

*CITY OF BREWER
COMMUNITY DEVELOPMENT HOUSING PROGRAM
61 Main Street, Suite 61
Bangor, ME 04401
Tel: 207-947-8595
Fax: 207-947-4353*

RENTAL REHABILITATION APPLICATION

The City of Brewer has been awarded a Community Development Block Grant to be used to provide improvements to rental apartments occupied by income eligible tenants. These funds may be used to upgrade heating and electrical systems, plumbing, roofing, insulation, windows, and other needs.

In order to qualify for this grant program, you must meet the following requirements:

- Own the property, and provide a copy of your deed;
- 51% of units must be occupied by tenants who are income eligible* (a 2-unit building requires at least one qualifying unit);
- You must sign a three-year rent regulatory agreement that maintains rent levels within established limits;
- You must meet all other requirements of the program.
- A completed Tenant Information Form must be submitted for each apartment. Please indicate if a unit is vacant.

***HOUSEHOLD INCOME LIMITS**

1 Persons	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
34,650	39,600	44,550	49,500	53,500	57,450	61,400	65,350

*CITY OF BREWER
COMMUNITY DEVELOPMENT HOUSING PROGRAM
61 Main Street, Suite 61
Bangor, ME 04401
Tel: 207-947-8595
Fax: 207-947-4353*

HOUSING REHABILITATION APPLICATION FOR RENTAL APARTMENTS

SECTION 1 – APPLICANT DATA

1. OWNER'S NAME _____
2. OWNER'S ADDRESS _____
3. OWNER'S MAILING ADDRESS (if different) _____
4. OWNER'S TELEPHONE NUMBER _____
5. OWNER IS: _____ WHITE, NOT HISPANIC
_____ BLACK, NOT HISPANIC
_____ HISPANIC
_____ ASIAN OR PACIFIC ISLANDER
_____ AMERICAN INDIAN/ALASKAN NATIVE
_____ OTHER MINORITY

(Minority data is obtained for statistical purposes only and will not be considered in determining eligibility.)

SECTION 2 – RENTAL DATA

RENTAL PROPERTY LOCATION _____

COMPLETE THE FOLLOWING FOR EACH UNIT IN THE BUILDING.

(Please make extra pages if you have more than four (4) units in your building.)

UNIT # _____ TENANT NAME _____

TENANT PHONE NUMBER: _____

HOW MANY RESIDE IN UNIT? _____ NUMBER OF BEDROOMS _____

RENT AMOUNT \$ _____ PER MONTH

Please checkmark to indicate if utilities are paid by the Tenant or Owner:

Heating:	Tenant	Owner
a. Oil	_____	_____
b. Electric	_____	_____
c. Gas	_____	_____
e. Wood	_____	_____
f. Kerosene	_____	_____

Cooking:	Tenant	Owner
a. Electric	_____	_____
b. Gas	_____	_____

Water Heating:	Tenant	Owner
a. Oil	_____	_____
b. Electric	_____	_____
c. Gas	_____	_____

Other Electrical	Tenant	Owner
Lighting, refrigeration, etc.	_____	_____

Other	Tenant	Owner
Water	_____	_____
Sewer	_____	_____

RENTAL PROPERTY LOCATION _____

UNIT # _____ TENANT NAME _____

TENANT PHONE NUMBER: _____

HOW MANY RESIDE IN UNIT? _____ NUMBER OF BEDROOMS _____

RENT AMOUNT \$ _____ PER MONTH

Please checkmark to indicate if utilities are paid by the Tenant or Owner.

Heating:	Tenant	Owner
a. Oil	_____	_____
b. Electric	_____	_____
c. Gas	_____	_____
e. Wood	_____	_____
f. Kerosene	_____	_____

Cooking:	Tenant	Owner
a. Electric	_____	_____
b. Gas	_____	_____

Water Heating:	Tenant	Owner
a. Oil	_____	_____
b. Electric	_____	_____
c. Gas	_____	_____

Other Electrical	Tenant	Owner
Lighting, refrigeration, etc.	_____	_____

Other	Tenant	Owner
Water	_____	_____
Sewer	_____	_____

RENTAL PROPERTY LOCATION _____

UNIT # _____ TENANT NAME _____

TENANT PHONE NUMBER: _____

HOW MANY RESIDE IN UNIT? _____ NUMBER OF BEDROOMS _____

RENT AMOUNT \$ _____ PER MONTH

Please checkmark to indicate if utilities are paid by the Tenant or Owner.

Heating:	Tenant	Owner
a. Oil	_____	_____
b. Electric	_____	_____
c. Gas	_____	_____
e. Wood	_____	_____
f. Kerosene	_____	_____

Cooking:	Tenant	Owner
a. Electric	_____	_____
b. Gas	_____	_____

Water Heating:	Tenant	Owner
a. Oil	_____	_____
b. Electric	_____	_____
c. Gas	_____	_____

Other Electrical	Tenant	Owner
Lighting, refrigeration, etc.	_____	_____

Other	Tenant	Owner
Water	_____	_____
Sewer	_____	_____

RENTAL PROPERTY LOCATION _____

UNIT # _____ TENANT NAME _____

TENANT PHONE NUMBER: _____

HOW MANY RESIDE IN UNIT? _____ NUMBER OF BEDROOMS _____

RENT AMOUNT \$ _____ PER MONTH

Please checkmark to indicate if utilities are paid by the Tenant or Owner.

Heating:	Tenant	Owner
a. Oil	_____	_____
b. Electric	_____	_____
c. Gas	_____	_____
e. Wood	_____	_____
f. Kerosene	_____	_____

Cooking:	Tenant	Owner
a. Electric	_____	_____
b. Gas	_____	_____

Water Heating:	Tenant	Owner
a. Oil	_____	_____
b. Electric	_____	_____
c. Gas	_____	_____

Other Electrical	Tenant	Owner
Lighting, refrigeration, etc.	_____	_____

Other	Tenant	Owner
Water	_____	_____
Sewer	_____	_____

1. PLEASE BRIEFLY LIST THE ITEMS THAT NEED IMPROVEMENT:

2. HAVE YOU ENCLOSED A COPY OF YOUR DEED TO THE PROPERTY?
 YES _____ NO _____
3. THIS PROGRAM REQUIRES YOU TO PROVIDE AT LEAST 50% OF THE COST OF IMPROVEMENTS. ARE YOU PREPARED TO PROCEED ON THIS BASIS?
 YES _____ NO _____
4. TOTAL NUMBER OF UNITS IN THE BUILDING

5. ARE ALL OF THE UNITS IN YOUR BUILDING RESIDENTIAL UNITS?
 YES _____ NO _____, IF NO, PLEASE EXPLAIN: _____
6. ARE YOU SEEKING TO CREATE NEW RENTAL UNITS IN THIS BUILDING?
 YES _____ NO _____
7. ARE THERE ANY TAX ,WATER, OR SEWER LIENS AGAINST THIS PROPERTY?
 YES _____ NO _____
8. PLEASE SUBMIT A PICTURE OF THE EXTERIOR OF THE BUILDING.

SECTION 3 – CERTIFICATION OF APPLICANT(S)

1. The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant under the city of Brewer’s Community Development Program and is true and completed to the best of the applicant’s knowledge and belief.
2. The applicant further certifies that proceeds from the program will be used only for the work and materials necessary to meet the rehabilitation code standards, as applicable, which are prescribed for the property described in this application. Should the City of Brewer or its designee determine that the rehabilitation proceeds will not or cannot be used for the purposes described herein, the applicant agrees that the proceeds shall be returned forthwith, in full, to the City of Brewer, and acknowledges that with respect to such proceeds so returned, the applicant shall have no further interest, right or claim.
3. The applicant hereby authorizes the City of Brewer Community Development to obtain certification of all income information given herein. The applicant further authorizes the City of Brewer Community Development to inspect and photograph the property described herein.
4. The applicant understands that all personal and financial information on file with the City of Brewer Community Development is CONFIDENTIAL and not for public use, or any use not related to the Community Development Program or subsequent activity.

 Date

 Signature of Property Owner

 Date

 Signature of Property Owner

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S.C. Title 18 Sec. 1001, provides: *“Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined no more than \$10,000 or imprisoned for not more than five (5) years or both.”*

IMPORTANT! BEFORE YOU MAIL YOUR APPLICATION:

- Fill out application completely
- Include a copy of your deed
- Include signed Tenant Information Form(s)
- Mail to: **61 Main Street, Suite 61, Bangor, ME 04401**

FOR OFFICE USE ONLY

APPROVAL OF APPLICATION

The undersigned has examined the application for the City of Brewer Community Development Program described herein, including supporting data, and finds the application meets the requirements of the Community Development Program.

Date

CDBG Program Administrator

- _____ Ownership
- _____ Tenant Information Form received for each unit
- _____ Tax status & liens
- _____ Other

CITY OF BREWER
 COMMUNITY DEVELOPMENT HOUSING PROGRAM
 61 Main Street, Suite 61
 Bangor, ME 04401
 Tel: 207-947-8595 Fax: 207-947-4353

TENANT INFORMATION FORM

The owner of the building in which you reside has applied for assistance through the Community Development Program to make improvements to the property. A requirement of this program is to verify income for each unit in the building. **The information provided is confidential and will only be used to determine if the property is eligible for assistance.**

Applicant is: _____ White non Hispanic _____ Black non Hispanic
 _____ Hispanic _____ Asian or Pacific Islander
 _____ American Indian/Alaskan Native

(Minority group data is obtained for statistical purposes only and will not be considered in determining applicant's eligibility.)

How many people live in your unit? _____

Name	Age	Phone Number	Relationship to Head of Household
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If 1 person, is household income below \$34,650? Yes ___ No ___
 If 2 people, is household income below \$39,600? Yes ___ No ___
 If 3 people, is household income below \$44,550? Yes ___ No ___
 If 4 people, is household income below \$49,500? Yes ___ No ___
 If 5 people, is household income below \$53,500? Yes ___ No ___
 If 6 people, is household income below \$57,450? Yes ___ No ___

Do you or anyone in your household have a disability or handicap? Yes _____ No _____

What utilities are included in the rent? _____

Monthly rent amount \$ _____ Number of bedrooms _____

Landlord Name _____

I, the undersigned, certify that all information furnished is true and complete to the best of my knowledge and belief.

COMMUNITY DEVELOPMENT HOUSING PROGRAM
 61 Main Street, Suite 61
 Bangor, ME 04401
 Tel: 207-947-8595 Fax: 207-947-4353

TENANT INFORMATION FORM

The owner of the building in which you reside has applied for assistance through the Community Development Program to make improvements to the property. A requirement of this program is to verify income for each unit in the building. **The information provided is confidential and will only be used to determine if the property is eligible for assistance.**

Applicant is: _____ White non Hispanic _____ Black non Hispanic
 _____ Hispanic _____ Asian or Pacific Islander
 _____ American Indian/Alaskan Native

(Minority group data is obtained for statistical purposes only and will not be considered in determining applicant's eligibility.)

How many people live in your unit? _____

Name	Age	Phone Number	Relationship to Head of Household
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If 1 person, is household income below \$34,650? Yes ___ No ___
 If 2 people, is household income below \$39,600? Yes ___ No ___
 If 3 people, is household income below \$44,550? Yes ___ No ___
 If 4 people, is household income below \$49,500? Yes ___ No ___
 If 5 people, is household income below \$53,500? Yes ___ No ___
 If 6 people, is household income below \$57,450? Yes ___ No ___

Do you or anyone in your household have a disability or handicap? Yes _____ No _____

What utilities are included in the rent? _____

Monthly rent amount \$ _____ Number of bedrooms _____

Landlord Name _____

I, the undersigned, certify that all information furnished is true and complete to the best of my knowledge and belief.

COMMUNITY DEVELOPMENT HOUSING PROGRAM
 61 Main Street, Suite 61
 Bangor, ME 04401
 Tel: 207-947-8595 Fax: 207-947-4353

TENANT INFORMATION FORM

The owner of the building in which you reside has applied for assistance through the Community Development Program to make improvements to the property. A requirement of this program is to verify income for each unit in the building. **The information provided is confidential and will only be used to determine if the property is eligible for assistance.**

Applicant is: _____ White non Hispanic _____ Black non Hispanic
 _____ Hispanic _____ Asian or Pacific Islander
 _____ American Indian/Alaskan Native

(Minority group data is obtained for statistical purposes only and will not be considered in determining applicant's eligibility.)

How many people live in your unit? _____

Name	Age	Phone Number	Relationship to Head of Household
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If 1 person, is household income below \$34,650? Yes ___ No ___
 If 2 people, is household income below \$39,600? Yes ___ No ___
 If 3 people, is household income below \$44,550? Yes ___ No ___
 If 4 people, is household income below \$49,500? Yes ___ No ___
 If 5 people, is household income below \$53,500? Yes ___ No ___
 If 6 people, is household income below \$57,450? Yes ___ No ___

Do you or anyone in your household have a disability or handicap? Yes _____ No _____

What utilities are included in the rent? _____

Monthly rent amount \$ _____ Number of bedrooms _____

Landlord Name _____

I, the undersigned, certify that all information furnished is true and complete to the best of my knowledge and belief.
