



DIVISION OF COMMUNITY DEVELOPMENT

Department of Planning & Development

12650 Detroit Avenue • 44107 • 216/529-4663 • FAX 216/529-5907

Rental Restoration Program Application

Date Received by Division of Community Development: _____

A. Application Information

1. Applicant(s) Name(s) (List all legal owners)

Check where appropriate and attach information requested:

Applicant is (check one):

- Building owner(s)
- Corporation
- Non-Profit Organization (Attach the following items)
- Current list of Board Members and Board President or Chairperson
 - IRS Tax-exempt status and federal identification number
 - Board resolution authorizing participation in CPR Program

Attachments (make sure to submit with application)

- Completed Rent Roll (one per building)
- Prior year federal tax return (personal or corporate as appropriate)
- Recent Paystubs, 2 months (if applicable)
- Employment Verification (if applicable)
- Signed Release of Confidential Information
- W-9
- Blank copy of tenant lease
- Statement of Capital Reserves
- Property Insurance (declarations page)
- Current tenant lease (blank copy acceptable to verify standard language used)

2. Name of Building/Project: _____

3. Building Address: _____

4. Applicant(s) Home Address: _____

5. Applicant(s) Business or Daytime Telephone Number : _____ - _____
_____ - _____

6. Applicant(s) E-mail address: _____

7. Applicant Social Security & Tax ID Numbers: _____

C. Building Information & Financial Obligation(s)

1. Mortgage(s) currently on the building

No mortgage 1st Mortgage 2nd Mortgage

2. Name(s) of lien/mortgage holder and current balance of each:

Lender:	Loan Amount	Monthly Payment	Term	Interest Rate	Balance	Maturity Date
	\$	\$			\$	
	\$	\$			\$	
	\$	\$			\$	
	\$	\$			\$	

2. Are property taxes current? Yes No

3. Number of apartment units: _____

4. Number of apartment units currently occupied: _____

5. Does the building have street level commercial/retail space? Yes No

6. Would you like information on the City's Storefront Renovation Program? Yes No

D. Applicant's Proposed Improvements and Investment

1. Contractor's Name: _____

Company Name: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

2. The Applicant is interested in making the following improvements:
(check all that are applicable)

Interior Unit	Repair (Check)	Replace (Check)
Kitchen		
Bath		
Floors		
Plaster or Drywall		
Paint		
Doors		
Windows		
Electric		
Plumbing		
Accessibility		
Common Area		
Roof		
Doors		
HVAC		
Accessibility		
Energy Efficiency		

3. Other proposed improvements: _____

4. The Applicant estimates spending the following per unit amount on the above improvements (check only one).

a. Amount

- | | | | | | | | |
|--------------------------|----------|---|----------|--------------------------|----------|---|----------|
| <input type="checkbox"/> | \$0 | - | \$ 5,000 | <input type="checkbox"/> | \$ 5,000 | - | \$10,000 |
| <input type="checkbox"/> | \$10,000 | - | \$15,000 | <input type="checkbox"/> | \$15,000 | - | \$20,000 |
| <input type="checkbox"/> | \$20,000 | - | \$25,000 | <input type="checkbox"/> | \$25,000 | - | \$30,000 |
| <input type="checkbox"/> | \$30,000 | - | \$35,000 | <input type="checkbox"/> | \$35,000 | - | \$40,000 |

b. Month/Year Applicant would like project to begin construction: _____/20____
(Month) (Year)

Name (Please Print)

Signature

Date: _____

