



APARTMENT REMODELING PROGRAM Application

APPLICANT INFORMATION

Name of Applicant(s)	
Address of Subject Property	
Legal Name of Property Owner	
Applicant(s) current address	
Applicant(s) phone number	
Applicant(s) email address	
Amount of Loan Requested	

LENDER INFORMATION (if applicable)

Proposed Closing Date	
Lending Institution	
Lender contact person	
Lender phone number	
Lender email address	
Mailing address	

APPLICATION REQUIREMENTS: A completed application packet must be received before formal review will begin.

- \$300 Application Fee
- Picture of the Property, front as well as area(s) to be improved (digital format)
- Rehabilitation Plan (use form in Attachment A)
- Copy of Bid(s)
- Evidence of financing commitment for matching funds

APPLICANT(S) SIGNATURE(S)

Signature	Date
Signature	Date

Date Received: _____



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PROJECT INFORMATION

Provide a description of improvements to be made:

Contractor(s) and subcontractors:

Company	Contact Name	Phone Number
Company	Contact Name	Phone Number
Company	Contact Name	Phone Number

PROPERTY INFORMATION

Total # of units in building to be improved			
Total # of units in apartment complex			
Amount of debt owed against the property			
Property value			
Rents charged by unit size			
# of Efficiency/Studio units:		Rent range:	
# of 1 bedroom units:		Rent range:	
# of 2 bedroom units:		Rent range:	
# of 3 bedroom units:		Rent range:	
Proposed rents following rehab (if changing)			
# of Efficiency/Studio units:		Rent range:	
# of 1 bedroom units:		Rent range:	
# of 2 bedroom units:		Rent range:	
# of 3 bedroom units:		Rent range:	



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REHABILITATION PLAN

PROPERTY ADDRESS: _____

	ITEM - DESCRIPTION	CONTRACTOR	COST ESTIMATE
	<i>Example: Replace Roof</i>	<i>A-1 Roofing</i>	\$ 25,000
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
		TOTAL	\$

	SOURCE OF FUNDS	AMOUNT
1.	Richfield HRA	\$
2.		
3.		
4.		
	TOTAL	\$

Note: Loan funds must be matched 1:1 with other funds.

If applicable, attach plans prepared by a qualified draftsman or architect.