



# Richland County Land Bank

Court House, Lower Level One  
50 Park Avenue East  
Mansfield, Ohio 44902  
419-774-5623

## REHAB APPLICATION

*\*Application will NOT be processed if not completed in its entirety.\**

**Applicant Information**

Name of Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address of property requested: \_\_\_\_\_

Parcel No(S): \_\_\_\_\_

**I own properties in Richland County under the following names (i.e. Corporate Names, Business Names, Maiden Names, etc.)** \_\_\_\_\_

### **Owner Occupant(s) fill out all yellow sections**

- This property will be used as my primary residence for a period of no less than 5 years. Plans, timelines, funding resources may be required along with application.
- This property will be used for investment purposes and it will be rehabilitated and returned to residential use and as an improvement to the surrounding neighborhood. Applicant agrees to use his/her best efforts to accomplish these purposes. Further Applicant agrees that the property shall be habitable for a period of not less than 5 years. Plans, timelines, funding resources may be required along with application.
- Property will be used for reasons listed (i.e. redevelopment, business, non-profit, etc.). (Plans, timelines, funding resources may be required along with application). Deed restriction may apply.

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OWNER OCCUPANT APPLICANT(S) INFORMATION (ONLY)		
Present Address  _____ Own _____ Rent Number of years at present location _____		Present Address  _____ Own _____ Rent Number of years at present location _____
Monthly Rent: \$ _____		Monthly Rent: \$ _____
If less than 2 years Previous Address  _____ Own _____ Rent Number of years at location _____		If less than 2 years Previous Address  _____ Own _____ Rent Number of years at location _____
SS Number		SS Number
EMPLOYMENT INFORMATION		
Name, Address, Phone of Current Employer  Monthly Gross Income \$ _____ Years on this job _____		Name, Address, Phone of Current Employer  Monthly Gross Income \$ _____ Years on this job _____
If less than 2 years - Name, Address, Phone of Previous Employer  Monthly Gross Income \$ _____ Years on this job _____		If less than 2 years - Name, Address, Phone of Previous Employer  Monthly Gross Income \$ _____ Years on this job _____
MONTHLY INCOME		
Gross Monthly Income	Applicant	Co-Applicant
Employment Income	\$ _____	\$ _____
TANF	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Retirement	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Income	\$ _____	\$ _____
MONTHLY EXPENSES		
Monthly Expenses	Applicant	Co-Applicant
Rent	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Electric	\$ _____	\$ _____
Cable	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____

Car Payments Year, Make, Model of Vehicles	\$	\$
Car Insurance	\$	\$
Life Insurance	\$	\$
Child Care	\$	\$
Credit Card Payment(s)	\$	\$
Student Loans	\$	\$
Alimony/Child Support	\$	\$
Rent – to – Own	\$	\$
Medical	\$	\$
Other	\$	\$
Total Expenses	\$	\$

**ASSETS**

Checking Account Balance \$ _____ Name and Address of Bank/Credit Union	Checking Account Balance \$ _____ Name and Address of Bank/Credit Union
Savings Account Balance \$ _____ Name and Address of Bank/Credit Union	Savings Account Balance \$ _____ Name and Address of Bank/Credit Union
Other (IRA, Retirement, Income Tax Refund) Name and Address of Institution  Balance \$ _____	Other (IRA, Retirement, Income Tax Refund) Name and Address of Institution  Balance \$ _____

**DECLARATIONS (Give details)**

REHAB FUNDING SOURCE:

Does Applicant(s) have any debt because of a court decision?

Has Applicant(s) declared bankrupt? When?

Is Applicant(s) currently involved in a lawsuit? If yes, explain.

Is Applicant(s) a U.S. citizen or permanent resident?

**Circle Yes or No – Answers include all properties owned/managed by applicant by name listed on application or any other Corporate Names, Business Names, Maiden Names, etc.**

Yes No Have you or a ***family member owned*** or used (rented, leased, occupied) this property as a personal residence at any time during the past twelve (12) months.

Yes No I have had codes or ordinance violations on properties I own and or manage.

Yes No I have no delinquent property taxes in Richland County.

Yes No I had tax foreclosure filed against me within the past 10 years.

Yes No I agree to pay future property taxes on this property if I am given ownership.

*Land Bank will form a letter to the auditor requesting that all side lot parcels be combined with the End Users adjacent property parcel.*

**SIGNATURE**

I understand that by filing this application, I am authorizing Land Bank to evaluate my actual ability to afford, rehab, maintain, pay property taxes and other expenses of homeownership. I understand that the evaluation will include personal information. I have answered all questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied and be disqualified from the Land Bank Rehab program. The original application will be retained by Land Bank even if application is not approved

**PURCHASER IS REQUIRED TO SIGN AN ACKNOWLEDGEMENT THAT PURCHASER IS ACCEPTING THE PROPERTY SOLELY IN RELIANCE ON PURCHASER'S OWN INVESTIGATION, AND THE PROPERTY IS IN "AS IS, WHERE IS" CONDITION WITH ALL FAULTS AND DEFECTS, LATENT OR OTHERWISE.**

**Evaluation shall require the applicant to provide supporting documentation upon request. Falsification of any requested information or documentation shall result in denial of the application.**

Your independent contractor estimates is for the cost of the minimum necessary repairs to bring the property to acceptable Land Bank standards. Minimum standards include but are not limited to:

- All electrical systems checked and/or repaired/replaced by a permitted electrical contractor
- All plumbing systems checked and/or repaired/replaced by a permitted plumbing contractor
- All heating/cooling systems checked and/or repaired/replaced by a certified heating/cooling contractor.
- Existing structural issues repaired by a certified contractor.
- Removal of existing rubbish (dumpsters)
- Estimate must include making kitchen and main bathroom functional

Additional standards will be reviewed on a property by property basis.

Applicant must be able to finance or have funds on hand to complete necessary repairs to be considered for this program.

**Owner Occupant Residential Rehab** – Residential Properties will be offered for \$1,000.00 plus \$89.00 recording fee in accordance to the Rehab Policies and Procedures.

**Investment/Commercial Rehab Properties** – Property with structures for commercial redevelopment may be purchased in accordance to the Rehab Policies and Procedures fair market value or at auction (based on letter of opinion from qualified realtor) or from Land Bank Public Auction (pre-qualification required) plus \$89.00 recording fee.

*Pricing Guidelines available at [www.richlandcountylandbank.org](http://www.richlandcountylandbank.org)*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

***You will be given a quit claim deed with purchase. All properties are sold AS IS.***

**Please submit this completed application to: Richland County Land Bank  
50 Park Avenue East  
Mansfield, Ohio 44902**