



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

EXHIBIT A

For City of Tampa Use:		
DATE RECEIVED: _____	PROPERTY OWNERSHIP VERIFICATION: _____	DATE: _____ INITIAL: _____
VERIFICATION LEGAL DESCRIPTION: _____	VERIFICATION HOMESTEAD EXEMPTION: _____	OUTCOME: _____
DATE: _____ INITIAL: _____	DATE: _____ INITIAL: _____	DATE: _____ INITIAL: _____

PART I

The application submitted must be complete (including required attachments) and received by **3:00 P.M.** local time on **October 13, 2022**.

BUILDING/PROPERTY ADDRESS: _____

Note: In order to be eligible for the Interstate Historic Preservation Trust Fund Grant Program, the property for which an award is being requested must be the legal **Homestead** of the Applicant, as specified in the **Interstate Historic Preservation Trust Fund Grant Program Policies and Standards**.

Is the property indicated above the legal **Homestead** of the applicant? Yes No

PROPERTY OWNER OF RECORD: _____	DAYTIME PHONE: _____
CONTACT PERSON: _____	EMAIL: _____
ADDRESS: _____	CELL: _____
CITY, STATE: _____	ZIP: _____
AUTHORIZED AGENT*: _____	DAYTIME PHONE: _____
COMPANY: _____	EMAIL: _____
ADDRESS: _____	CELL: _____
CITY, STATE: _____	ZIP: _____
CURRENT USE: _____	
PROPOSED USE: _____	TAX FOLIO NUMBER: _____
LEGAL: Block: _____ Lot: _____	Subdivision: _____

* DESIGNATION OF AN AUTHORIZED AGENT REQUIRES COMPLETION OF EXHIBIT B

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PART II

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

2. PROJECT TYPE: Date of Construction: _____

- Structural Stabilization
- Exterior Restoration / Reconstruction of Architectural Details
- Electric, Mechanical, or Plumbing

3. GRANT AMOUNT REQUESTED: _____
Minimum amount \$1,500 / Maximum amount \$15,000

4. DESCRIBE THE PROJECT FOR WHICH THE GRANT IS REQUESTED. THE GRANT REQUEST MUST BE FOR ONE OF THE CATEGORIES CITED IN ITEM 2. IT IS THE RESPONSIBILITY OF THE APPLICANT TO DEMONSTRATE THAT THE PROJECT ADDRESSES THE EVALUATION CRITERIA INDICATED IN THE TRUST FUND *PROCEDURES AND STANDARDS* (Please attach additional pages if necessary).

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

a) How long have you owned the home for which funding is being sought? _____

b) Have you previously owned a historic property? _____ Explain: _____

6. APPLICANT'S FUNDING HISTORY: If the Applicant has received previous loan or grant assistance from the City of Tampa, specify the Year, Source, Project Type, and Amount awarded.

Year	Source of Grant	Project Type	Amount



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7. Project Budget Information

<u>Project Budget</u>	Sub-Total Cost
Construction Estimate (Attach Estimate of Project)	\$.00
Other (Specify)	\$.00
<u>Total Cost of Project</u>	\$.00

<u>*Project Funding</u>	Sub-Total
Owner's Funds for Project	\$.00
Other (Specify)	\$.00
Requested Grant Award Amount	\$.00
<u>Total Project Funding</u>	\$.00

* APPLICATIONS THAT HAVE A FUNDING DEFICIT ARE INELIGIBLE FOR CONSIDERATION. THE TOTAL COSTS OF PROJECT MUST BE COVERED BY THE TOTAL PROJECT FUNDING.

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

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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.

The property owner agrees to provide reasonable access to the property to allow for a visual inspection of the project to ensure compliance with the *Secretary of the Interior's Standards*.

Agreement to Execute Restrictive Covenant

Grant applicants of the Interstate Historic Preservation Trust Fund Grant Program are required to sign the following statement indicating agreement to execute a 5-year restrictive covenant to run with the property deed, should a grant award be made.

"I, the undersigned, am the property owner, or duly authorized representative of the property owner, identified under Part 1 on Page 1 of this application, after completion of the project for which funding is requested. I hereby indicate agreement to execute a restrictive covenant through which I commit to the maintenance of the project described in this application in accordance with good preservation practice and the applicable standards and guidelines of the Secretary of the Interior for a period of five years. I further agree that any modifications made to the approved project will be designed and executed in a manner consistent with the applicable standards and guidelines of the Secretary of the Interior."

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

SIGNED (Property Owner/Agent)

SIGNED (Property Owner/Agent)

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

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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**AUTHORIZATION TO VERIFY EMPLOYMENT, INCOME, ASSET BALANCES, CREDIT HISTORY,
RENTAL & MORTGAGE HISTORY**

TO WHOM IT MAY CONCERN:

I hereby authorize Housing & Community Development, its successors and/or assignees, to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my Grant application. I further authorize Housing & Community Development 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 Grant 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 Grant, as applicable under provisions of Title 18, United States Code, Section 1014.

Borrower

Date

Co-Borrower

Date



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FINANCIAL DISCLOSURE AND GRANT ELIGIBILITY FORM

GENERAL INFORMATION:

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

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: _____	

Name(s)	Date of Birth/Age	Relationship to Applicant	Employed?
			() Y () N
			() Y () N
			() Y () N
			() Y () N
			() Y () N

Please initial to attest to information's validity: _____

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?
 () Yes () No

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		
City/State/Zip Code		
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 \$

Please initial to attest to information's validity: _____

ASSETS AND ASSET INCOME:

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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 \$

Please initial to attest to information's validity: _____

LIABILITIES:

List Credit Card Debt, 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: \$	

Please initial to attest to information's validity: _____

ETHNICITY/SPECIAL NEEDS: (For reporting purposes only, please check all that apply for Head of Household only):

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native American	<input type="checkbox"/> Farmworker	<input type="checkbox"/> Disabled or Disabled Minor	
<input type="checkbox"/> Elderly	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other: _____	

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

Date

Co-Applicant Signature

Date

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EXHIBIT B

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):

[Blank lines for property description]

2. That this property constitutes the property for which a request for a (Nature of Request):

[Blank lines for nature of 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 ()

Email:

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)

SIGNED (Property Owner)

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

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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