



VRP Grant Assistance Application

Livingston County



APPLICANT INFORMATION

Applicant Name:		Phone:	
Additional Owners:		Email:	
Property Deed/Title in the name of:			
Ownership Entity:	<input type="checkbox"/> Individual <input type="checkbox"/> Multiple Individuals <input type="checkbox"/> Nonprofit <input type="checkbox"/> Business Entity <input type="checkbox"/> Trust <input type="checkbox"/> Other		
Ownership Entity Address			
<i>If Ownership Entity is a Business, List the Primary Residence of Each Principal</i>			
Street Address:			
City, Zip:			
Ownership Entity Address (if multiple owners)			
Street Address:			
City, Zip:			
Total Number of Properties Owned by or Under Control of Applicant		Total Number of Residential Rental Units owned by or Under Control of Applicant	

PROPERTY INFORMATION

Street Address:			
City, Zip:			
Number of Housing Units (<i>current</i>) <i>Must be less than 5 to be eligible</i>		Number of Vacant Units	
Number of Housing Units Anticipated (<i>post-rehabilitation</i>) <i>Must be less than 5 to be eligible</i>		Number of Vacant Units to be Assisted with VRP Grant Funds	
Which of the following best describes the property?	<input type="checkbox"/> Residential – Fully Vacant <input type="checkbox"/> Residential – Partially Vacant <input type="checkbox"/> Mixed-Use – Fully Vacant		<input type="checkbox"/> Mixed-Use – Partially Vacant <input type="checkbox"/> Other – Fully Vacant <input type="checkbox"/> Other – Partially Vacant
Describe property including any current uses and occupancy			
Zoning District			

GRANT REQUEST

Type of Grant Award Requested	<input type="checkbox"/> Standard <i>Up to \$50,000 per eligible unit - units affordable to 80% AMI level)</i>	<input type="checkbox"/> Enhanced <i>Up to \$75,000 per eligible unit - units affordable to 60% AMI level</i>
Estimated Number of Vacant Units in Request to be Assisted with VRP Grant Funds		Estimated Total Grant Funds Requested

Property Details

Provide information regarding all the units in request as applicable.

Unit	Beds	Baths	Square Feet
Unit 1			
Unit 2			
Unit 3			
Unit 4			
Unit 5			

SCOPE OF WORK

Describe the anticipated rehabilitation activities for which you are requesting VRP grant assistance. If awarded funds, Livingston County Land Bank will prepare a detailed scope of work and cost estimate for your project. Attach any estimates/bids or written scope of work that have already been prepared if available. Provide photos for scope items if available.

Property Details

Location	Repairs needed	Estimated cost (if available)
Mechanical (HVAC, chimney, furnace, etc.)		
Plumbing		

<p>Electrical</p>		
<p>Interior Surfaces and Assemblies (doors, drywall, paint, flooring, smoke detectors, framing, waterproofing, kitchen appliances, bathroom appliances, etc.)</p>		
<p>Exterior Surfaces and Assemblies (exterior paint, steps, railing, sidewalk, driveway, window frames, soffit/fascia, foundation, siding, exterior doors, etc.)</p>		
<p>Roof and Gutter Assemblies (main roof, porch roof, shed roof gutters, downspouts, etc.)</p>		
<p>Additional items</p>		

Will VRP funds be sufficient to cover the costs of the scope of work provided above? If not, please provide documentation showing funding available to cover the overage costs.

PROJECT READINESS

Please describe the status of your property, including any approvals already received, permits obtained, plans created, environmental testing completed, other funding sources committed, or any other information regarding project readiness.

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Conflicts of Interest

Identify any potential conflicts of interest in receiving grant assistance including any personal or familial relationships with staff of the Livingston County Land Bank or Livingston County

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APPLICANT ATTESTATIONS	
Applicants for VRP assistance must agree with the following by checking the box to the right of each statement.	
Responsible Owner Verification Statements	I Agree
Payments on the primary mortgage and other loans secured by this property are current and the property is not in foreclosure proceedings OR there is no current mortgage or loan secured by the property and the property is not in foreclosure proceedings.	<input type="checkbox"/>
There are no delinquent property taxes for this property, including local, county, school, and other applicable taxes.	<input type="checkbox"/>
There are no overdue utility payments for this property, including any gas, electric, water, and other utilities applicable to this property.	<input type="checkbox"/>
There is an active comprehensive insurance policy in effect for this property OR I can document that the property is not currently insurable but will be insured after work is completed.	<input type="checkbox"/>
No owners of the property are currently involved in any bankruptcy proceedings.	<input type="checkbox"/>
There are no outstanding or unresolved federal, state, or local liens on the property.	<input type="checkbox"/>
I have not been found in violation of any local, state, or federal fair housing laws or regulations with any properties in my real estate portfolio or myself as the property owner(s) including any properties under my control through a subsidiary or other entity/owner.	<input type="checkbox"/>
I am not currently under investigation by the Department of Health (DOH), the Environmental Protection Agency (EPA), the Department of Housing and Urban Development (HUD), any state agency, or any local government, for any violations of laws or regulations.	<input type="checkbox"/>
Acknowledgement of Select Grant Conditions and Requirements (other requirements apply)	I Agree
The units I am applying to receive assistance for are vacant and are either not currently habitable or not currently marketable due to their condition.	<input type="checkbox"/>
I have not, and will not, displace a tenant voluntarily or involuntarily either permanently or temporarily for the purposes of making a unit eligible for grant assistance.	<input type="checkbox"/>
I understand that if my property was constructed prior to 1980, the program requires a Lead Risk Assessment and that the scope of work is required to address any identified lead hazards.	<input type="checkbox"/>
If my property is located in a floodplain I understand that I may be required to obtain flood insurance to receive VRP assistance.	<input type="checkbox"/>
I will facilitate necessary site visits by the Grantor to verify eligibility for grant assistance and to inspect the property.	<input type="checkbox"/>
I understand that if the rehabilitation work exceeds, or is likely to exceed, the grant award limit that I may be required to show proof of additional available funds as a condition of award and may be required to expend such funds prior the expenditure of grant funds on the project.	<input type="checkbox"/>
I understand that I am not permitted to serve as my own contractor, that a competitive bidding process to solicit a qualified contractor will be conducted on my behalf, and that no costs incurred prior to signing a grant agreement are eligible for reimbursement.	<input type="checkbox"/>
If selected for a VRP award I will abide by the program requirements for 10 years, including selecting income-qualified tenants, charging rents at or below the maximum allowed by the program, keeping units in good condition, allowing for periodic site inspections, and transferring the property only to a new owner willing to assume the obligations of the program.	<input type="checkbox"/>
If selected for a VRP award, I will execute an agreement with the Grantor and agree to file a Declaration of Interest on the Property with the County Clerk. I understand that non-compliance may require full repayment of any awarded grant funds.	<input type="checkbox"/>

I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in disqualification from the Vacant Rental Program and may require repayment of any awarded funds.

SIGNATURES	
Signature of Owner	Signature of Co-Owner (s)
Printed Name	Printed Name
Date	Date

DOCUMENTATION CHECKLIST
The following documents must be provided for an application to be considered for an award.
<ul style="list-style-type: none"> <input type="checkbox"/> Driver's license or government issued photo ID <input type="checkbox"/> Copy of current property deed <input type="checkbox"/> Insurance policy declarations page or other proof of active comprehensive property insurance policy and flood insurance if applicable <input type="checkbox"/> Most recent statement for primary mortgage on property and any other loans secured by the property OR notification that there are no mortgages or loans secured by the property <input type="checkbox"/> Most recent utility bill statements for all applicable utilities OR explanation of why no bills can be provided (e.g., utilities turned off for extended period) <input type="checkbox"/> Proof of no delinquent property taxes on the property (e.g., recent property tax statements/receipts) <input type="checkbox"/> A list of all residential and non-residential real estate owned (or have interest in) by the applicant in Livingston County and any adjoining County. <input type="checkbox"/> If owned by business entity, documentation of all principals of business (if applicable) <input type="checkbox"/> Copies of bids/estimates or scope of work (if applicable) <input type="checkbox"/> Copies of any lead inspection/risk assessment or asbestos reports (if applicable) <input type="checkbox"/> Copies of any permits already obtained (if applicable) <input type="checkbox"/> Any violation notices (if applicable) <input type="checkbox"/> Copies of any architectural or engineering plans (if applicable) <input type="checkbox"/> Scope of work photos (if applicable) <input type="checkbox"/> Documentation of funds to cover overage costs (if applicable) <p>Livingston County Land Bank reserves the right to request additional documentation</p>