
Are you a U.S. Citizen () Yes () No	Are you a U.S. Citizen () Yes () No	
I DO NOT WISH TO SUPPLY THIS INFORMATION:	I DO NOT WISH TO SUPPLY THIS INFORMATION:	
(initials)	(initials)	
I (we) certify that all information provided in the	his application, and all information furnished in support of the of my (our) knowledge and belief. I (we) authorize a cred	
check and verification of any information prov	vided herein. A credit review of the Part I application will be it worthy will not be recommended for approval.	
Applicant	Co-Applicant	
Date	Date	
RETURN TO:	Blighted Property Redevelopment Program City of Knoxville Community Development Department P.O. Box 1631 Knoxville, TN 37901 Phone: (865) 215-2120	