



# HOME Rental Rehabilitation Loan Pre-Application



## I. APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_  
Last First Middle I.

Federal ID or SSN: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Home Work

## II. PROPERTY INFORMATION

Address of Building to be rehabilitated: \_\_\_\_\_  
\_\_\_\_\_

Estimated Age of Building: \_\_\_\_\_

Estimated Market Value: \_\_\_\_\_

Is the Building currently vacant or partially vacant? \_\_\_\_\_ (If not vacant, complete attached **Occupancy Report**)

If so, for how long? \_\_\_\_\_

Current Property Taxes: \_\_\_\_\_

Gross Area of Building: \_\_\_\_\_ Sq. Ft. (Exclude non-habitable space such as attics, basements, etc.)

Gross Area of non-residential space: \_\_\_\_\_ Sq. Ft.

Existing Building Use (mixed?): \_\_\_\_\_

Proposed use of Building: \_\_\_\_\_



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### III. OWNERSHIP INFORMATION

Ownership interest in property to be improved:

- Contract for Deed/Land Contract
- Free and Clear/Free Simple
- Mortgage
- Lessee... Specify terms of Lease: \_\_\_\_\_
- Other ... Specify: \_\_\_\_\_

Name(s) on Title: (Specify ownership interest of each person on title)

_____	_____
_____	_____
_____	_____
_____	_____

Amount of Outstanding Principal owed on Building: \$ \_\_\_\_\_

#### ATTACH A COPY OF THE FOLLOWING ITEMS TO THIS APPLICATION:

- Recorded Warranty Deed
- Most Recent Paid Property Tax Statement/Receipt
- Proof of Insurance on Building
- Occupancy Report (if building currently occupied)

**\*\* Property must be registered with the City of Lapeer's Rental Registration Program in order to qualify. To register, please contact Denise Soldenski, Grant Administrator at (810) 245-4221.**



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## IV. ESTIMATED REHABILITATION COSTS AND REQUESTED LOAN INFORMATION

Describe proposed improvements:

Exterior:

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Mechanical Systems:

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Interior:

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Is this building within a correct zoning classification? Y/N Identify current zoning: \_\_\_\_\_

Variances/Special Use Permits? \_\_\_\_\_

Is the Building in a Historic District? \_\_\_\_\_ Floodplain? \_\_\_\_\_

Is it on the National Historic Register? \_\_\_\_\_

Legal Description:

Estimated total cost of Proposed Rehabilitation Work: \$ \_\_\_\_\_

Requested Loan Amount from HOME Program: \$ \_\_\_\_\_

Owner Contribution Amount: \$ \_\_\_\_\_



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### V. TENANT RELOCATION RELATED INFORMATION

If any units within this property are occupied, the attached Occupancy Report must be completed. **This information must be received before the application will be accepted.**

Since this grant includes federal funding, a General Information Notice will be sent to each current tenant informing them of their rights under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) or Section 104d of the Housing and Community Development Act of 1974.

Any tenant who moves in after the application has been submitted must receive a Move-in Notice prior to executing a lease agreement. Please notify the Grant Administrator immediately if a prospective tenant may be moving into this property. Any relocation expenses incurred, as a result of the tenant not receiving this notice will be the responsibility of the applicant.

1. Will any current tenant be permanently displaced as a result of the rehabilitation of the property?  Yes  No
2. Is temporary relocation of any tenant anticipated during the rehabilitation period?  
 Yes  No
3. If you answered yes to either of the above questions, describe how the relocation activity will be handled and provide an estimated cost of the relocation.



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This Pre-Application for Rental Rehabilitation Loan program through the City of Lapeer, Housing Improvement Division has been submitted by:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

When complete, please return this **form**, with **the required documents** and a **\$250.00 application processing fee** to:

City of Lapeer Housing Improvement Division  
Attention: Denise Soldenski  
544 N. Saginaw, Suite 109  
Lapeer, MI 48446  
Office: (810) 245-4221  
Fax: (810) 667-7154

Please make checks payable to "**City of Lapeer**".

**WARNING:** Any intentional false statement in this application or willful misrepresentation relative thereto, made with the intent of obtaining a loan is a felony punishable by a fine or imprisonment under Section 47 or Act No. 346 of the Public Acts of 1966 as amended.

*This form is issued under the authority of Act 346 of 1966. Submission of this form is required with each loan package. Failure to provide requested information may jeopardize further processing.*



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## Occupancy Report - Home Rental Rehabilitation Program

Complete one section for each HRRP assisted unit:

Unit/Apt # \_\_\_\_\_  
 Monthly rent \$ \_\_\_\_\_  
 # of bedrooms in unit \_\_\_\_\_  
 Family name \_\_\_\_\_  
 Family size \_\_\_\_\_  
 Annual household income \$ \_\_\_\_\_

Unit/Apt # \_\_\_\_\_  
 Monthly rent \$ \_\_\_\_\_  
 # of bedrooms in unit \_\_\_\_\_  
 Family name \_\_\_\_\_  
 Family size \_\_\_\_\_  
 Annual household income \$ \_\_\_\_\_

Unit/Apt # \_\_\_\_\_  
 Monthly rent \$ \_\_\_\_\_  
 # of bedrooms in unit \_\_\_\_\_  
 Family name \_\_\_\_\_  
 Family size \_\_\_\_\_  
 Annual household income \$ \_\_\_\_\_

Unit/Apt # \_\_\_\_\_  
 Monthly rent \$ \_\_\_\_\_  
 # of bedrooms in unit \_\_\_\_\_  
 Family name \_\_\_\_\_  
 Family size \_\_\_\_\_  
 Annual household income \$ \_\_\_\_\_

I, the property owner of the HRRP assisted unit(s) at \_\_\_\_\_  
 Lapeer, Michigan, certify that the information in the Occupancy Report is true to the best  
 of my knowledge.

\_\_\_\_\_  
 Owner Date

Return to:  
 Denise Soldenski, Grand Administrator  
 City of Lapeer, Housing Improvement Division  
 544 North Saginaw Street, Suite 109  
 Lapeer, Michigan 48446