

CITY OF KNOXVILLE
Housing and Neighborhood Development



**RENTAL REHABILITATION PROGRAM
APPLICATION/PROPOSAL**

HND Use Only

Date Received:_____ Application #:_____ IDIS#:_____

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

CLT#:_____ Taxes paid through:_____ Council District:_____

Please complete all sections and mark any non-applicable questions with N/A. Prepare attachments for submission with this application. Incomplete applications will not be accepted.

PROPERTY INFORMATION

Name of property to be rehabilitated:_____

Full address:_____

Total number of units on property:_____ Current zoning:_____

Number of units for which funding is being requested:_____

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

Value of property:\$_____

Do you have an appraisal to substantiate this value? () Yes () No Date of appraisal:_____

APPLICANT INFORMATION

Name:_____ SSN or EIN:_____

Full address:_____

Telephone:_____ Email:_____

Employer:_____ Date of Employment:_____

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

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

CO-APPLICANT INFORMATION

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

Name:_____ SSN:_____

Full address:_____

Telephone:_____ Email:_____

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Employer: _____ Date of employment: _____

Co-applicant is: () Married () Unmarried Is spouse a co-owner of property? () Yes () No

Please include photocopy of Driver's License for all applicants.

Attach additional sheets as needed for all other parties with an ownership interest in the property.

If owner is a partnership, attach:

- Partnership Agreement

If owner is a corporation, attach:

- Charter
- By-laws
- Certificate of Existence
- Board of Directors' Resolutions authorizing this application as appropriate

OWNERSHIP STATUS

Do you own the property? _____ Or do you have a sales contract? _____

Attach:

- Deed of Trust
- Title Search
- Purchase and Sale Agreement

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

TENANT INFORMATION

No existing tenant may be displaced due to renovation of this property. Tenants residing in units which will receive HOME Rental Rehabilitation funding must be proven as income qualified by the collection of source documentation of every person residing in those units. All existing tenants must be offered a one year lease upon completion of this project. Existing tenant rents may not be increased after renovation without proper notice.

Unit #	Occupied or Vacant	Current or Last Tenant	# Persons in Family	Household Phone #	Does Tenant Receive Section 8 Rent Assistance?

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Tenant Income and Assets Certification and Lead Based Paint Disclosure must be signed by each existing tenant. These forms are attached to this application.

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 this application packet, should be used to document compliance with this requirement.

PURCHASE INFORMATION

Purchase Price _____
Purchase Date _____
Down Payment _____
First Mortgage Amount _____
Second Mortgage Amount _____

FIRST MORTGAGE DATA

Lender: _____
Address: _____
Current interest rate _____ % () Fixed () Variable
Origination date: _____ Length of loan: _____
Outstanding principal balance: _____
Monthly principal and interest payment: _____
Monthly escrow payment: _____

SECOND MORTGAGE DATA

Lender: _____
Address: _____
Current interest rate _____ % () Fixed () Variable
Origination date: _____ Length of loan: _____
Outstanding principal balance: _____
Monthly principal and interest payment: _____
Monthly escrow payment: _____

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Attach:

- Promissory Note for each mortgage indicated above.
- Additional documentation for all other liens or encumbrances against the property.

IMPORTANT NOTICE: No property may be rehabilitated through the Rental Rehabilitation before all delinquent property taxes have been paid.

OPERATING DATA

Current monthly rent: _____ Projected rent after rehab: _____

% vacancy rate past 12 mos.: _____ % vacancy rate projected after rehab: _____

Other income collected (laundry, vending, parking, late fees, pet fees, etc.):

\$ _____ Type: _____

\$ _____ Type: _____

Has any tenancy been terminated in the past six months?

Unit #	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.

	Before Rehab	Projected After Rehab
Management Fees:	\$ _____	\$ _____
Electricity (owner's expense):	\$ _____	\$ _____
Water and Sewer (owner's expense):	\$ _____	\$ _____
Gas (owner's expense):	\$ _____	\$ _____
Garbage and Trash Removal:	\$ _____	\$ _____
Maintenance Repairs:	\$ _____	\$ _____
Insurance:	\$ _____	\$ _____
Property Taxes (City + County):	\$ _____	\$ _____
Replacement Reserve:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

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Appliances Provided by Owner:	<u>Before Rehab</u>	<u>After Rehab</u>
Stove	_____	_____
Refrigerator	_____	_____
Air conditioning unit	_____	_____
Other: _____	_____	_____

Utilities included in rent (paid by owner):		
Water and sewer	_____	_____
Electricity	_____	_____
Gas	_____	_____

CONSTRUCTION INFORMATION

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

Improvement	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please list all repairs which are needed now:

Do you have any existing information on lead-based paint in the structure? () Yes () No
If yes, please provide.

Do you have a 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.

INSURANCE COVERAGE

Insurance Company: _____ Agent: _____

Present Coverage: \$ _____ Telephone: _____

Email: _____

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PROJECT FINANCING

In addition to any Rental Rehabilitation Program funds for which you might qualify, how will you finance the rest of the rehabilitation costs? The owner is required to finance at least 20% of the project, or any amount over \$30,000 per HOME unit *whichever is more*. The amount of possible HOME funding will vary for each project. **THIS MUST BE COMPLETED**

\$ _____ Cash
\$ _____ Private loan: Lender _____
\$ _____ FHA loan: Lender _____
\$ _____ Conventional loan: Lender _____
\$ _____ Credit Union loan: Lender _____
\$ _____ Other loan: Lender _____

Have you applied for, or do you plan to apply for, any other source of federal subsidy for this rehabilitation project, such as Federal Low-Income Housing Tax Credits, etc.? () Yes () No
If yes, please state: _____

PROPERTY MANAGEMENT

Name: _____ Telephone: _____

Full Address: _____

Is this a professional property management company? () Yes () No

REFERENCES

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

Attach other sheets as necessary for references.

APPLICATION FEE

\$25.00 FOR 1 - 4 UNIT PROJECT

\$50.00 FOR 5+ UNIT PROJECT

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 AND MAY BE MAILED TO THE ADDRESS BELOW.**

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.

Date _____

OR EMAIL TO: **Beth Bacon**
bbacon@knoxvilletn.gov

<p>OWNER:</p> <p>() Male () Female</p> <p>Hispanic () Yes () No</p> <p>() White</p> <p>() Black/ African American () Asian</p> <p>() American Indian/Alaskan Native</p> <p>() Native Hawaiian/Other Pacific Islander</p> <p>() American Indian/Alaskan Native & White</p> <p>() Asian & White</p> <p>() Black/African American & White</p> <p>() American Indian/Alaskan Native & Black/African American</p> <p>() Other Multi-Racial</p> <p>Are you a U.S. Citizen () Yes () No</p> <p>I DO NOT WISHTO SUPPLY THIS INFORMATION: _____</p> <p style="text-align: center;">(initials)</p>	<p>CO-OWNER:</p> <p>() Male () Female</p> <p>Hispanic () Yes () No</p> <p>() White</p> <p>() Black/ African American () Asian</p> <p>() American Indian/Alaskan Native</p> <p>() Native Hawaiian/Other Pacific Islander</p> <p>() American Indian/Alaskan Native & White</p> <p>() Asian & White</p> <p>() Black/African American & White</p> <p>() American Indian/Alaskan Native & Black/African American</p> <p>() Other Multi-Racial</p> <p>Are you a U.S. Citizen () Yes () No</p> <p>I DO NOT WISHTO SUPPLY THIS INFORMATION: _____</p> <p style="text-align: center;">(initials)</p>
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Rental Rehabilitation Program

Notice to Prospective Tenants

I understand that the property located at _____
(Street Address)

Knoxville, Tennessee _____
(Zip Code)

is currently active in the City of Knoxville's Rental Rehabilitation Program. The owner of said property, _____, has given me written notice on _____, 202_ that my occupancy of said property may be terminated during the course of carrying out the rehabilitation work and that the rents I will be charged may be increased following the completion of the rehabilitation work.

As a condition of occupancy for said property, I certify that I understand my occupancy may be subsequently terminated in order that the rehabilitation work be completed and that the rents that I will be charged may be increased following the completion of the rehabilitation work. I understand that I will not be eligible for any Anti-Displacement or Relocation Assistance Benefits available through the Rental Rehabilitation Program.

Tenant Signature

Date

Tenant Signature

Date

Witness

TENANT INFORMATION and INCOME CERTIFICATION

For tenants of HOME or ARD restricted units

I. TENANT INFORMATION

Tenant's Name: _____

Last, First, Middle Initial

Tenant's Age: _____ Are you a Full Time Student? _____

Co-Tenant's Name: _____

Last, First, Middle Initial

Co-Tenant's Age: _____ Are you a Full Time Student? _____

List ALL dependents or members of household who will reside with the tenant(s):

Full Legal Name	Relationship	Age	Full-time student?
1			
2			
3			
4			
5			

II. EMPLOYMENT INFORMATION

Tenant's Employer: _____ # Years _____

Co-Tenant's Employer: _____ # Years _____

III. HOUSEHOLD INCOME

List ALL GROSS income from ALL household members:

Source of Income:	Who's Name?	Documented?	Gross Amount	Totals
Tenant's Employment	_____	<input type="checkbox"/>	\$ _____ per _____	_____
<i>(2 months pay stubs or third party income verification form)</i>				
Co-Tenant's Employment	_____	<input type="checkbox"/>	\$ _____ per _____	_____
<i>(2 months pay stubs or third party income verification form)</i>				
Social Security	_____	<input type="checkbox"/>	\$ _____ per _____	_____
<i>(Benefit letter)</i>				
SSI	_____	<input type="checkbox"/>	\$ _____ per _____	_____
<i>(Benefit letter)</i>				
VA Benefits	_____	<input type="checkbox"/>	\$ _____ per _____	_____
<i>(Benefit letter, copy of check, or third party verification form)</i>				
Retirement/Pension	_____	<input type="checkbox"/>	\$ _____ per _____	_____
<i>(Benefit letter or third party verification form)</i>				
Business Income	_____	<input type="checkbox"/>	\$ _____ per _____	_____
<i>(3 past years' tax forms incl Sched. C)</i>				
			\$ _____ per _____	_____
			\$ _____ per _____	_____
Unemployment	_____	<input type="checkbox"/>	\$ _____ per _____	_____
<i>(Benefit letter or third party verification form)</i>				
Child Support, Alimony	_____	<input type="checkbox"/>	\$ _____ per _____	_____
<i>(Divorce decree or State payment print out)</i>				
Interest/Dividends	_____	<input type="checkbox"/>	\$ _____ per _____	_____
	_____	<input type="checkbox"/>	\$ _____ per _____	_____
	_____	<input type="checkbox"/>	\$ _____ per _____	_____
<i>(Bank statement or third party verification form)</i>				
Other:	_____	<input type="checkbox"/>	\$ _____ per _____	_____

IV. HOUSEHOLD ASSETS

1. Checking Account(s) (2 months consecutive bank statements)	Name _____ Bank _____ Balance _____ <input type="checkbox"/> Documented	Name _____ Bank _____ Balance _____ <input type="checkbox"/> Documented
2. Savings Account(s) (2 months consecutive bank statements)	Name _____ Bank _____ Balance _____ <input type="checkbox"/> Documented	Name _____ Bank _____ Balance _____ <input type="checkbox"/> Documented
3. Investments, Savings Bonds, Stocks, IRAs, CDs (Current bank or investment statement)	Name _____ Bank _____ Acct # _____ <input type="checkbox"/> Documented	Name _____ Bank _____ Acct # _____ <input type="checkbox"/> Documented

V. RENT and UTILITIES

1. Monthly Total Rent: _____
(Includes out-of-pocket payment to landlord, any assistance/HAP payment, and utility allowance)

2. Does (or will) your landlord pay for any of the following utilities:
Electricity: _____ Gas: _____ Water: _____ Sewer: _____

3. Does your landlord provide: Refrigerator _____ Range: _____

**I hereby certify that I have listed all of my household income and that the amounts are true, complete and accurate.
I also agree to provide proof of all my income at initial occupancy, and thereafter, upon request.**

Tenant Signature: _____ Date: _____
Co-Tenant Signature: _____ Witness: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Tenant () Male () Female 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	Co-Tenant () Male () Female 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
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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)
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Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date