



CITY OF SALEM
DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT

KIMBERLEY DRISCOLL
MAYOR

120 WASHINGTON STREET ♦ SALEM, MASSACHUSETTS 01970
TEL: 978-745-9595 ♦ FAX: 978-740-0404

LYNN GOONIN DUNCAN, AICP
DIRECTOR

LANDLORD HOUSING REHABILITATION LOAN PROGRAM
APPLICATION FOR ASSISTANCE CHECKLIST

PLEASE SUBMIT THIS FORM ALONG WITH THE FOLLOWING DOCUMENTS TO:

THE CITY OF SALEM'S HOUSING REHABILITATION LOAN PROGRAM
DEPARTMENT OF COMMUNITY DEVELOPMENT AND PLANNING (DPCD)
120 WASHINGTON STREET, 3RD FLOOR
SALEM, MA 01970

- Completed** Investor Owner Loan Program Application for Assistance
- Copy of Homeowner's insurance policy
- Copy of Deed
- Lead Based Paint Inspection Report, if available
- Most current **paid** receipt for real estate tax bill and water/sewer bill for all properties.
- Income Documentation for ALL household members 18 years or older:
 - Employed: Eight (8) weeks of pay stubs
 - Self-employed: Most recent certified tax returns
 - Unemployed: Unemployment checks. Letter from unemployment office stating start date and amount of assistance.
 - Social Security: Most recent check or letter from Social Security Office stating amount of benefits.
 - Public Assistance: Copy of check as well as letter from welfare office stating amount of assistance.
 - Pension/Disability: Most recent check and letter from company or Social Security stating amount of benefits.
 - Full Time Students: Letter from school stating current enrollment status.
 - No Income: Notarized Affidavit of No Income
- Rental Income: Two (2) months rent receipts
- W-2's and tax returns from previous two (2) years
- Assets: Most recent two (2) months of all account statements for checking, savings, IRA, etc. OR a Notarized Statement of No Assets
- Copy of mortgage statement for all properties
- Rental Units, **documents must be submitted for each Rental Unit**
 - Tenant Application
 - Documentation of income, same as above
 - Rental lease/agreement
 - Tenant Certification of Owner Application



This program does not discriminate on the basis of race, color, national origin, gender, age, religion, familial status, sexual orientation or disability. This program is funded through the United States Department of Housing and Urban Development (HUD), utilizing HOME and Community Block Grant Funds (CDBG).





CITY OF SALEM
DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT

KIMBERLEY DRISCOLL
MAYOR

LYNN GOONIN DUNCAN, AICP
DIRECTOR

120 WASHINGTON STREET ♦ SALEM, MASSACHUSETTS 01970
TEL: 978-619-5685 ♦ FAX: 978-740-0404

LANDLORD HOUSING REHABILITATION LOAN PROGRAM
APPLICATION FOR ASSISTANCE

INSTRUCTIONS: Please complete all items on this application. If the information requested does not apply to you, please write “not applicable” or “n/a.”
Should you require assistance in filling out this application, please contact the Department of Planning and Community Development.

APPLICANT (S) INFORMATION

Applicant

Co-Applicant

Applicant Name

Co-Applicant Name

Social Security #

Social Security #

Address

Address

Home Phone

Work Phone

Home Phone

Work Phone

Employer Name

Employer Name

Employer Address

Employer Address

Position

Position

of Years Employed

of Years Employed

PERSONAL FINANCIAL STATEMENT

As of _____

Name	Business Phone
Residence Address	Residence Phone
City, State, Zip	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand or in Banks		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others	
IRA or Other Retirement Account		Installment Accounts (Auto) Mo. Pymts \$ _____	
Accounts & Notes Receivable		Installment Accounts (Other) Mo. Pymts \$ _____	
Life Insurance—Cash Surrender Value Only (Complete Section 8)		Loan on Life Insurance	
Stocks and Bonds (Describe in Section 3)		Mortgages on Real Estate (Describe in Section 4)	
Real Estate (Describe in Section 4)		Unpaid Taxes (Describe in Section 6)	
Automobile—Present Value		Other Liabilities (Describe in Section 7)	
Other Personal Property (Describe in Section 5)		Total Liabilities	
Other Assets (Describe in Section 5)		Net Worth	
Total		Total	

Section 1. Sources of Income	Contingency Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe Below)*	Other Special Debt

Description of Other Income in Section 1.

***Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.**

Section 2. Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stock and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotations/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel seperately. Use attachments in necessary. Each attachment must be identified as part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Name and Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Paymnet per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, temrs of payment and if deliquent describe deliquency.)

Section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities (Describe in Detail)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

I authorize the City of Salem Department of Planning and Community Development to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PROJECT INFORMATION

Address of Property to be Rehabilitated

Type of Property:

- Single-family
- Multi-family-4 units or less per building
- Multi-family-5 to 7 units

Permanent Housing

Transitional Housing

Year property was built: _____

Length of ownership: _____ Years/Months

Current Appraised Value: _____ Date of Most Recent Appraisal: _____

Total Number of units:	Bedroom Mix:	1BR	2 BR	3 BR	4BR
	#				

How many units are currently occupied?

Annual Projected

Rental Income

\$ _____

Annual Project Expense

\$ _____

ONE-YEAR OPERATING PROFORMA

INCOME

Rental Income	_____
Less Vacancy Rate @ 5%	_____
Effective Rental Income	_____
Other Income	_____
TOTAL EFFECTIVE INCOME	_____

EXPENSES

Management Fee: 7% of Effective Rental Income	_____
Administrative	_____
Maintenance	_____
Resident Services	_____
Security	_____
<u>Utilities</u>	
Electricity	_____
Natural Gas	_____
Water & Sewer	_____
Subtotal Utilities	_____
<u>Taxes & Insurance</u>	
Real Estate Taxes	_____
Insurance	_____
Subtotal Taxes & Insurance	_____
TOTAL OPERATING EXPENSES:	_____

NET OPERATING INCOME (NOI)

Total Mortgage	_____
Debt Coverage Ratio	_____
Cash Flow	_____
TOTAL DEBT COVERAGE RATIO:	_____

REHABILITATION REQUEST

No Yes Has the property been recently cited for Code Violations that have not been corrected to date?
If yes, please mark the type of Code Violation (**attach a copy of the citation**):
 Building Health Electrical Plumbing Fire

No Yes Is your property in need of emergency repair(s)? An **emergency** is a serious, unexpected situation that requires immediate attention in order to protect the tenant's health and safety and/or to prevent further structural damage.

If yes, please describe:

No Yes Is there a physically disabled person(s) living in any of the units?

No Yes Does the home require modifications to allow easier access for that person?

If yes, please describe:

Handicapped Accessible Units and Section 504

No Yes Is the project new construction or substantial rehabilitation (Cost of rehabilitation is 75% or more of the after rehabilitation value, as evidenced by an appraisal)?

No Yes Are there five or more units in the project?

If yes to both questions, the Section 504 requirements apply to your project. Under 504, 5% of all units (rounded up) must be equipped for physically handicapped accessibility. Additional requirements apply to the common areas.

Please **briefly** describe the rehabilitation work requested: *(If you have a scope or work, please attach.)*

Total Estimated Cost of Project \$ _____

RELOCATION

No Yes Maybe Will this project involve temporary or permanent relocation of tenants?

ENVIRONMENTAL INFORMATION

Projects utilizing federal funds must be assessed for potential environmental effects of the project.

- No Yes Has Phase I (21E Assessment) been completed for the project?
- No Yes Unknown Is the building a historic building or located within a Historic District?
- No Yes Unknown Does the property contain lead based paint/asbestos?
- No Yes Unknown Has a lead based paint inspection been completed (If yes, attach to application)
- No Yes Unknown Has the property been deleaded? (If yes, attach Certificate of Compliance to application)

ZONING, SITE APPROVAL & BUILDING PERMITS

No Yes Unknown Is site properly zoned for this development? (documentation, if available, should be attached)

The scope of the project may require the City to approve a site plan review.

FINANCING INFORMATION

Proposed Project Financing:

Primary Loan:	\$
Lender	
Owner Contribution	\$
Proposed City Loan	\$
Other Sources of Funds	\$
Lender	
Lender	
Total sources of funding	\$

Attach commitment letters for all sources of funds.

CONFLICT OF INTEREST STATEMENT

Applicant Name: _____ Co-Applicant Name: _____

Address: _____ Address: _____

I/We certify that my/our answers to the following questions are true and accurate to the best of my/our knowledge and belief and I/we understand that the word “you” includes the undersigned applicant and co-applicant for the grant, loan or other assistance and any principal thereof:

1. Are you presently or have you been in the last twelve months, an employee, agent, consultant, or elected appointed official of any agency (including the City of Salem or the Salem Department of Planning and Community Development) receiving CDBG and/or HOME funds directly or indirectly?

Applicant: No Yes

Co-Applicant: No Yes

If you answered “No,” you do not need to answer the remaining questions. Please sign below.

2. **Applicant:** Name of the agency? _____ Position: _____

Co-Applicant Name of the agency? _____ Position: _____

3. Do you presently, or have you in the last twelve (12) months, exercised any functions or responsibilities with respect to CDBG and/or HOME activities?

Applicant: No Yes

Co-Applicant: No Yes

4. Do you presently, or have you in the last twelve (12) months, been in a position to participate in a decision making process to gain inside information regarding CDBG and/or HOME activities?

Applicant: No Yes

Co-Applicant: No Yes

5. If you answered yes to either question #3 or #4, are there factors that justify an exception to the conflict of interest provision?

Applicant: No Yes (Please explain below) **Co-Applicant:** No Yes (Please explain below)

SIGNATURES:

Applicant: _____

Co-Applicant: _____

Date: _____

Date: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans in order to monitor the City of Salem's compliance with equal credit opportunity and fair housing laws. While you are not required to supply this information, you are encouraged to do so. The law provides that a lender may neither discriminate on the basis of the information, nor on whether you chose to supply it. Under Federal regulations, the City of Salem may note race and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below.

APPLICANT HOUSEHOLD INFORMATION:

- | Race | Multi-Race |
|--|---|
| _____ (11) White | _____ (16) American Indian / Alaskan Native & White |
| _____ (12) Black/African American | _____ (17) Asian & White |
| _____ (13) Asian | _____ (18) Black/African American & White |
| _____ (14) American Indian/ Alaskan Native | _____ (19) American Indian/ Alaskan Native & Black/African American |
| _____ (15) Native Hawaiian/ Pacific Islander | _____ (20) Other Multi-Racial |

Hispanic/Latino: Yes No

Sex: Male Female

I do not wish to provide this information.

ACKNOWLEDGEMENT AND AGREEMENT

The applicant (s) certifies that all information provided in this application is true and correct to the best of his/her knowledge and belief and that no false information, which might reasonably affect a judgment regarding eligibility has been included. Signing this document gives the City of Salem’s Department of Planning and Community Development the authorization to obtain verification from any source herein. *ALL APPLICANTS MUST SIGN BELOW.*

I/We certify that this application is presented in good faith and that the information is true, accurate and completed to the best of my/our knowledge, and should the application be approved, I/We am/are prepared to enter into any agreement/s necessary to initiate the implementation of the proposed activity and assure compliance with all requirements related thereto.

I/we acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, and liability for monetary damages to the City of Salem, its agents successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation, which I/we have made on this application.

Applicant’s Signature _____ Date: _____

Co- Applicant’s Signature _____ Date: _____

IMPORTANT

ALL APPLICANTS MUST PROVIDE THE REQUIRED DOCUMENTATION WITH THE APPLICATION. PLEASE USE THE ENCLOSED DOCUMENTATION CHECKLIST AND RETURN ALONG WITH DOCUMENTATION AND COMPLETED APPLICATION.



KIMBERLEY DRISCOLL
MAYOR

LYNN GOONIN DUNCAN, AICP
DIRECTOR

CITY OF SALEM
DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT

120 WASHINGTON STREET ♦ SALEM, MASSACHUSETTS 01970
TEL: 978-745-9595 ♦ FAX: 978-740-0404

LANDLORD HOUSING REHABILITATION LOAN PROGRAM

PERSONAL CREDIT REFERENCE AUTHORIZATION

Name
Home Address
Home Phone
Employer
Position
Business Address
Business Phone
Social Security #
I hereby give my consent for the Department of Planning and Community Development and their assigned Credit Bureau(s), to have any and all information regarding my employment, checking and / or savings accounts, credit obligations, and all other credit matters which they may require in connection with my application for financing.

Signature _____ Date _____

Signature _____ Date _____

UNIT/TENANT INFORMATION

PLEASE NOTE: EACH TENANT MUST ALSO SUBMIT A *TENANT'S APPLICATION*

Unit # 1 2 3 4 Location of Unit: 1st 2nd 3rd 4th Other _____
Number of bedrooms: 1 2 3 4 Other ____ Lead paint in the unit: Yes No Unknown
Current monthly rent: \$ _____ Proposed rent after rehabilitation: \$ _____
Is the unit occupied? No Yes *Please provide the following information:*
Name of head of household: _____ Telephone #: _____
Does the tenant receive a rental subsidy? (Section 8, 707 Certificate etc.)? No Yes

Unit # 1 2 3 4 Location of Unit: 1st 2nd 3rd 4th Other _____
Number of bedrooms: 1 2 3 4 Other ____ Lead paint in the unit: Yes No Unknown
Current monthly rent: \$ _____ Proposed rent after rehabilitation: \$ _____
Is the unit occupied? No Yes *Please provide the following information:*
Name of head of household: _____ Telephone #: _____
Does the tenant receive a rental subsidy? (Section 8, 707 Certificate etc.)? No Yes

Unit # 1 2 3 4 Location of Unit: 1st 2nd 3rd 4th Other _____
Number of bedrooms: 1 2 3 4 Other ____ Lead paint in the unit: Yes No Unknown
Current monthly rent: \$ _____ Proposed rent after rehabilitation: \$ _____
Is the unit occupied? No Yes *Please provide the following information:*
Name of head of household: _____ Telephone #: _____
Does the tenant receive a rental subsidy? (Section 8, 707 Certificate etc.)? No Yes

Unit # 1 2 3 4 Location of Unit: 1st 2nd 3rd 4th Other _____
Number of bedrooms: 1 2 3 4 Other ____ Lead paint in the unit: Yes No Unknown
Current monthly rent: \$ _____ Proposed rent after rehabilitation: \$ _____
Is the unit occupied? No Yes *Please provide the following information:*
Name of head of household: _____ Telephone #: _____
Does the tenant receive a rental subsidy? (Section 8 or Certificate from Dept. Public Welfare)? No Yes



CITY OF SALEM
DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT

KIMBERLEY DRISCOLL
MAYOR

120 WASHINGTON STREET ♦ SALEM, MASSACHUSETTS 01970
TEL: 978-745-9595 ♦ FAX: 978-740-0404

LYNN GOONIN DUNCAN, AICP
DIRECTOR

HOUSING REHABILITATION LOAN PROGRAMS
TENANT APPLICATION CHECKLIST

PLEASE SUBMIT THIS FORM ALONG WITH THE FOLLOWING DOCUMENTS TO:

THE CITY OF SALEM'S HOUSING REHABILITATION LOAN PROGRAM
DEPARTMENT OF COMMUNITY DEVELOPMENT AND PLANNING (DPCD)
120 WASHINGTON STREET, 3RD FLOOR
SALEM, MA 01970

- Completed Tenant Application
- Income Documentation for ALL household members 18 years or older:
 - Employed: Eight (8) weeks of pay stubs
 - Self-employed: Most recent certified tax returns
 - Unemployed: Unemployment checks. Letter from unemployment office stating start date and amount of assistance.
 - Social Security: Most recent check or letter from Social Security Office stating amount of benefits.
 - Public Assistance: Copy of check as well as letter from welfare office stating amount of assistance.
 - Pension/Disability: Most recent check and letter from company or Social Security stating amount of benefits.
 - Rental Income: Two (2) months rent receipts
 - Full Time Students: Letter from school stating current enrollment status.
 - No Income: Notarized Affidavit of No Income
- Assets: Most recent two (2) months of all account statements for checking, savings, IRA, etc. OR a Notarized Statement of No Assets
- Rental or Lease Agreement
- Tenant Certification of Owner Application



This program does not discriminate on the basis of race, color, national origin, gender, age, religion, familial status, sexual orientation or disability. This program is funded through the United States Department of Housing and Urban Development (HUD), utilizing HOME and Community Block Grant Funds (CDBG).





LYNN GOONIN DUNCAN, AICP
DIRECTOR

CITY OF SALEM
DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT

120 WASHINGTON STREET ♦ SALEM, MASSACHUSETTS 01970
TEL: 978-745-9595 ♦ FAX: 978-740-0404

HOUSING REHABILITATION LOAN PROGRAMS
TENANT APPLICATION

INSTRUCTIONS

Please complete all items on this application. If the information requested does not apply to you, please write "not applicable" or "n/a." Should you have any questions regarding this application, please contact the Department of Planning and Community Development. **ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

PROPERTY INFORMATION

Property Address: _____
Apartment Number: _____ Number of Bedrooms: _____
Telephone Number: _____ Date: _____

TENANT INFORMATION

Tenant Name: _____ Co-Tenant Name: _____
Social Security #: _____ Social Security #: _____
Marital Status: _____ Marital Status: _____

Please names, ages and relationship below of other household members:

Name: _____ Age: _____ Relationship: _____

Do you have physically handicapped persons living in the unit? No Yes How many? _____

If any children under the age of six are in the household, have they had blood lead testing in the past six months? No Yes

APPLICANT HOUSEHOLD INFORMATION:

Race	Multi-Race
_____ (11) White	_____ (16) American Indian / Alaskan Native & White
_____ (12) Black/African American	_____ (17) Asian & White
_____ (13) Asian	_____ (18) Black/African American & White
_____ (14) American Indian/ Alaskan Native	_____ (19) American Indian/ Alaskan Native & Black/African American
_____ (15) Native Hawaiian/ Pacific Islander	_____ (20) Other Multi-Racial

Hispanic/Latino: Yes No

Sex: Male Female

I do not wish to provide this information.

RENTAL INFORMATION

Current rent? \$ _____ / Month How long have you resided at this address? ____ Years ____ Months

What utilities are you responsible to pay for? _____

Do you receive rental assistance? No Yes (Please check the type of rental assistance you receive.)

Section 8 Voucher Section 8 Certificate 707 Certificate Other _____

SOURCES OF INCOME

A. EMPLOYMENT INFORMATION

Please complete this section for **ALL** household members age 18 and over. You must include both *full* and *part* time employment. (*Please list additional employers on a separate sheet.*)

1. Name: _____
Employer: _____ Employer Phone: _____
Employer Address: _____
Annual Earnings (including overtime, bonuses & tips): _____
2. Name: _____
Employer: _____ Employer Phone: _____
Employer Address: _____
Annual Earnings (including overtime, bonuses & tips): _____
3. Name: _____
Employer: _____ Employer Phone: _____

Employer Address: _____

Annual Earnings (including overtime, bonuses & tips): _____

B. OTHER SOURCES OF INCOME: (Include all Household Members)

Source	Amount Received per Year	Source	Amount Received per Year
Social Security:	\$	Welfare:	\$
S.S.I. Benefits:	\$	Worker's Compensation:	\$
Pension:	\$	Unemployment:	\$
V.A. Benefits:	\$	Alimony:	\$
Retirement:	\$	Child Support:	\$
Disability:	\$	Other:	\$

ACKNOWLEDGEMENT AND AGREEMENT

The applicant (s) certifies that all information provided in this application is true and correct to the best of his/her knowledge and belief and that no false information, which might reasonably affect a judgment regarding eligibility is included. Signing this document gives the City of Salem's Department of Planning and Community Development the authorization to obtain verification from any source herein. *ALL APPLICANTS MUST SIGN BELOW.*

I/we certify that the information provided in this application is true and correct as of the date set forth opposite my/our signatures on this application, acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, and liability for monetary damages to the City of Salem, its agents successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation, which I/we have made on this application.

Applicant's Signature _____ Date: _____

Co- Applicant's Signature _____ Date: _____

IMPORTANT

ALL APPLICANTS MUST PROVIDE THE REQUIRED DOCUMENTATION WITH THE APPLICATION. PLEASE USE THE ENCLOSED DOCUMENTATION CHECKLIST AND RETURN ALONG WITH DOCUMENTATION AND COMPLETED APPLICATION.

Tenant Application.doc



This program does not discriminate on the basis of race, color, national origin, gender, age, religion, familial status, sexual orientation or disability. This program is funded through the United States Department of Housing and Urban Development (HUD), utilizing HOME and Community Block Grant Funds (CDBG).





CITY OF SALEM
DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT

KIMBERLEY DRISCOLL
MAYOR

120 WASHINGTON STREET ♦ SALEM, MASSACHUSETTS 01970
TEL: 978-745-9595 ♦ FAX: 978-740-0404

LYNN GOONIN DUNCAN, AICP
DIRECTOR

HOUSING REHABILITATION LOAN PROGRAM
TENANT CERTIFICATION OF
OWNER APPLICATION

I, (name) _____ am a tenant at (address) _____, Salem, Massachusetts and certify that I am aware that the owner of my apartment is submitting an application to the City of Salem for their Housing Rehabilitation Loan Program and/or MassHousing's Get the Lead Out Loan Program.

I understand that if this application is successful:

- I will be required to submit income information to the City of Salem as part of the application process and may be requested to re-submit such information annually by the City upon completion of the project. All of the income information given to the City of will be kept confidential.
- During construction, I may be asked to comply with certain reasonable requests to accommodate construction. I am willing to comply with such requests.
- During construction, I may be required to temporarily relocate for a period of time to accommodate construction.
- If temporary relocation is required, relocation assistance will be made available through the City.

Tenant's Signature _____ Date: _____



This program does not discriminate on the basis of race, color, national origin, gender, age, religion, familial status, sexual orientation or disability. This program is funded through the United States Department of Housing and Urban Development (HUD), utilizing HOME and Community Block Grant Funds (CDBG).

