CITY OF KNOXVILLE
COMMUNITY DEVELOPMENT DEPARTMENT

RENTAL REHABILITATION PROGRAM APPLICATION/PROPOSAL

CD Use Only

Date Received: _____ Application #: _____ NSA: _____

Census Tract: _____ Tax Appraisal: _____ Fee Received: _____

CLT# _____ Taxes paid through: _____ IDIS# _____

Instructions: *Complete all questions. Do not leave any questions blank; mark all non-applicable questions "N/A". Staple all attachments to the back of the application.*

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Address of property to be rehabilitated: _____
(Street Address)

Total number of units to be rehabilitated: _____ Zip Code: _____

Number of units for which funding is requested? _____ Current Zoning: _____

APPLICANT INFORMATION

Name: _____ SSN: _____ DOB: _____

Address: _____ / _____ / _____ / _____
(Street) *(City)* *(State)* *(Zip)*

Telephone: *(Home)* _____ *(Work)* _____ *(Cell)* _____

Applicant is: ( )Individual ( ) Partnership ( ) Corporation

Marital Status: ( ) Married ( ) Unmarried Spouse Name: _____

Is Spouse a co-owner of property? ( ) Yes ( ) No

Email address: _____

CO-APPLICANT INFORMATION

Complete for anyone else with an ownership interest in the property, including spouse.

Name: _____ SSN: _____ DOB: _____

Address: _____ / _____ / _____ / _____
(Street) *(City)* *(State)* *(Zip)*

Telephone: *(Home)* _____ *(Work)* _____ *(Other)* _____

Marital Status: ( ) Married ( ) Unmarried Spouse Name: _____

Is Spouse a co-owner of property? ( ) Yes ( ) No

Email address: _____

- *Attach additional sheet (as above) for all other parties with an ownership interest in the property:*
  - Name
  - Social Security Number
  - Drivers License Number
  - Address
  - Telephone Number
  - Employment
- *If owner is a partnership:*
  - Attach Partnership Agreement
- *If owner is a corporation:*
  - Attach Charter
  - By-Laws
  - Certificate of Existence
  - Board of Director's Resolutions authorizing this application as appropriate

EMPLOYMENT INFORMATION

Employer: _____

Address: _____ / _____ / _____ / _____
(Street) *(City)* *(State)* *(Zip)*

Occupation: _____ Date of Employment: _____

CO-APPLICANT EMPLOYMENT INFORMATION

Employer: _____

Address: _____ / _____ / _____ / _____
(Street) *(City)* *(State)* *(Zip)*

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.*

OWNERSHIP STATUS: ( ) Own ( ) Have Sales Contract

♦ *Attach a copy of Sales Contract, if applicable*

Was the property purchased (or will it be purchased) through the City's Homemaker Program?
( ) Yes ( ) No

TENANT INFORMATION

Unit No.	Occupied or Vacant	Current or Last Tenant	Tenant's Family Size	Tenant's Phone No.	Does Tenant Receive Section 8 Rent Assistance

♦ *Attach additional sheets as necessary for tenant information.*

♦ *Attach a completed Tenant Information Form (signed by Tenant) and Lead Based Paint Certification Form (signed by Tenant) for each existing Tenant. Forms are available at the Community Development Department, City/County Building.*

IMPORTANT NOTICE: All prospective new tenants who apply for a vacant unit after this application is submitted must be given written notice before they move in that their tenancy may be terminated for the rehabilitation project, and that their rents may be increased following rehabilitation completion. Failure to comply with this requirement may result in denial of any rehabilitation assistance. The Notice to Prospective Tenants provided in your application packet should be used to document compliance with this requirement.

Has the property been condemned by the City of Knoxville Codes Enforcement Office?
( ) Yes ( ) No

PURCHASE INFORMATION

1. Purchase Price _____
2. Purchase Date _____
3. Down Payment _____
4. First Mortgage Amount _____
5. Second Mortgage Amount _____

FIRST MORTGAGE DATA

1. Lender: _____
2. Address: _____ / _____ / ____ / _____
   (Street) *(City)* *(State)* *(Zip)*
3. Current Interest Rate: _____ % ( ) Fixed ( ) Variable
4. Origination Date: _____
5. Length of Loan: _____
6. Outstanding Principal Balance: $ _____
7. Monthly Principal & Interest Payment: $ _____
8. Monthly Escrow Payment: $ _____

SECOND MORTGAGE DATA

1. Lender: _____
2. Address: _____ / _____ / ____ / _____
   (Street) *(City)* *(State)* *(Zip)*
3. Current Interest Rate: _____ % ( ) Fixed ( ) Variable
4. Origination Date: _____
5. Length of Loan: _____
6. Outstanding Principal Balance: $ _____
7. Monthly Principal & Interest Payment: $ _____
8. Monthly Escrow Payment: $ _____
9. Total Monthly Payment $ _____
10. Describe use of loan proceeds from second mortgage: _____

_____

- Attach copies of the Promissory Note for each mortgage indicated above.
- Also attach additional documentation as necessary for all other liens or encumbrances against the property.

IMPORTANT NOTICE: ***No property may be rehabilitated through the Rental Rehabilitation Program before all delinquent Property Taxes have been paid.***

OPERATING DATA

Unit No.	No. Bedrooms	Date Last Occupied	Current Monthly Rent/Last Rent if Vacant	Projected Rent After Rehab
			$	$
			$	$
			$	$
			$	$

- *Attach additional sheets as necessary for operating data.*

Vacancy rate over past 12 months: _____ %

Vacancy rate projected after rehab: _____ %

Other income collected (laundry, vending machines, parking, etc. _____

$ _____ Type: _____

Has the tenancy of any household in the property been terminated during the past six (6) months
( ) Yes ( ) No

If yes, give the reason for termination below:

Unit No	Date Tenant Last Occupied the Unit	Reason for Termination

OPERATING EXPENSES

Provide the following information for all expenses that are applicable to your property. Please indicate total ANNUAL costs:

	Annual Cost Before Rehab	Projected Cost After Rehab
Management Fees	$	$
Electricity (owner's expense)	$	$
Water & Sewer (owner's expense)	$	$
Fuel & Gas (owner's expense)	$	$
Garbage & Trash Removal	$	$
Maintenance Repairs	$	$
Insurance	$	$
Property Taxes (City)	$	$
Property Taxes (County)	$	$
Replacement Reserve	$	$
Other	$	$
TOTAL	$	$

	Before Rehab	After Rehab
Equipment Provided by Owner:		
Stove	_____	_____
Refrigerator	_____	_____
Air Conditioning Units	_____	_____
Other:_____	_____	_____
Utilities Included in Rent:		
Water & Sewer	_____	_____
Electricity	_____	_____
Gas	_____	_____

PROPERTY INFORMATION

1. Value of property: $_____

2. Do you have an appraisal or other documentation to substantiate this value?
   ( ) Yes ( ) No Date of appraisal _____

3. Please list all improvements and the cost of the improvements done to the property since you have had ownership:

IMPROVEMENT	COST
_____	$_____
_____	$_____
_____	$_____

4. Please list all repairs and improvements which are needed now:

_____

_____

4. Do you have any existing information on lead-based paint in the structure?_____

INSURANCE COVERAGE

Insurance Company:_____ Agent:_____

Present Coverage: $_____ Phone Number:_____

CONSTRUCTION INFORMATION

Do you have a particular contractor in mind who you would like to do the work?
( )Yes ( ) No

If yes, contractor's name:_____

NOTE: If you do not have a particular contractor preference, the City maintains a list of contractors who bid on rehab projects, so bids can be obtained from several contractors in order to get a competitive price.

PROJECT FINANCING

1. In addition to any Rental Rehabilitation Program funds which you might qualify for, how will you finance the rest of the rehabilitation costs? THIS MUST BE COMPLETED.

_____	Cash....Maximum amount willing to invest $_____	
_____	Private Loan:	
_____	FHA Loan	Lender_____
_____	Conventional Loan	Lender_____
_____	Credit Union Loan	Lender_____
_____	Other Loan	Lender_____

2. Have you applied for, or do you plan to apply for any other sources of Federal subsidy for this Rehabilitation project, such as a Federal Low-Income Tax Credit, etc.?

( ) Yes ( ) No If yes, please explain:

_____

_____

_____

_____

PROPERTY MANAGER

Name:_____ Phone:_____

Address:_____/_____/_____/_____
(Street) *(City)* *(State)* *(Zip)*

REFERENCES

List addresses of all other rental properties owned and/or managed by the applicant:

_____

_____

_____

_____

_____

_____

_____

_____

_____

- *Attach additional sheets as necessary for reference information.*

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Owner:	**Co-Owner:**
( ) Male ( ) Female	( ) Male ( ) Female
Hispanic ( ) Yes ( ) No	Hispanic ( ) Yes ( ) No
( ) White	( ) White
( ) Black/African American	( ) Black/African American
( ) Asian	( ) Asian
( ) American Indian/Alaskan Native	( ) American Indian/Alaskan Native
( ) Native Hawaiian/Other Pacific Islander	( ) Native Hawaiian/Other Pacific Islander
( ) American Indian/Alaskan Native & White	( ) American Indian/Alaskan Native & White
( ) Asian & White	( ) Asian & White
( ) Black/African American & White	( ) Black/African American & White
( ) American Indian/Alaskan Native & Black/African American	( ) American Indian/Alaskan Native & Black/African American
( ) Other Multi-Racial	( ) 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:_____ (initials)	**I DO NOT WISH TO SUPPLY THIS INFORMATION:**_____ (initials)

OWNER CERTIFICATION

I (we) certify that all information provided in the application is true and accurate to the best of my (our) knowledge. I (we) authorize a credit check and verification of any information provided herein. I (we) have received and read a copy of the Rental Rehabilitation Program Description and agree to abide by all Program requirements in connection with any financing that may be provided by the City pursuant to this application.

_____

Owner

_____

Co-Owner

_____

Date

ENCLOSE AN APPLICATION FEE WITH EACH RENTAL REHAB APPLICATION. THE FEE IS $25.00 FOR 1 – 4 UNIT PROJECT AND $50.00 FOR 5+ UNIT PROJECTS. THIS APPLICATION FEE IS NON-REFUNDABLE UNLESS THE APPLICATION IS WITHDRAWN BEFORE THE PROPERTY IS INSPECTED BY OUR REHAB SPECIALIST. CHECKS SHOULD BE MADE PAYABLE TO THE CITY OF KNOXVILLE.

RETURN TO:

Rental Rehabilitation Program
City of Knoxville
Community Development Department
P.O. Box 1631
Knoxville, TN 37901