



Richland County Land Reutilization Corporation

50 Park Avenue East
Mansfield, Ohio 44902
419-774-5623

APPLICATION FOR REHAB PROPERTY

Complete this application to determine if applicant qualifies under the RCLRC Rehab Guidelines.

Property Applying for: _____

Date _____

APPLICANT(S) INFORMATION	
Applicant's Name	Co-Applicant's Name
Other Names (Maiden and all LLC's that you have purchased property using)	Other Names (Maiden and all LLC's that you have purchased property using)
Present Address (street, city, state, zip) _____ Own _____ Rent Number of years at present location _____	Present Address (street, city, state, zip) _____ Own _____ Rent Number of years at present location _____
If less than 2 years Previous Address _____ Own _____ Rent Number of years at present location _____	If less than 2 years Previous Address _____ Own _____ Rent Number of years at present location _____
Home Phone / Cell Phone	Home Phone / Cell Phone
SS Number Age	SS Number Age
Current Monthly Rent \$ _____ Name, Address, Phone No. of Landlord	Current Monthly Rent \$ _____ Name, Address, Phone No. of Landlord

EMPLOYMENT INFORMATION

Name, Address, Phone of Current Employer	Name, Address, Phone of Current Employer
Monthly Gross Income \$ _____ Years on this job _____	Monthly Gross Income \$ _____ Years on this job _____
If less than 2 years - Name, Address, Phone of Previous Employer	If less than 2 years - Name, Address, Phone of Previous Employer
Monthly Gross Income \$ _____ Years on this job _____	Monthly Gross Income \$ _____ Years on this job _____

SOURCE OF REHAB FINANCING

Where will you get the money to purchase the property (for example, savings or parents)? If you borrow the money, who will you borrow it from and how will you pay it back.

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	\$	\$

HOUSING EXPENSE RATIO CALCULATOR	
Monthly Estimated Property Taxes	\$
Monthly Estimated Property Insurance	\$
Monthly Estimated Rehab Financing Payment	\$
Monthly Estimated Property Financing Payment	\$
Total Housing Expenses	\$

Total Income \$ _____ X .35 = Housing Expense Ratio \$ _____

Housing Expense Ratio \$ _____ - Total Housing Expense = \$ _____

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	Other (IRA, Retirement, Income Tax Refund) Name and Address of Institution
Balance \$ _____	Balance \$ _____
DECLARATIONS (Give details)	
Do you have any debt because of a court decision against you?	Do you have any debt because of a court decision against you?
Have you been declared bankrupt? When?	Have you been declared bankrupt? When?
Have you had a property tax foreclosed upon?	Have you had a property tax foreclosed upon?
Do you own any other properties within Richland County? Please list. Are you current on all property taxes?	Do you own any other properties within Richland County? Please list. Are you current on all property taxes?
Are you currently involved in a lawsuit? If yes, explain.	Are you currently involved in a lawsuit? If yes, explain.
Are you a U.S. citizen or permanent resident?	Are you a U.S. citizen or permanent resident?

AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing RCLRC 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 RCLRC Rehab program. The original application will be retained by RCLRC 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.

Owner occupant must sign and certify that they will occupy the property as their primary residence for a minimum of 5 years.

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 RCLRC 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.

Applicant Signature	Date	Co-Applicant Signature	Date