

PROPERTY OWNER APPLICATION

REQUIRED APPLICANT INFORMATION (Complete one application per building)

1. Owner(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Rental Property Address (include ZIP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Owner Address (include Apt # and ZIP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Owner Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home/bus) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)
5. Owner E-mail(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Number of Units Requested for Funding: \_\_\_\_\_\_\_\_\_\_\_\_\_
7. Amount of Funding Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_ per unit $\_\_\_\_\_\_\_\_\_\_\_\_\_ total
8. Number of Units in this Rental Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Number of Units Owned/Managed in Total: \_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE ALSO PROVIDE (Required)

1. Clear Pictures of the Exterior (front and back) of the Building
2. Clear Pictures Each Room in the Unit

ELIGIBILITY CRITERIA

* Only buildings with 2 to 4 units are eligible for this program
* UNITS MUST BE VACANT
* OPRHC will offer up to $4,000 per unit for repairs and upgrades to increase the marketability of apartments.
* The Recipient must match the grant with an additional investment equal to or exceeding one-quarter of the grant amount requested.
* A pre-inspection by OPRHC staff to assess and approve the proposed scope of work is required.
* A post-inspection by OPRHC to assess and approve the completed work is required.
* Participating owners must list their improved units for the next 36 months with the Housing Center.
* Participating owners must participate in a management seminar with OPRHC.
* Participating owners must use approved contractors in this program.

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PROPOSED IMPROVEMENTS

Grants are for marketability improvements, not structural repairs. The work you propose should improve the desirability of your unit.

General

[ ] Refinishing Floors

[ ] New Carpeting

[ ] Repainting

[ ] Improving Security

[ ] Installing Mini-Blinds

[ ] Replacing Lighting Fixtures

[ ] Improving Security

[ ] Installing Mini-Blinds

[ ] Replacing Lighting Fixtures

[ ] Restoring Woodwork

[ ] Replacing Ceiling Fans

[ ] Installing Ceiling Fans

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bathrooms

[ ] Replacing Toilet(s)

[ ] Replacing Vanity

[ ] Refinishing Bathtub/Shower

[ ] Repairing Tile Work

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kitchens

[ ] Replacing Countertops

[ ] Replacing Cabinets

[ ] Replacing Appliances

[ ] Adding Appliances

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If accepted, required documentation will include the following.

·         Government Issued photo ID such as a Driver’s License, State ID or passport

·        Proof of Ownership for the Applied Property

·        Schedule E of prior 2 years’ tax returns

·        Mortgage confirmation (if applicable)

·        Trust agreement (if applicable)

·        Proof of Property Insurance

·        Sales Agreement (if purchased within the last 6 months)

DELIVER APPLICATIONS WITH PHOTOS TO

Oak Park Regional Housing Center

ATTN: Austin Ascending

1041 South Boulevard

Oak Park, IL 60302

Questions – Call Executive Director Rob Breymaier at 708-848-7150 x123