

CRA AFFORDABLE HOUSING ASSISTANCE



Administered by:
City of Pensacola Community Redevelopment Agency
222 West Main Street, 3rd Floor
Pensacola, Florida 32502
Phone: (850) 436-5640

PRE-ELIGIBILITY APPLICATION

Property Ownership

Owner Name(s):

If more than one owner include all names.

Are there any owners on the deed that are unable to authorize participation? Yes/No

If so, please explain the circumstances:

Contact Information

Name (Primary Owner Applicant or Representative): _____

Mailing Address: _____

Phone: _____

Email (if available): _____

Attach valid state identification for the primary owner who is requesting assistance and representative (if applicable).

Property Information

Address: _____

- Is the property vacant or occupied? _____
- Is or will the property be occupied by the owner? Yes / No / Not Sure
- Is the property or will the property be a rental property? Yes / No / Not Sure
- How long has the owner (or the owner's family) held ownership of the property?

- What type of home is the property? ___ Single Family ___ Duplex ___ Townhome
___ Apartment (How many units? ____)
___ Mixed Use / Live & Work Unit Is the primary use of the building residential? (Yes / No)
- Does the owner have a mortgage on the property? Yes / No
If yes, are payments current? Yes / No
- Are there any liens or code violations on the property? Yes / No

- Are property tax payments current? Yes / No
- Has the property been damaged by a hurricane or other natural disaster? Yes / No
If so, describe the natural disaster and damage that occurred that still requires repair.

- Has a claim been submitted to an insurance company and/or FEMA and been denied? Yes / No If yes, please explain:

- Has a claim been submitted to an insurance company and/or FEMA and been approved but the money received insufficient to cover the cost of repair? Yes / No If yes, please explain:

Household Income

- What is the estimated gross (before taxes) annual income for the household?

- How many people reside in the household? _____
- If the property is a rental, do you know the estimated annual income of the tenants and number of household members? Yes / No If so, what is the estimated income? _____
- How many household members? _____
- Please describe any improvements to the home (interior and exterior) that you believe are needed:

CERTIFICATION

By certifying this document, I/we (as may be on behalf of the owner(s) pursuant to a duly executed affidavit of representation), understand and agree that:

- Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose certifying my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility.

- This pre-qualification process is a screening procedure to determine if potential participants meet minimum requirements necessary for participation in the City of Pensacola Community Redevelopment Agency Affordable Housing programs and does not guarantee that funding will be provided under the programs.
- A preliminary inspection of the property will occur as a part of the pre-qualification process, which will inform the extent of work necessary to rehabilitate the property. I/we agree to fully cooperate with the program representative(s) and to indemnify and hold harmless the CRA, the City of Pensacola, and the Emerald Coast Regional Council and their agents and employees from and against claims, suits, actions, liability, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from eligibility screening related to, and/or participation in, this program provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property including loss of use resulting therefrom, directly or indirectly caused by, resulting from, arising out of or occurring in connection with this program.

Applicant Signature Date

Print Name: _____

I am the: Owner / Representative (circle one)
(circle one)

Co-Applicant Signature Date

Print Name: _____

I am the: Owner / Representative

If acting on behalf of the owner(s), please submit an executed and notarized copy of the attached Affidavit and Authorization for Representation form.

Witness #1 Date

Print Name: _____

Witness #2 Date

Print Name: _____

Witness #1 Date

Print Name: _____

Witness #2 Date

Print Name: _____

AFFIDVIT AND AUTHORIZATION FOR REPRESENTATION

I/we, the undersigned, and owner(s) of the property located at _____ do hereby authorize _____ ; ID # _____; of the State of _____ to represent me/us in full capacity for the purpose of applying for, participating in and executing all documents required for residential rehabilitation assistance under the City of Pensacola Community Redevelopment Agency Residential Property Improvement Program.

Owner's Signature

Printed Name: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Before me the undersigned Notary Public, personally appeared _____, who () is personally known to me or who () has produced _____ as identification and who () did () did not take an oath. Given under my hand and official seal on this ___ day of _____, 20__.

SEAL

Notary Public

Owner's Signature

Printed Name: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Before me the undersigned Notary Public, personally appeared _____, who () is personally known to me or who () has produced _____ as identification and who () did () did not take an oath. Given under my hand and official seal on this ___ day of _____, 20__.

SEAL

Notary Public