



# RENTAL REHAB PROGRAM APPLICATION

Please complete this application in its entirety and sign the last page. Please note, completion of this application does not guarantee services to your property(ies). Assistance is based on first-come first-serve and is under discretion of the Development Director.

## A. APPLICANT INFORMATION

Application Date: _____	Applicant Name: _____
Project Name: _____	Primary contact: _____
Project Address: _____	Telephone #: _____
Municipality: _____	E-Mail address: _____
Application Date: _____	Physical Address: _____

Property Ownership (Check all applicable categories)

- |  |   |
|--|---|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Agreement of Sale                  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Women Business Enterprise (WBE)    |
| <input type="checkbox"/> Individual          | <input type="checkbox"/> Minority Business Enterprise (MBE) |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Other; _____                       |

Not-for-Profit Organization

- 501 ©(3) – approved       Community Housing Development Organization (CHDO)

List names and titles of partners, officers, board of directors, etc.

---



---



---



---

Legal status of Ownership Entity

- Organization currently exists  
 Organization to be formed (estimated date of filing) \_\_\_\_\_

## PROJET TEAM

---

### Owner

Firm: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

WBE Certified     MBE Certified

### Architect

Firm: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

WBE Certified     MBE Certified

### Attorney

Firm: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

WBE Certified     MBE Certified

### Management Agent

Firm: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

WBE Certified     MBE Certified

---

## PROJECT DESCRIPTION

Year building was constructed: \_\_\_\_\_

Moderate Rehab     Substantial Rehab     Historic Rehab  
 Conversion, previous use; \_\_\_\_\_

Are units currently occupied with tenants participating in the Section 8 - Housing Choice Voucher Program?     Yes     No

Are all units currently occupied?     Yes     No  
(If no, has the unit(s) been occupied within the past 12 months?     Yes     No

Does this project require the displacement and/or relocation of any families and/or businesses?  
 Yes     No

Number of Stories: \_\_\_\_\_    Units Receiving Assistance: \_\_\_\_\_

Gross building area (include basement area only if improved): \_\_\_\_\_ ft<sup>2</sup>  
 Gross residential and residential related areas \_\_\_\_\_ ft<sup>2</sup>  
 Gross commercial and commercial related areas \_\_\_\_\_ ft<sup>2</sup>

Total land area \_\_\_\_\_ acres

Other areas (describe)

---



---



---

Utilities available at the project site;

- |                                       |                 |
|---------------------------------------|-----------------|
| <input type="checkbox"/> Public Water | Provider: _____ |
| <input type="checkbox"/> Public Sewer | Provider: _____ |
| <input type="checkbox"/> Natural Gas  | Provider: _____ |
| <input type="checkbox"/> Electricity  | Provider: _____ |

**Building Description**

	Existing	Proposed
Structural System	_____	_____
Exterior Finish	_____	_____
Heating System	_____	_____
Elevator(s)	_____	_____

Equipment provided to tenants

- |                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| Range            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refrigerator     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garbage Disposal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Air Conditioning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Laundry Facilities

- |              |                              |                             |
|--------------|------------------------------|-----------------------------|
| Common Area  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| In Each Unit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hook-Ups     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Project Utilities**

Utility/Service	Included in Rent?		Type of Service/Utility Provider
Heat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Hot Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Cooking Fuel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
General Electric	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Sewer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Trash Removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

**Historic District**

Is the project site located within a Historic District?  Yes  No  
 If Yes, Which?  Julian-Ann  Avery  Washington Avenue



		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Monthly tenant utilities shall be based on the HUD utility schedule model (HUSM) Please find attached in *Exhibit "C" HOME Rent Limits for the Parkersburg, Marietta, Vienna, MSA*

Current Fair Market Rents (FRM) can be found attached in *Exhibit "D" Section 8 Income Limits*

Current Income Limits (60% of the area median income)

Income guidelines subject to change annually per U.S. Department of Housing and Urban Development. Last Updated: 6/1/2021.

Family Size	Total Family Income
	60%
1	\$25,440
2	\$29,040
3	\$32,700
4	\$36,300
5	\$39,240
6	\$42,120
7	\$45,060

## REHABILITATION BUDGET

### PROFESSIONAL SERVICES AND MISC. EXPENSES (IF APPLICABLE)

Architectural Services	\$ _____
Engineering Services	\$ _____
Environmental Remediation	\$ _____
Relocation of Tenants	\$ _____

REHABILITATION COSTS

Energy Efficiency Upgrades	\$ _____
ADA Accessibility Improvements	\$ _____
HVAC System Upgrades	\$ _____
Electrical Upgrades	\$ _____
Plumbing Upgrades	\$ _____
Kitchen & Bathroom	\$ _____
Flooring	\$ _____
Structural (drywall)	\$ _____
Lead-based Paint Abatement	\$ _____
Utility connections	\$ _____
Code Compliance (Fire safety)	\$ _____
Other; _____	\$ _____
Other; _____	\$ _____
Other; _____	\$ _____
Other; _____	\$ _____

TOTAL PROJECT COST \$ \_\_\_\_\_

Source of Estimate: \_\_\_\_\_

**SOURCE OF FUNDS**

OWNER/APPLICANT FUNDING

Funding Sources	\$ Amount	Rate/Terms
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONVENTIONAL LENDER FUNDING

Primary Funding Sources	\$ Amount	Rate/Terms
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOME CONSORTIUM REQUEST \$ \_\_\_\_\_  
 TOTAL SOURCES OF FUNDS \$ \_\_\_\_\_  
 TOTAL PROJECT COST \$ \_\_\_\_\_

## CERTIFICATIONS

The Applicant certifies that;

1. He/She has not required any tenant (either commercial or residential) to move without just cause during the twelve (12) months immediately prior to the date of this application, and
2. He/She will comply with all relocation requirements and the Parkersburg/Wood County HOME Consortium and will, as necessary, reimburse a relocated tenant for the cost of such relocation; and
3. To the extent there are vacant units in properties rehabilitated with the funding from the Parkersburg/Wood County HOME Consortium, those units will be marketed in an affirmative manner to attract tenants, regardless of sex, of all minority and majority groups; and
4. The date and exhibits contained in the application are true, correct, and complete; and that
5. Neither the applicant nor any partner/associate has within the past ten (10) years a) declared bankruptcy, b) had a property foreclosed upon, c) given title or deed in lieu of foreclosure, or d) had foreclosure proceedings initiated.

The applicant, for himself/herself, and all member of the project team and those associated therewith, consents to the verification of the information contained in this application and the attachments hereto by the Parkersburg/Wood County HOME Consortium, or its assignee. The applicant further consents to any and all credit investigations that the Consortium deems appropriate.

---

Signature of Applicant or Authorized Representative

---

Date

---

Type Name and Title

