



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

EXHIBIT A

This application must be complete; do not leave any sections blank. Applications received after the submission deadline will not be considered. Please refer to the meeting schedule for cycle deadlines.

For City of Tampa Use:

DATE RECEIVED: _____ APPLICATION NUMBER: _____ RECEIVED BY DUE DATE ☐ YES ☐ NO

PROPERTY OWNERSHIP VERIFICATION: DATE: _____ OUTCOME: _____ INITIAL: _____

LEGAL DESCRIPTION VERIFICATION: DATE: _____ OUTCOME: _____ INITIAL: _____

HOMESTEAD EXEMPTION VERIFICATION: DATE: _____ OUTCOME: _____ INITIAL: _____

PART I

BUILDING/PROPERTY ADDRESS: _____

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

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**.

PROPERTY OWNER OF RECORD: _____ PHONE: _____

CONTACT PERSON: _____ EMAIL: _____

ADDRESS: _____ CELL: _____

CITY, STATE: _____ ZIP: _____

AUTHORIZED AGENT*: _____ PHONE: _____

COMPANY: _____ EMAIL: _____

ADDRESS: _____ CELL: _____

CITY, STATE: _____ ZIP: _____

CURRENT USE: _____ TAX FOLIO NUMBER: _____

PROPOSED USE: _____

LEGAL: Block: _____ Lot: _____ Subdivision: _____

* DESIGNATION OF AN AUTHORIZED AGENT REQUIRES COMPLETION OF EXHIBIT B

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7. Project Budget Information

Project Budget	Amount
Construction Estimate (Attach Estimate of Project)	\$.00
Other (Specify):	\$.00
Total Cost of Project	\$.00

Project Funding*	Amount
Owner's Funds for Project	\$.00
Other (Specify):	\$.00
Requested Grant Award Amount	\$.00
Total Project Funding	\$.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. Information obtained in the verifications above may be used to determine the decision to either approve or deny any application based on the Trust Fund program guidelines.

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's Signature

Date

Borrower's Name (printed or typed)

Co-Borrower's Signature

Date

Co-Borrower's Name (printed or typed)

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FINANCIAL DISCLOSURE AND GRANT ELIGIBILITY FORM

GENERAL INFORMATION:

	APPLICANT	CO-APPLICANT
Full Name (include Jr. or Sr. if applicable)		
Date of Birth / Age		
Marital Status	() Married () Unmarried	() Married () Unmarried
Highest Level of Education		
Phone	()	()
Present Address (Street)		
City, State, Zip Code		
() 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: _____	

HOUSEHOLD MEMBERS

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?

() 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:

	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: _____

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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/Insurance 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, 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: \$	

Please initial to attest to information's validity: _____

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REQUIRED ATTACHMENTS:

- ☐ Most recent W-2, 1099 or Income Tax Return
- ☐ Year to Date Profit and Loss Statement, if self-employed, completed by a third party
- ☐ Judgement or Decree reflecting child support or alimony payments
- ☐ Most recent three consecutive months of bank statements for all household accounts (all pages, even if intentionally left blank)
- ☐ Most recent two months of consecutive pay stubs
- ☐ Most recent Social Security and/or SSI Award Letter (all pages)
- ☐ Most recent Pension and/or Retirement Statement (if receiving monthly or annually)
- ☐ Certification of Zero Income (for any household member, aged 18 years or older, who does not have an income source)
- ☐ Copy of government-issued ID (Driver's License, state ID, military ID, or passport)

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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IDENTITY VERIFICATION FORM

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I HEREBY REPRESENT THAT ALL ABOVE INFORMATION IS TRUE AND ACCURATE

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

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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CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members who are claiming zero income from any source)

Name of Applicant(s): _____

Name of Household Member: _____

Present Address: _____

1. I hereby certify that I do not receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- e. Unemployment or disability payments;
- f. Public assistance payments;
- g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- h. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- i. Any other source not named above.

2. Choose one:

- ☐ I did not file taxes last year because my income was below the IRS threshold.
- ☐ I did not file taxes last year and my income was above the IRS threshold.
- ☐ I filed taxes last year.

3. Choose one:

- ☐ Currently, I have no income of any kind, and while I am seeking employment, there is no definite job offer at this time.
- ☐ Currently, I have no income of any kind, and I will not be seeking employment at this time.

I use the following sources of funds to pay for rent and other necessities (must be filled out):

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the application.

Signature of Household Member

Date

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EXHIBIT B
AFFIDAVIT TO AUTHORIZE AGENT

STATE OF FLORIDA - COUNTY OF HILLSBOROUGH

_____ who reside(s) at
(NAMES 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 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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