

**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