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. **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) 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 Owner's Signature Date Date

Title

LRHA Staff

Date



Planning Division • Community Development 900 Church Street • Lynchburg • Virginia • 24504 www.lynchburgva.gov • P 434-455-3900 • F 434-845-7630 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 altere	l:
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: Re	abilitation: 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 r	ore? 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:	
	— A Great Place to Live, Work & Play! —

The k	pulleted materials are a required part of the application, depending on the nature of request:
Reha	bilitation:
0	Material specification tear sheets and cost estimates
0	Photographs and sketches where exterior work is being done, as well as the surrounding area
0	Historic evidence for any restoration
0	Site/Building plans for any exterior changes
Dem	olition:
0	Photographs and documentation of structural condition, as well as the surrounding area
0	Site/Building plans for property once demolished
New	Construction:
0	Site/Building plans of proposed construction and structures
0	Photographs, maps, and drawings to explain the proposal, including the surrounding area
Other	materials provided:
	bove owner authorizes the entry onto his/her property by the Planning Division Staff during ormal discharge of their duties in regard to the above application.

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.

		Proposed treatment	
Property component	Impact	Description of Modification	Does proposed treatment meet the Department of Interior's Standards?
Roof	☐ No impact ☐ Repair ☐ Replace in kind ☐ Modification		☐ Yes ☐ No
Exterior cladding	☐ No impact☐ Repair☐ Replace in kind☐ Modification		☐ Yes ☐ No

Proposed treatment		Proposed treatment	Desc
Property component	Impact	Description of Modification	Does proposed treatment meet the Department of Interior's Standards?
Windows	No impact Repair Replace in kind Modification		☐ Yes
Doors	No impactRepairReplace in kindModification		☐ Yes ☐ No
Porch roof	No impact Repair Replace in kind Modification		Yes No
Porch ceiling	No impact Repair Replace in kind Modification		Yes No
Porch floor	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Porch posts	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Porch railing	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Porch steps	No impact Repair Replace in kind Modification		Yes No

		Dana	
Property component	Impact	Description of Modification	proposed treatment meet the Department of Interior's Standards?
Porch other: (describe)	No impact Repair Replace in kind Modification		Yes No
Chimney	No impact Repair Replace in kind Modification		Yes No
Cornice	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Soffit	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Other exterior trim: (describe)	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Ground disturbance (include depth and area)	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Landscaping	No impact Repair Replace in kind Modification		☐ Yes ☐ No

Property component	Impact	Description of Modification	Does proposed treatment meet the Department of Interior's Standards?
Other impacts to the site (i.e., parking)	No impact Repair Replace in kind Modification		☐ Yes ☐ No

INTERIOR (FOR REHABILITATION PROJECTS ONLY)

	<u>Pr</u>	Does	
<u>Property</u> <u>component</u>	Impact	Description of Modification	proposed treatment meet the Standards?
Floorplan	No impactRepairReplace in kindModification		☐ Yes ☐ No
Walls	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Floors	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Ceilings	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Stairs	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Door/window trim	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Baseboard trim	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Other trim: (describe)	No impact Repair Replace in kind Modification		☐ Yes ☐ No

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

SITE WORK (FOR BOTH NEW CONSTRUCTION AND REHABILITATION)

Property		Does proposed	
component	Impact	Description of Modification	treatment meet the Standards?
Fences/walls	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Paving (sidewalks, parking, etc.)	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Landscaping	No impact Repair Replace in kind Modification		☐ Yes ☐ No
Other: (describe)	No impact Repair Replace in kind Modification		☐ Yes ☐ 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 <u>cannot start</u> 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

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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 in the housing.	no knowledge o	f lead-based paint and/or lead-based pai	nt hazards		
(b)	(i)Lessor has	provided the less	ssor (check (i) or (ii) below): see with all available records and reports ed paint hazards in the housing (list o			
	(ii)Lessor has based paint hazards in	_	records pertaining to lead-based paint ar	nd/or lead-		
Lessee	's Acknowledgement (in	nitial)				
(c) (d)			s of all information listed above. pamphlet <i>Protect Your Family from Lea</i>	d in Your		
Agent's	s Acknowledgment (ini	tial)				
(e)			or of the lessor's obligations under 42 U.S ner responsibility to ensure compliance.	S.C.		
The fo			formation above and certify, to the best vided is true and accurate.	st of their		
Lessor		Date	Lessor	Date		
Lessor		Date	Lessor	Date		
Agent		Date	Agent	Date		



Community Development Block Grant (CDBG) Family Income Verification

Namo	e:						
Hom	Home Phone: Cell Phone:				Work	Phone:	
Addr Sex:	Address: Sex: Male Female Head of Yes No Sex: No S						
Co- A Home Co-A ₁ Addr	Co- Applicant: Co- Applicant Home Phone: Co-Applicant Co-Applicant Co-Applicant Co-Applicant Co-Applicant 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							
2							
3							
4							
5							
	TOTAL HOUSEHOLD SIZ	ZE					
	RACE				ETH	INICITY	
A	merican Indian or Alaska N	ative		☐ Hi	spanic American Ind	lian or Alaska Na	ntive
A	Asian			Hispanic Asian			
B	Black or African American			Hispanic Black or African American			
Native Hawaiian or Other Pacific Islander				Hispanic Hawaiian or Other Pacific Islander			
□ V	☐ White ☐ Hispanic white						
American Indian or Alaska Native and White				Hispanic American Indian or Alaska Native White			ative White
Asian and White				☐ Hi	spanic Asian and W	hite	
Black or African American and White			☐ Hi	spanic Black or Afri	can American an	d White	
	American Indian or Alaska N r African American	lative and Blacl	ζ	Hispanic American Indian or Alaska Native and Black or African American			
□ C	Other			☐ Hi	spanic/Latino	Russian	Other
				$ \square _{N}$	on - Hispanic or Lat	ino	



Community Development Block Grant (CDBG) Family Income Verification

TANF Recipient: Yes No Amoun	nt 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 2022 Income Limits Summary

FY 2021 Income Limit Area	Median Income Explanation	Persons in Family								
		1	2	3	4	5	6	7	8	
Lynchburg city	\$73,700	\$25,800	\$29,500	\$33,200	\$36,850	\$39,800	\$42,750	\$45,700	\$48,650	
		\$16,600	\$18,950	\$21,300	\$23,650	\$25,550	\$27,450	\$29,350	\$31,250	
		\$41,300	\$47,200	\$53.10	\$58,950	\$63,700	\$68,400	\$73,100	\$77,850	
		\$30,960	\$35,400	\$39,840	\$44,220	\$47,760	\$51,300	\$54,840	\$58,380	



GRANT APPLICATION FOR

REHABILATION / RENTAL REHABILATION PROPERTY

Property A	ddress				_	1					
City	City		_		State		Zip				
Total # of l	Jnits		1-BR	2-BR	3-BR	4-BR	5-BR				
# of Storie:	S										
Details on	current occi	pancy - incl	uding cur	rent rent:							
Purpose of	f Grant - (Exp	olain)									
application	if necessary	<i>'</i>)					dividuals, (use	additional p	oage & atta	ch to	
Owner's pr	revious expe	rience with	th Autho	rity? (Use ad	ditiona pa	ge if needed	1):				
Extimated	Improveme	nt Cost \$									
			APPLICANT					CO-APPLICANT			
Full Legal Nar	me										
Age / Social S	ecurity Numbe	r									
Present Addr	ess/ How Long							•			
	/ Business Pho	ne								•	
Previous Address/ How Long				•			•				
Employer						•				•	
Employer Ad	dress										
Employer Pho	one Number										
Occupation											
Time on Job ((yrs/Mos) / Rat	2									
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-Applica	nt's Signatur	re	Date	



We Do Business In Accordance With the Federal Fair Housing Law

Fax: 434.845.9144 • TTY: 800.828.1120 VA 711