



City of Mobile
Community & Housing Development Department

RENTAL REHABILITATION PROGRAM APPLICATION

Instructions: Complete all questions and make all non-applicable questions (N/A); Do not leave any spaces blank. Please submit any additional paperwork with completed application.

PROPERTY INFORMATION

Address of property to be rehabilitated:

Street City State Zip

Total number of units on the property: _____

Type of structure: ☐ Single Family ☐ Duplex ☐ Triplex ☐ Quad

☐ Other, please describe: _____

Type of Construction: ☐ Wood Frame ☐ Masonry/Brick ☐ Construction Block

☐ Other, please describe: _____

Estimated date of construction: _____

Value of property: \$_____

NOTE: The value of the property **MUST** come from the Mobile County Revenue Commission website or an appraisal not more than 12 months old.

Has the property received any Code Enforcement violations from the City of Mobile? ☐ Yes ☐ No

Do you have any knowledge of lead-based paint in the structure? ☐ Yes ☐ No

APPLICANT INFORMATION

Ownership Status: ☐ **Own** (attach proof of ownership e.g. Warranty Deed, Certificate of Title, etc.)

☐ **Sales Contract** (attach proof of contract)

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation

Name: _____

Address: _____
Street City State Zip

Is Spouse a co-owner of property? ☐ Yes ☐ No If yes, please complete *co-applicant* section below.

CONTACT INFORMATION

Home Phone Number Work Phone Number Cellular Phone Number

Email Address: _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____
Street City State Zip

Occupation: _____ Date of Employment: _____

CO-APPLICANT INFORMATION

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

Name: _____

Address: _____
Street City State Zip

CONTACT INFORMATION

Home Phone Number Work Phone Number Cellular Phone Number

Email Address: _____

EMPLOYMENT INFORMATION

Employer: _____ Occupation: _____ Date of Employment: _____

Address: _____
Street City State Zip

PREVIOUS/CURRENT SERVICES

Have you ever received Rental Rehab Assistance from the Mobile Housing Board? ☐ Yes ☐ No

If yes, in what year did you receive assistance? _____

Are there currently any unsatisfied judgements against you? ☐ Yes ☐ No

Has either Owner or Co-Owner declared bankruptcy in the past (2) years? ☐ Yes ☐ No

Is this property currently occupied? ☐ Yes ☐ No

NOTE: If property currently occupied, attach a copy of the lease and complete Tenant Information below.

Does your tenant receive Section 8 or any other rental assistance? ☐ Yes ☐ No

TENANT INFORMATION

Address	Unit	Tenant(s) Name	Family Size	Estimated Tenant Annual Income

❖ Attached additional sheets as necessary for tenant information.

OPERATING DATA

Address	Unit Number	No. Bedrooms	Date Last Occupied	Current Monthly Rent/Last Rent if Vacant
				\$
				\$
				\$
				\$

❖ Attach additional sheets as necessary for operating data.

Do you receive Section 8 or Housing Choice Voucher Assistance? ☐ Yes ☐ No

OPERATING EXPENSES

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

Annual Cost

Management Fees	\$_____
Electricity (if owner paid)	\$_____
Water & Sewer (if owner paid)	\$_____
Fuel & Gas (if owner paid)	\$_____
Garbage & Trash Removal	\$_____
Maintenance Repairs	\$_____
Insurance	\$_____
Property Taxes (City)	\$_____
Replacement Reserve	\$_____
Other: _____	\$_____
TOTAL	\$_____

UTILITIES INCLUDED IN RENT

Identify who pays each of the listed utilities below such as, heat, water, electrical, sewer, etc.

Check the energy source where indicated.

Please indicate if the *tenant* or *landlord* supplies the refrigerator and/or range.

	<u>Landlord</u>	<u>Tenant</u>	<u>Energy Source</u>
Heat	___	___	___ Gas ___ Electric
Cooking	___	___	___ Gas ___ Electric
Water Heating	___	___	___ Gas ___ Electric
Electricity	___	___	
Water	___	___	
Sewer	___	___	
Trash Collection	___	___	
Range (supplied by)	___	___	
Refrigerator (supplied by)	___	___	

CONSTRUCTION INFORMATION

Briefly describe the work you wish to have completed. The scope of work should be limited to primarily exterior repairs.

NOTE: No scope of work will be approved which would require the tenants to be relocated, even temporarily.

Do you have a particular contractor you would like to complete the repairs? ☐ Yes ☐ No

If yes, Contractor's Name: _____ Phone Number: _____

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

FIRST MORTGAGE DATA

Do you currently have any debt on the property? ☐ Yes ☐ No

NOTE: Show all existing mortgages or liens on the property along with required monthly payments and who holds the debt, etc.

Lender: _____

Address: _____
Street City State Zip

Current Interest Rate: _____ % ☐ Fixed ☐ Variable

Origination Date: _____

Length of Loan: _____

Outstanding Principal Balance: \$ _____

Monthly Principal & Interest Payment: \$ _____

Monthly Escrow Payment: \$ _____

SECOND MORTGAGE DATA

Lender: _____

Address: _____
Street City State Zip

Current Interest Rate: _____ % ☐ Fixed ☐ Variable

Origination Date: _____

Length of Loan: _____

Outstanding Principal Balance: \$ _____

Monthly Principal & Interest Payment: \$ _____

Monthly Escrow Payment: \$ _____

Total Monthly Payment \$ _____

Describe use of loan proceeds from second mortgage: _____

- ❖ ***Attach additional documentation as necessary for all other liens or encumbrances against the property.***
- ❖ ***No property may be rehabilitated through the Rental Rehabilitation Program before all delinquent taxes have been paid.***

PROJECT FINANCING

The Rental Rehab Program requires a 50% match from the owners' funds, how will you finance the rest of the rehabilitation costs? ***THIS SECTION MUST BE COMPLETED.***

\$ _____ CHD, City of Mobile Rental Rehab Loan

\$ _____ Cash/Equity

\$ _____ Bank or other Financial Institution Loan

\$ _____ Other, list source _____

PROPERTY MANAGEMENT

Do you handle your own property management or contract a company? ☐ Yes ☐ No

If not, please list your property management company:

Name: _____ Phone: _____

Address: _____

Street	City	State	Zip
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REFERENCES

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

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

How Did You Hear About Our Program? Please check ALL that apply.

☐ CHD Department ☐ Direct Mail ☐ City Website ☐ Newspaper

☐ Other: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Owner	Co-Owner
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Black/African-American
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> American Indian/ Alaskan Native
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> American Indian /Alaskan Native & White	<input type="checkbox"/> American Indian /Alaskan Native & White
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Are you a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> 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 verification of any of the information contained in this application and may be obtained by the CDBG Program or its agents provided herein. I (we) have received and read a copy of the Rental Rehabilitation Program Guidelines 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

Date

Co-Owner

Date

RETURN COMPLETED APPLICATIONS TO:

**Community & Housing Development Department
Rental Rehabilitation Pilot Program
205 Government St, Suite 509
5th Floor, South Tower
Mobile, AL 36602**

CHD Office Use Only

IDIS # _____

Date Received: _____

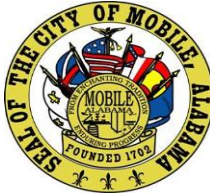
Target Area: _____

Tax Appraisal: _____

Applicant #: _____

Census Tract: _____

Taxes paid through: _____



**CITY OF MOBILE
COMMUNITY AND HOUSING DEVELOPMENT DEPARTMENT**

**RENTAL REHABILITATION PILOT PROGRAM
INFORMATION DISCLOSURE AUTHORIZATION**

Borrower: _____

Co-Borrower: _____

Property Address: _____

To Whom It My Concern:

I/We hereby authorize you to release to the City of Mobile, Community and Housing Development Department and its assigns the following information for the purpose of verification:

1. Mortgage company (loan information)
2. And any other information deemed necessary for the purpose of processing this application
3. E-verifying after approval of contractor

This information is for confidential use in verifying information to be used in determining program eligibility.

A photographic copy of the authorization (being a valid copy of the signatures of the undersigned), may be deemed the equivalent of the original and may be used as a duplicate original.

Borrower's Signature

Borrower's Signature

Date

Date

CITY OF MOBILE
COMMUNITY AND HOUSING DEVELOPMENT DEPARTMENT
RENTAL REHABILITATION PILOT PROGRAM

RE: CHD Application Checklist and Forms

Dear Property Owner:

Thank you for your interest in the Rental Property Pilot Program. Please provide the following Checklist of items with your application in order to be considered for funding. Incomplete applications will cause for delays and/or disqualification of your application.

- ☐ Copy of *Warranty Deed* as recorded with Mobile County Probate Court or *Sales Contract*
- ☐ If Owner is a Partnership: attach copy of *Partnership Agreement*.
- ☐ If Owner is a Corporation: attach *Charter, By-Laws, Certificate of Existence, Board of Director's*
- ☐ Proof of Insurance Declaration **NOTE: Insurance Policy Must Have Wind Coverage**
- ☐ Last (2) years paid property tax receipts
- ☐ Last (2) years tax returns
- ☐ Attach copy of First Mortgage Loan Statement(s) that reflect the mortgage balance, mortgage payment and escrow information.
- ☐ Copy of Lease, if occupied
- ☐ Elevation Certificate, If your property is located within a Flood Zone
- ☐ Information Disclosure Authorization (Form Attached- Page 10)