



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: _____	FORWARD INFORMATION TO HOUSING: _____	OUTCOME: _____
DATE: _____ INITIAL: _____	DATE: _____ INITIAL: _____	DATE: _____ INITIAL: _____

PART I

BUILDING/PROPERTY ADDRESS: _____

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: _____

ZONING DISTRICT: _____ TAX FOLIO NUMBER: _____

CURRENT USE: _____ PROPOSED USE: _____

LEGAL: Block: _____ Lot: _____ Subdivision: _____

* DESIGNATION OF AN AUTHORIZED AGENT REQUIRES COMPLETION OF EXHIBIT B.



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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?

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

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

a) How long have you been a property owner? _____

b) How long have you owned, or previously owned, a historic property? _____ Explain: _____

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

d) Have you attended any 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 requested. _____



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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*.

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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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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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):

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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EXHIBIT C
PROJECT FINANCIAL PLAN WORKSHEET

PROJECT BUDGET AND FUNDING SOURCES

Budget Items*	
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
Total Budget Items	\$.00
Funding Sources**	
Personal/ Corporate Equity	\$.00
Bank Loan	\$.00
Other (Specify):	\$.00
Other (Specify):	\$.00
Requested Historic Trust Fund Loan	\$.00
Total Funding Sources	\$.00

APPLICATIONS THAT HAVE A FUNDING DEFICIT ARE INELIGIBLE FOR CONSIDERATION. THE TOTAL BUDGET ITEMS MUST BE COVERED BY TOTAL FUNDING SOURCES.

***ATTACH BASIS FOR BUDGET ITEMS ESTIMATES.**

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

Si usted necesita ayuda en español, llame a 813-274-3100, Opción 3



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EXHIBIT D
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 E
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
Highest Level of Education		
Phone		
Present Address		
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	
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/# of 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/# of 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 Annual Asset Income				\$

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 _____

Si usted necesita ayuda en español, llame a 813-274-3100, Opción 3