



Rental Property Improvement Program Supplementary Landlord/Developer Qualification Statement

Mailing Address:

P. O. Box 1027, Savannah, GA 31402

Phone: 912-651-2169

Fax: 912-525-1764

This form must be completed by all parties interested in improving properties through the CHSA Rental Property Improvement Program to ensure that applicants have the capacity and fiscal soundness to complete the proposed project.

Applicant Name:

Primary Address:

Telephone Number:

E-mail address:

LEGAL ENTITIES

List all names - including names of all legal entities, e.g., Limited Liability Corporations, Partnerships, etc. - that you are utilizing to hold or develop property. Attach additional sheets if necessary.

REAL ESTATE OWNED

Provide a list of all properties in which you have an ownership interest, either as an individual or in one of the entities listed above. Include the name each property is titled in, the date acquired, the financial institution holding the mortgage against the property and the mortgage balance (if applicable). Attach additional sheets if necessary.

Address	Owner	Date Acquired	Mortgage Holder	Mortgage Balance
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LANDLORD TRAINING AND EXPERIENCE:

Have you obtained a Landlord Training Certification: Yes _____ No _____

Date completed: _____

If you have additional training, education, or other experience with rental property ownership, improvement, rehabilitation and/or management, please describe below (feel free to attach a resume or any additional information which further demonstrates your capacity to complete this project):

Do you plan to use a professional property management firm to manage the property you will improve through the Rental Property Improvement Program? If so, please provide its name and contact information:

MATCHING FUNDS:

What is the source of funds which you propose to utilize to pay for your matching share of the Rental Property Improvement project costs (e.g. savings/checking account, loan, etc.): _____
(Proof of sufficient funds must be included with your application)

POLICIES

Applicant/Developer certifies that it as individual and/or member of a corporation or partnership is not in violation of the following policies:

- Delinquent taxes due the City
- Building or health code violations that are not being actively abated
- Convicted of a felony crime that affects property or neighborhood stability or safety

CERTIFICATION AND ACKNOWLEDGEMENT

I certify that this Supplementary Qualification Statement is true and correct. I acknowledge that any omissions, or false or misleading information can be cause for loan denial.

Signature (applicant)

Signature (co-applicant)

Date

Date

