



Interstate Historic Preservation Trust Fund Loan Application
 A Revolving Loan Program for Historic Districts Impacted by Interstate Construction

EXHIBIT A

DATE RECEIVED: _____	PROPERTY OWNERSHIP VERIFICATION: _____	DATE: _____	INITIAL: _____
VERIFICATION LEGAL DESCRIPTION: DATE: _____ INITIAL: _____	FORWARD INFORMATION TO HOUSING: DATE: _____ INITIAL: _____	OUTCOME: _____ DATE: _____ INITIAL: _____	

The application submitted must be complete (including required attachments) and received by **3:00 P.M.** local time on **September 15, 2021**. Applications received after the submission deadline will not be considered.

PART I

BUILDING/PROPERTY ADDRESS: _____

PROPERTY OWNER OF RECORD: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE: _____

AUTHORIZED AGENT*: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE: _____

DAYTIME
PHONE: _____

FAX: _____

CELL: _____

DAYTIME
PHONE: _____

FAX: _____

CELL: _____

ZIP: _____

ZONING DISTRICT: _____

TAX FOLIO NUMBER: _____

CURRENT USE: _____

PROPOSED USE: _____

LEGAL: Block: _____ Lot: _____

Subdivision: _____

***DESIGNATION OF AN AUTHORIZED AGENT
REQUIRES COMPLETION OF EXHIBIT D**



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PART II

1. **NATIONAL REGISTER HISTORIC DISTRICT:** YBOR CITY TAMPA HEIGHTS WEST TAMPA

2. **PROJECT TYPE:** **BUILDING'S DATE OF CONSTRUCTION:** _____

- Structural Stabilization
- Electric, Mechanical, or Plumbing
- Mothballing
- Exterior Restoration / Reconstruction of Architectural Details
- Soft Costs (Architectural or Engineering)

3. **DESCRIBE THE PROJECT FOR WHICH FUNDING IS REQUESTED. THE REQUEST MUST BE FOR ONE OF THE CATEGORIES CITED IN ITEM 2 ABOVE. (Note: A minimum of 50% of the funds are required to be spent on exterior restoration, rehabilitation and reconstruction of architectural details.)**

ALL RESPONDENTS MUST COMPLETE THE ATTACHED **PROJECT FINANCIAL PLAN WORKSHEET (Exhibit B)**

ALL RESPONDENTS MUST COMPLETE THE ATTACHED **FINANCING DUE DILIGENCE WORKSHEET (Exhibit C)** AS EVIDENCE THAT THE APPLICANT HAS TAKEN REASONABLE STEPS TO DEMONSTRATE THAT THE PROJECT CANNOT BE FULLY FUNDED USING CONVENTIONAL FINANCING AND THAT THE REQUESTED LOAN IS THEREFORE NECESSARY.

4. **PROVIDE A BRIEF EXPLANATION OF HOW THE PROPOSED PROJECT ADDRESSES THE EVALUATION CRITERIA AS FOLLOWS, SPECIFICALLY HOW DOES THE PROJECT:**

- SERVE AS A CATALYST FOR HISTORIC PRESERVATION PROJECTS IN THE IMMEDIATE VICINITY?

- HOW DOES THE PROJECT ALLEVIATE OR PREVENT ENDANGERMENT OF HISTORIC PROPERTY?



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- WHAT IS THE IMPORTANCE OF THE STRUCTURE AS RELATED TO ITS HISTORIC AND/OR ARCHITECTURAL SIGNIFICANCE? FOR EXAMPLE, A CONTRIBUTING STRUCTURE IN AN HISTORIC DISTRICT WILL RANK HIGHER THAN A NON-CONTRIBUTING STRUCTURE.

- WHAT ARE THE QUALIFICATIONS OF THE APPLICANT and/or PROFESSIONALS COMPOSING THE PROJECT TEAM?

5. DESCRIBE ANY CONSTRUCTION ACTIVITY THAT HAS OCCURRED ON THE SITE IN THE LAST FIVE (5) YEARS.

6. PROVIDE EVIDENCE OF YOUR MEANS TO MAINTAIN THE PROPOSED IMPROVEMENT.

- a) How long have you been a homeowner/property owner? _____
- b) How long have you owned, or previously owned, a historic property? _____ Explain: _____

- c) What other historic homes/properties have you owned? (List Addresses and number of years owned): _____

- d) Have you attended any home ownership or historic preservation courses? _____ If yes, please specify _____

- e) Provide any other additional information that demonstrates your ability to maintain the improvement for which the funds are being requested. _____

7. USE THE SPACE BELOW TO DESCRIBE ANY ADDITIONAL INFORMATION THAT IS PERTINENT IN REVIEWING THIS PROJECT.



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8. TERM AND AMOUNT OF FUNDING REQUESTED (Refer to program Procedures and Standards for appropriate term information) -

LOAN AMOUNT: _____ (NOT TO EXCEED \$200,000.00) **TERM: NUMBER OF MONTHS** _____ **and/ or YEARS** _____

9. ATTACH A 3" X 5" PHOTOGRAPH OF THE FRONT ELEVATION OF THE PROPERTY.



I understand that, in accordance with Chapter 119 of the Florida Statutes, and, except as may be provided by Chapter 119 of the Florida Statutes and other applicable State and Federal Laws, all applicants should be aware that the application and the responses thereto are in the public domain and are available for public inspection.

I understand that funds and awards also require that application will be made to the Architectural Review Commission (ARC) or Barrio Latino Commission (BLC), as appropriate, when the Certificate of Appropriateness process applies. The applicant will be required to pay appropriate ARC and BLC submittal fees. All appropriate permits for construction must be obtained.

All applications must adhere to the City of Tampa Ethics Code as referenced in the Interstate Historic Preservation Trust Fund Procedures and Standards.

I hereby certify that the information on this application is true and complete, and I understand the intent of the Trust.

 SIGNED (Property Owner/Agent)
 STATE OF FLORIDA
 COUNTY OF HILLSBOROUGH

 SIGNED (Property Owner/Agent)

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this _____ day of _____, 20____ by the above-named Property Owner(s)/Agent(s). Such person(s) is/are personally known to me or produced identification: Type of Identification Produced: _____.

[AFFIX NOTARY PUBLIC SEAL]

Printed Name: _____
 Notary Public, State of Florida
 My commission expires: _____
 Serial No if any: _____



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EXHIBIT B

PROJECT FINANCIAL PLAN WORKSHEET

PROJECT BUDGET and FUNDING SOURCES

<u>Budget Items</u>	Sub-Total Cost
<u>Project Budget (Attach Basis for Estimates)</u>	
Design	\$.00
Engineering	\$.00
Construction Estimate	\$.00
Construction Contingency (Maximum 10% of Construction Estimate)	\$.00
Financial Transaction Expenses (e.g. closing costs)	\$.00
Other (Specify)	\$.00
Other (Specify)	\$.00
Other (Specify)	\$.00
<u>Total Budget Uses</u>	\$.00
* <u>Funding Sources</u>	
Personal/ Corporate Equity	\$.00
Bank Loan	\$.00
Other (Specify)	\$.00
Other (Specify)	\$.00
Requested Historic Trust Fund Loan	\$.00
<u>Total Funding Sources</u>	\$.00

APPLICATIONS THAT HAVE A FUNDING DEFICIT ARE IN-ELIGIBLE FOR CONSIDERATION. THE TOTAL BUDGET USES MUST BE COVERED BY TOTAL FUNDING SOURCES.

*** PLEASE ATTACH A COMMITMENT LETTER TO EVIDENCE EACH FUNDING SOURCE LISTED ABOVE**



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EXHIBIT C

FINANCING DUE DILIGENCE WORKSHEET

NOTE: ALL RESPONDENTS MUST COMPLETE THE **FINANCING DUE DILIGENCE WORKSHEET** AS EVIDENCE THAT THE APPLICANT HAS TAKEN REASONABLE STEPS TO DEMONSTRATE THAT THE PROJECT CANNOT BE FULLY FUNDED USING CONVENTIONAL FINANCING AND THAT THE REQUESTED LOAN IS THEREFORE NECESSARY. PLEASE LIST ALL THE SOURCES OF FUNDING WHICH WERE SOUGHT THROUGH CONVENTIONAL FINANCING.

	Date	Institution	Contact Name	Phone #.	Application Amount	Response
1				() -		
2				() -		
3				() -		
4				() -		
5				() -		
6				() -		
7				() -		
8				() -		



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EXHIBIT D

AFFIDAVIT TO AUTHORIZE AGENT

STATE OF FLORIDA - COUNTY OF HILLSBOROUGH

_____ who
 reside(s) at:
 (NAME OF ALL PROPERTY OWNERS)

 (ADDRESS: STREET, CITY, STATE, ZIP) (PHONE NUMBER)

being first duly sworn, depose(s) and say(s):

1. That (I am/we are) the owner(s) and record title holder(s) of the following described property:
 Address or General location _____

2. That this property constitutes the property for which a request for a: (NATURE OR REQUEST)

 is being applied to the Interstate Historic Preservation Trust Fund, Tampa, Florida;
3. That the undersigned (has/have) appointed and (does/do) appoint: Name _____
 Address _____ Phone _____
 (_____) _____ as (his/their) agent(s) to execute any petitions or other documents
 necessary to affect such petition;
4. That this affidavit has been executed to induce the City of Tampa, Florida to consider an act on the above
 described property;
5. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

 SIGNED (Property Owner/Agent)
 STATE OF FLORIDA
 COUNTY OF HILLSBOROUGH

 SIGNED (Property Owner/Agent)

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this
 _____ day of _____, 20____ by the above named Property Owner(s)/Agent(s). Such person(s)
 is/are personally known to me or produced identification: Type of Identification Produced: _____.

[AFFIX NOTARY PUBLIC SEAL]

 Printed Name: _____
 Notary Public, State of Florida
 My commission expires: _____
 Serial No if any: _____



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EXHIBIT E

Financial Evaluation Authorization Form

IN ORDER TO VERIFY EMPLOYMENT, INCOME, ASSET BALANCES, CREDIT HISTORY, RENTAL & MORTGAGE HISTORY

TO WHOM IT MAY CONCERN:

I hereby authorize Housing & Community Development, the "Lender", its successors and assigns, to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my loan application. I further authorize the "Lender" to verify my Mortgage and Rental History and order a credit report and verify any other credit information.

It is understood that a photocopy of this form will also serve as authorization.

The information that is obtained is to be used in the processing of my application for a mortgage loan and for subsequent quality control verification.

I hereby acknowledge that I am fully aware that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the information on my application for a mortgage loan, as applicable under provisions of Title 18, United States Code, Section 1014.

Borrower

Date

Co-Borrower

Date



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EXHIBIT F

LOAN UNDERWRITING FORM

Note: IF THIS APPLICATION IS PART OF A CORPORATE/COMPANY/PARTNERSHIP APPLICATION, PLEASE PROVIDE CURRENT FINANCIAL STATEMENTS INCLUDING BALANCE SHEET AND PROFIT AND LOSS STATEMENT. INDIVIDUAL INFORMATION IS NEEDED ONLY FOR THE ORGANIZATION'S PRINCIPAL WHO WILL ALSO BE EXECUTING LOAN DOCUMENT

GENERAL INFORMATION:

	APPLICANT	CO-APPLICANT
Full Name (include Jr. or Sr. if applicable)		
Date of Birth / Age		
Marital Status	() Married () Unmarried	() Married () Unmarried
	() Yrs. School	() Yrs. School
Home Phone (incl. Area Code)		
Present Address (Street)		
City, State, Zip Code		
() Own () Rent _____ No. Yrs. Monthly Rent/Mortgage \$ _____ Landlord/Apartment Name: _____ Phone: _____ Address: _____		

Former Address (if residing at present address less than two years)	
Address (Street)	
City, State, Zip Code	
() Own () Rent _____ No. Yrs. Monthly Rent/Mortgage \$ _____ Landlord/Apartment Name: _____ Phone: _____ Address: _____	

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?
 () Y () N If yes; please list names:



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EMPLOYMENT INFORMATION:

	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
City/State/Zip Code		
Employer Phone #	()	()
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

EMPLOYMENT INFORMATION:	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
Employer Phone #		
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

OTHER SOURCES OF INCOME:

(For ALL Household Members 18 and Over)

List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.

Name of Recipient	Type of Income	Gross Annual Income
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		
		Total \$



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ASSETS AND ASSET INCOME:

List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Property Equity, Cash Value of Pensions and Insurance Policies, etc.

Type of Asset:	Asset Value	Bank/Ins. Co. Name	Account #	Annual Asset Income
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$
5.	\$			\$
6.	\$			\$
				Total \$

LIABILITIES:

List Credit Card Debt, and Automobile, Real Estate and Mortgage Loans, etc.

Type: (Credit/Loan, etc.)	Creditor's Name	Balance Owed	Monthly Payment
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
		Total Monthly Payments: \$	

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is 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 of income verification related to making a determination of my/our eligibility for program assistance. I/We agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

 Applicant Signature

 Co-Applicant Signature

Date _____

Date _____