

**RENTAL REHABILITATION GRANT
AUTHORIZATION AND ACKNOWLEDGEMENTS**

I hereby request the services of the Lynchburg Redevelopment and Housing Authority to provide technical services and advice in connection with the rehabilitation of certain specific housing deficiencies at the property located at _____.

Inspection Authorization

I hereby authorize Authority personnel and when necessary city inspections personnel to inspect the property listed above to determine the need for rehabilitation, rehabilitation work underway, and a final inspection.

_____ (Owner Initial)

Hold Harmless Agreement

I further agree to hold harmless and indemnify the Lynchburg Redevelopment and Housing Authority and its employees, director, officers, commissioners and authorized personnel in connection with acts performed by them which would be associated with consultation, technical advice, financial counseling, application processing, property inspection and other services related to the rehabilitation of my property.

_____ (Owner Initial)

Deed of Trust – Acknowledgement of information

I, the undersigned, do hereby acknowledge that I have been informed that no Deed of Trust will be recorded against the property for the amount of the approved rehabilitation grant for which I am now applying.

Verification of Ownership

I hereby acknowledge that I am the owner of record of the property located at _____ and have provided the Authority with a copy of the recorded Deed of said Property. _____ (Owner Initial)

Required Enclosures

I hereby enclose the following required items with this Authorization and Acknowledgements form.

(Check if included)

- ___ Copy of application of Determination of Effect (DOE) that has been submitted to the City's Dept. of Community Development
- ___ Copy from the Virginia Department of Historic Resources (DHR) review response from City's determination
- ___ Completed Rental Rehabilitation Grant Application Form
- ___ Rental Rehabilitation Grant Program Terms and Conditions
- ___ Copy of recorded Deed of subject property
- ___ W-9
- ___ Copy of current hazard insurance for the subject property
- ___ Copy of statement from City's billing/collections dept. verifying current payment of Real Estate Tax
- ___ Detail Scope of Work including floor plan, project start and completion dates
(All code violation and Housing Quality Standards deficiencies must be included in the scope of work)
- ___ Detail cost estimates
- ___ If using a licensed contractor, submit copy of contractor's license and certificate of insurance.
- ___ Verification of additional funds to complete the project
- ___ Building permits if required by the City's inspection department
- ___ Signed Acknowledgement – Renovate Right and Protect Your Family from Lead in Your Home

Owner's Signature

Date

Owner's Signature

Date

LRHA Staff

Title

Date



Planning Division • Community Development
900 Church Street • Lynchburg • Virginia • 24504
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Please check with a Zoning Officer (434-255-3900) and/or the Inspections Division (434-455-3910) **beforehand** to ensure that your project meets the applicable building & zoning regulations.

APPLICATION FOR DETERMINATION OF EFFECT (DOE)

Address of property to be altered: _____

Applicant: _____

Owner: _____ Potential Owner: _____ Representative: _____

Applicant Address: _____ Zip: _____

City: _____ State: _____

Phone: _____ Email: _____

Property Owner (if different from Applicant): _____

Address: _____ Zip: _____

City: _____ State: _____

Phone: _____ Email: _____

Program Name: _____

Subgrantee: _____ Federal Funding Source: _____

Nature of Request: Rehabilitation: _____ Demolition: _____ New Construction: _____

Is the purpose of this project to provide low-to-moderate income housing? Circle one: **Y / N**

Is the property 50 years old or more? Circle one: **Y / N**

NOTE: If your property is more than 50 years old, contact the Secretaries to the Historical Preservation Commission (contact info on pg. 10) **before ordering your materials** to discuss whether your property is a historic property, is eligible to be a historic property, or affects other historic properties.

Provide a general description of work followed by attached checklist:

Interior work proposed: _____

All exterior work proposed: _____

Why do I need to apply for a DOE?

A *Determination of Effect* is required by federal law under Section 106 of the National Historic Preservation Act (NHPA). This section was included in the NHPA to protect historic sites from government projects, such as highways, that could destroy neighborhoods and communities through eminent domain.

Section 106 states that federal agencies need to take into account the effect of all their projects on designated historic or potentially historic properties. This means that any project that uses any amount of federal funding is reviewed by a State Historic Preservation Office (SHPO) and, in Lynchburg, a Certified Local Government (CLG) to ensure that the project does not have an adverse effect on historic properties. This application will be reviewed by the Virginia Department of Historic Resources and the City of Lynchburg (your respective SPHO and CLG).

WORK WRITE-UP AND STANDARDS CHECKLIST

Note: Required for projects that are not for Section 106.

Section 106 projects require a generic work write-up.

DEFINITIONS:

No impact: No work is being performed on the building at this time. This means leaving the original features as they are without change.

Repair: Restoring the original features to what they once were.

In-kind replacement: In the same style as what is original to the building. For example, replacing a damaged staircase with an identical wooden one would be in-kind. Replacing with wrought-iron metal would be a modification.

Modification: A change in an element of the building, such as replacing an original asphalt-shingle roof with a standing-seam metal one.

Department of Interior's Standards: Refers to the Department of Interior's Standards, found at <https://www.nps.gov/tps/standards.htm>.

Property component	Proposed treatment		Does proposed treatment meet the Department of Interior's Standards?
	Impact	Description of Modification	
Roof	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior cladding	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No

Property component	Proposed treatment		Does proposed treatment meet the Department of Interior's Standards?
	Impact	Description of Modification	
Windows	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Doors	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Porch roof	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Porch ceiling	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Porch floor	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Porch posts	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Porch railing	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Porch steps	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No

Property component	Proposed treatment		Does proposed treatment meet the Department of Interior's Standards?
	Impact	Description of Modification	
Porch other: (describe)	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chimney	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cornice	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Soffit	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other exterior trim: (describe)	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ground disturbance (include depth and area)	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Landscaping	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No

Property component	Proposed treatment		Does proposed treatment meet the Department of Interior's Standards?
	Impact	Description of Modification	
Other impacts to the site (i.e., parking)	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No

INTERIOR (FOR REHABILITATION PROJECTS ONLY)

<u>Property component</u>	<u>Proposed treatment</u>		Does proposed treatment meet the Standards?
	Impact	Description of Modification	
Floorplan	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Walls	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Floors	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ceilings	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Stairs	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Door/window trim	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Baseboard trim	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other trim: (describe)	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Property component</u>	<u>Proposed treatment</u>		Does proposed treatment meet the Standards?
	Impact	Description of Modification	
Mantels	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Paneling	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other interior architectural detail: (describe)	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical systems (HVAC, plumbing, electrical, etc.)	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: (describe)	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No

SITE WORK (FOR BOTH NEW CONSTRUCTION AND REHABILITATION)

Property component	Proposed treatment		Does proposed treatment meet the Standards?
	Impact	Description of Modification	
Fences/walls	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Paving (sidewalks, parking, etc.)	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Landscaping	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: (describe)	<input type="checkbox"/> No impact <input type="checkbox"/> Repair <input type="checkbox"/> Replace in kind <input type="checkbox"/> Modification		<input type="checkbox"/> Yes <input type="checkbox"/> No



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INSTRUCTIONS FOR A DETERMINATION OF EFFECT

Once this form is completed and resubmitted to the Planning Division, staff will evaluate the historical significance of the property in relation to the alteration, new construction, demolition, or repair. Once staff has made a determination on the effect that the project will have on historical resources, the determination of effect is sent to the Virginia Department of Historic Resources (DHR). DHR reviews the City's determination within 30 days, and most often concurs with the City's determination. If DHR does not concur with the City's determination of effect, more information may be needed regarding the project. Regardless of the scale or location of the project, this form needs to be completed if federal money is being used towards the project.

The project cannot start until the City received acknowledgement from DHR that they concur with the City's determination or until a Memorandum of Agreement has been given, and all other local permitting has been approved .

FOR MORE INFORMATION, PLEASE CONTACT:

The Secretary to the Historic Preservation Commission

Department of Community Development

City Hall 900 Church Street

Lynchburg, Virginia 24504-1620

Phone: 434-455-3900

eve.mergenthaler@lynchburgva.gov



Community Development Block Grant (CDBG) Family Income Verification

Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

Sex: Male Female Head of Household: Yes No

Co-Applicant: _____

Co-Applicant Home Phone: _____ Co-Applicant Cell Phone: _____ Co-Applicant Work Phone: _____

Co-Applicant Address: _____

Co-Applicant Sex: Male Female

#	LIST ALL INDIVIDUAL LIVING IN HOUSEHOLD INCLUDING SELF	DATE OF BIRTH	SEX	AGE	RELATIONSHIP TO APPLICANT	ELDERLY	DISABLED
1						<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>
TOTAL HOUSEHOLD SIZE							

RACE	ETHNICITY
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic white
<input type="checkbox"/> American Indian or Alaska Native and White	<input type="checkbox"/> Hispanic American Indian or Alaska Native White
<input type="checkbox"/> Asian and White	<input type="checkbox"/> Hispanic Asian and White
<input type="checkbox"/> Black or African American and White	<input type="checkbox"/> Hispanic Black or African American and White
<input type="checkbox"/> American Indian or Alaska Native and Black or African American	<input type="checkbox"/> Hispanic American Indian or Alaska Native and Black or African American
<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Russian <input type="checkbox"/> Other
	<input type="checkbox"/> Non - Hispanic or Latino



Community Development Block Grant (CDBG) Family Income Verification

TANF Recipient: Yes No Amount Received \$ _____

Please provide copies of the following documents: (Submit copies of all that apply)

Pay Stub (s),

Individual support Letter

Award Letter (s): Social Security (SS), Supplemental Security Income (SSI), Disability Income (DI), Child Support

Other Annual Income: Commission/Overtime Bonus, Seasonal, Unemployment, Pension/Retirement, Alimony,

Self-employment, Other.

Print Name

Signature

Date

OFFICE USE ONLY:

FY 2024 Income Limits Summary

Median Income (MSA) \$81,100	FY 2024 Income Limit Category	Persons in Family							
		1	2	3	4	5	6	7	8
Lynchburg City	Very Low (50%)	28,400	32,450	36,500	40,550	43,800	47,050	50,300	53,550
	Extremely Low (30%)	17,050	20,400	25,820	31,200	36,580	41,960	47,340	52,720
	Low (80%)	45,450	51,950	58,450	64,900	70,100	75,300	80,500	85,700

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):
(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):
(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgement (initial)

(c) _____ Lessee have received copies of all information listed above.
(d) _____ Lessee have received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Agent	Date	Agent	Date



**GRANT APPLICATION
FOR
REHABILITATION /RENTAL REHABILITATION PROPERTY**

Property Address						
City		State		Zip		
Total # of Units	1-BR	2-BR	3-BR	4-BR	5-BR	
# of Stories						

Details on current occupancy - including current rent: _____

Purpose of Grant - (Explain) _____

Description of the management of the property & experience of the firm or individuals, (use additional page & attach to application if necessary) _____

Owner's previous experience with th Authority? (Use additiona page if needed): _____

Estimated Improvement Cost \$ _____

APPLICANT		CO-APPLICANT	
Full Legal Name			
Age / Social Security Number			
Present Address/ How Long			
Home Phone / Business Phone			
Previous Address/ How Long			
Employer			
Employer Address			
Employer Phone Number			
Occupation			
Time on Job (yrs/Mos) / Rate			

AGREEMENT: The undersigned applied for the grant indicated in this application, and represents that the property will not be used for any illegal or restricted purpose and that all statements made in this application are true and are made for the purpose of obtaining the grant. Verification may be obtained from any source named in this application. The original or a copy of this application will be retained by the grantor. I/we fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014. I/we acknowledge that a copy of the Department of Housing and Urban Development's Housing Quality Standard is included with this Rental Rehabilitation Grant Application. I/we acknowledge that a copy of the brochure "Protect your Family from Lead in Your Home" is included in the Grant Application and I/we will provide the current tenant(s) with a copy.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____



We Do Business In Accordance With the Federal Fair Housing Law

Fax: 434.845.9144 • TTY: 800.828.1120 VA 711

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