

## **LOUISIANA NEIGHBORHOOD LANDLORD RENTAL PROGRAM PHASE 2 RENTAL PROPERTY OWNER APPLICATION**

The information collected in this application will be used to determine whether or not your property qualifies for assistance under the *Louisiana Neighborhood Landlord Rental Program Phase 2 (LNLRP 2)*. The information collected in this application will not be disclosed without your consent to any parties other than the state of Louisiana or its agents except to verify information concerning this application or as required and permitted by law.

The *Louisiana Neighborhood Landlord Rental Program Phase 2 Rental Property Owner Application Resource Guide* (Resource Guide) is available and provided to assist applicants to the LNLRP 2 with preparing and submitting complete applications for funding. The Resource Guide does not describe (1) program eligibility, (2) property eligibility requirements, (3) affordability requirements, (4) limits of awards for projects, (5) environmental requirements (6) construction standards, (7) federal guidelines and requirements, (8) financing guidelines and requirements, and (9) ineligibility and ethics provisions. The aforementioned items are described in the LNLRP2 Notice of Funding Availability (NOFA). It is the responsibility of the applicant to review the LNLRP2 NOFA before submitting an application for funding to the program. It is also the responsibility of the applicant to ensure that any and all applications submitted to the LNLRP 2 are complete and submitted timely.

**All items marked with an asterisk (\*) require a response and should be completed accurately. Please indicate "Not Applicable" or "NA" if an item marked with an asterisk does not apply.**

Applications **must be received** by the LNLRP 2 no later than **4:30 p.m. on January 31, 2020**.

Applications must be completed upon submission. Applications that are not completed and/or late will not be considered.

A completed application means an application that:

- Contains responses in all required fields
- Has attached with it all required application supporting documentation

Applicants requesting funding for the rehabilitation of multi-unit properties (duplex, triplex or fourplex) which contain 2-4 units are required to submit one online entry per unit. Applicants requesting funding for the new construction of multi-unit properties (duplex, triplex or fourplex) which contain 2-4 units are required to submit one online entry per development.

Hand-written responses should be printed legibly in blue or black ink.

Applicants may submit an application by mail or in person via hand delivery to the Louisiana Housing Corporation to the following address:

Louisiana Housing Corporation  
Housing Production/Disaster Recovery  
Attn: Housing Recovery Department  
2415 Quail Drive  
Baton Rouge, LA 70808  
Re: The LNLRP2 Initiative

**PROPERTY OWNER INFORMATION**

All items marked with an asterisk (\*) require a response and should be completed accurately. Please indicate "Not Applicable" or "NA" if an item marked with an asterisk does not apply.

**OWNER OF PROPERTY**

\*Owner Entity Type:  Private For-Profit  Nonprofit Organization  Community Housing Development Organization  
 Public Housing Authority  Local Development Agency (Not a parish or municipality)

*Entity Name			
Prefix: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	*First Name	Middle Name	*Last Name
Suffix: <input type="checkbox"/> Esq. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> MD <input type="checkbox"/> Ph.D.			
*Current Address		*Mailing Address <input type="checkbox"/> Same as current address	
*City		*City	
*State		*State	
* Zip Code		* Zip Code	
*Parish		*Parish	
*Daytime Telephone/TTY: (     ) _____		Evening Telephone/TTY: (     ) _____	
*Federal Tax ID# (For business entities only)		*Louisiana Tax ID# (For business entities only)	

**CO-OWNER OF PROPERTY**

\*Owner Entity Type:  No Co-Owner  Private For-Profit  Nonprofit Organization  Community Housing Development Organization  
 Public Housing Authority  Local Development Agency (Not a parish or municipality)

*Entity Name			
Prefix: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	*First Name	Middle Name	*Last Name
Suffix: <input type="checkbox"/> Esq. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> MD <input type="checkbox"/> Ph.D.			
*Current Address		*Mailing Address <input type="checkbox"/> Same as current address	
*City		*City	
*State		*State	
* Zip Code		* Zip Code	
*Parish (if in Louisiana)		*Parish (if in Louisiana)	
*Daytime Telephone/TTY: (     ) _____		Evening Telephone/TTY: (     ) _____	
*Federal Tax ID# (For business entities only)		*Louisiana Tax ID# (For business entities only)	

**OWNER OF PROPERTY CONTACT INFORMATION**

Prefix: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	*First Name	Middle Name	*Last Name
Suffix: <input type="checkbox"/> Esq. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> MD <input type="checkbox"/> Ph.D.			
*Daytime Telephone/TTY: (     ) _____		Evening Telephone/TTY: (     ) _____	
*Email Address:			

**CO-OWNER OF PROPERTY CONTACT INFORMATION**

Prefix: <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	*First Name	Middle Name	*Last Name
Suffix: <input type="checkbox"/> Esq. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> MD <input type="checkbox"/> Ph.D.			
*Daytime Telephone/TTY: (     ) _____		Evening Telephone/TTY: (     ) _____	
*Email Address:			

**RENTAL PROPERTY INFORMATION**

All items marked with an asterisk (\*) require a response and should be completed accurately. Please indicate "Not Applicable" or "NA" if an item marked with an asterisk does not apply.

**PROPERTY ADDRESS (as listed with the Parish Assessor's Office)**

*House Number	*Street Name	*Street Type (e.g. Ave., St., Blvd.)	*Unit/ Apartment #
*City		*State	*Zip Code
*Parish		Parish Tax Parcel Number	
*Type of Structure (single-family home, duplex, triplex or fourplex):			
*Residential Unit Mix (1 Bedroom, 2 Bedrooms, 3 Bedrooms, 4 Bedrooms, or 5 Bedrooms):			
*Type of Construction (New Construction, Reconstruction, Rehabilitation) Proposed for Unit:			
*Loan Funds Requested from the LNLRP2 for unit:			

- \*1. Did the property sustain damage as a result of the March or August Floods of 2016?  Yes  No
- \*2. Was this property a residential rental property during the March or August Floods of 2016?  Yes  No
- \*3. Did you own this property at the time of the March or August Floods of 2016?  Yes  No
- \*4. Have repairs already begun or have been completed on this property?  Yes  No  
 If yes, provide an estimate of percentage of construction complete:  
 \*Estimate Percentage of Construction Complete:  NA  0-24%  25-49%  50-74%  75-99%  100%
- \*5. Are there any outstanding real estate taxes, loans, liens, or judgments against the property?  Yes  No  Don't Know
- \*6. Do you have title insurance?  Yes  No  Don't Know
- \*7. Is the property located in a floodplain?  Yes  No  Don't Know

**Reimbursement for Storm-Related Loss on Real Estate**

- \*8. Did you have flood insurance on unit at time of the March or August Floods of 2016?  Yes  No  Don't Know
- \*9. Did you submit an application to SBA after the March or August Floods of 2016?  Yes  No  Don't Know

If you answered yes to question 8 and/or question 9, provide flood insurance and/or SBA information below.

SBA#	SBA Amount \$	
NFIP Insurance Policy Number	NFIP Insurance Provider Name	Insurance Compensation Amount \$

For the following requested information, estimated dates are acceptable.

Year Built	Date of Purchase (mm/dd/yyyy)	Date of Most Recent Appraisal
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### SOURCES AND USES

The items marked with an asterisk (\*) require a response and should be completed accurately. Fund Sources cannot equal \$0 and Fund Uses (construction costs and soft costs) cannot equal \$0. Not every pre-labeled line item in the tables below may apply to all projects. Blank line items are provided in each table and can be used to add a Fund Source and/or Fund Use if the description does not already appear.

*Fund Sources	Amount
SBA Loan	
NFIP	
Construction Financing	
<b>Total Fund Sources</b>	\$ _____

*Fund Uses (Construction Costs)	Amount
Land Only (Not LNLRP2 Eligible)	
Building Only (New Construction, Reconstruction, or Rehabilitation)	
<b>Total Fund Uses</b>	\$ _____

*Fund Uses (Soft Costs)	Amount
Architect's Fee - Design	
Architect's Fee - Supervisory	
Interest During Construction	
Taxes During Construction	
Insurance During Construction	
Financing Fee (Construction)	
Financing Fee (Permanent)	
Title and Recording Costs	
Taxpayer Closing Costs	
Organization Costs	
Lender Legal Fees	

Taxpayer Counsel Fees	
Survey Costs	
Audit Fees	
Developer Fee (Not LNLRP2 Eligible)	
Closing Costs	

**Total Soft Costs** \$ \_\_\_\_\_

**\*Total Development Costs** \$ \_\_\_\_\_

## RENTAL INCOME

All items marked with an asterisk (\*) require a response and should be completed accurately.

### UTILITY ALLOWANCES

\*1. Will the tenant be responsible for some or all utilities?

Yes  No

1.A. If you answered yes, indicate below for items 2-9 the utilities for which the tenant will be responsible. If you answered no, only provide responses for item 1B.

1.B. Indicate below for items 2-6 whether or not each utility will be gas or electric after rehabilitation, reconstruction, or new construction.

- |               |   |   |   |   |
|---------------|---|---|---|---|
| *2. Heating   | <input type="checkbox"/> Gas                | <input type="checkbox"/> Electric             | <input type="checkbox"/> Tenant Responsible | <input type="checkbox"/> Landlord Responsible |
| *3. A/C       | <input type="checkbox"/> Gas                | <input type="checkbox"/> Electric             | <input type="checkbox"/> Tenant Responsible | <input type="checkbox"/> Landlord Responsible |
| *4. Cooking   | <input type="checkbox"/> Gas                | <input type="checkbox"/> Electric             | <input type="checkbox"/> Tenant Responsible | <input type="checkbox"/> Landlord Responsible |
| *5. Lighting  | <input type="checkbox"/> Gas                | <input type="checkbox"/> Electric             | <input type="checkbox"/> Tenant Responsible | <input type="checkbox"/> Landlord Responsible |
| *6. Hot Water | <input type="checkbox"/> Gas                | <input type="checkbox"/> Electric             | <input type="checkbox"/> Tenant Responsible | <input type="checkbox"/> Landlord Responsible |
| *7. Water     | <input type="checkbox"/> Tenant Responsible | <input type="checkbox"/> Landlord Responsible |   |   |
| *8. Sewer     | <input type="checkbox"/> Tenant Responsible | <input type="checkbox"/> Landlord Responsible |   |   |
| *9. Trash     | <input type="checkbox"/> Tenant Responsible | <input type="checkbox"/> Landlord Responsible |   |   |

\*10. At what rent do you intend to offer the unit after rehabilitation, reconstruction, or new construction? \$ \_\_\_\_\_

**YEARLY RENTAL INCOME AND OTHER COSTS**

Items marked with an asterisk (\*) require a response and should be completed accurately. If an item in this section marked with an asterisk does not apply, please indicate "\$0."

1. \*Other Rental Income
  - a. Laundry and Vending \$ \_\_\_\_\_
  - b. Other \$ \_\_\_\_\_
2. \*Expenses
  - a. Administrative
    - i. Advertising \$ \_\_\_\_\_
    - ii. Administrative Expenses \$ \_\_\_\_\_
    - iii. Office Supplies \$ \_\_\_\_\_
    - iv. Management Fee \$ \_\_\_\_\_
    - v. Management or Supervisor Salaries \$ \_\_\_\_\_
    - vi. Legal Expenses (Project) \$ \_\_\_\_\_
    - vii. Auditing Expenses (Project) \$ \_\_\_\_\_
    - viii. Bookkeeping Fees/Accounting Services \$ \_\_\_\_\_
    - ix. Other \$ \_\_\_\_\_
  - b. \*Utility
    - i. Fuel Oil/Coal \$ \_\_\_\_\_
    - ii. Fuel for Domestic Hot Water \$ \_\_\_\_\_
    - iii. Electricity (Light & Misc. Power) \$ \_\_\_\_\_
    - iv. Water \$ \_\_\_\_\_
    - v. Gas- \$ \_\_\_\_\_
    - vi. Sewer- \$ \_\_\_\_\_
  - c. \*Operating and Management
    - i. Operating and Management Payroll \$ \_\_\_\_\_
    - ii. Operating and Management Supplies \$ \_\_\_\_\_
    - iii. Operating and Management Contract \$ \_\_\_\_\_
    - iv. Garbage & Trash Removal \$ \_\_\_\_\_
    - v. Security Payroll/Contract \$ \_\_\_\_\_
    - vi. Heating, Ventilation, and Air Conditioning (HVAC) Repair & Maintenance \$ \_\_\_\_\_
    - vii. Other Expenses \$ \_\_\_\_\_
    - viii. Miscellaneous Operating and Management \$ \_\_\_\_\_
    - ix. Neighborhood Network \$ \_\_\_\_\_
  - d. \*Taxes and Insurance
    - i. Real Estate Taxes \$ \_\_\_\_\_
    - ii. Payroll Taxes \$ \_\_\_\_\_
    - iii. Misc. Taxes, Licenses, and Permits \$ \_\_\_\_\_
    - iv. Property & Liability Insurance \$ \_\_\_\_\_
    - v. Workmen's Compensation \$ \_\_\_\_\_
    - vi. Health Insurance \$ \_\_\_\_\_
    - vii. Other Insurance \$ \_\_\_\_\_
3. \*Replacement Reserves \$ \_\_\_\_\_



## REQUIRED APPLICATION SUPPORTING DOCUMENTS

### New Construction, Reconstruction, and Rehabilitation

#### Required Application Support Documents

Applications proposing New Construction, Reconstruction, and Rehabilitation must be submitted with the following required supporting documents:

- Site plan
- Floor plan
- Evidence that project meets zoning requirements.
- Scope of Work (If work hasn't started on the units)
- Evidence that the proposed housing unit is not in a flood hazard area
- Documentation of lender's contingent commitment to provide construction financing
- Documentation of other available funds to complete total development costs
- Front, side, and rear elevations (New Construction and Reconstruction Only)
- Interior Photos (Reconstruction and Rehabilitation Only)
- Exterior Photos (Reconstruction and Rehabilitation Only)
- Construction Contract if work has been started on the units (Rehabilitation Only)
- Proposed compliance alignment of the scope of work with HUD CPD Green Building Retrofit Checklist (Rehabilitation Only)  
*Provided in the application*
- Certification Regarding Sources and Uses of Funds Statement and No Duplication of Funds  
*Provided in the application*
- Stop Work Order Provision Document  
*Provided in the application*
- Louisiana Neighborhood Landlord Rental Program Application Signature Page  
*Provided in the application*
- Vacancy certification (Reconstruction and Rehabilitation Only)  
*Provided in the application*
- Tenant Certification (Reconstruction and Rehabilitation Only)  
*Provided in the application*



Equal Housing Opportunity

We Do Business in Accordance With the Fair Housing Act

(The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988)

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS (HAVING ONE OR MORE CHILDREN), OR NATIONAL ORIGIN.

Anyone who feels he or she has been discriminated against should send a complaint to: U.S. Department of Housing and Urban Development, Assistant Secretary for Fair Housing and Equal Opportunity, Washington, DC 20410.

**Proposed compliance alignment of the scope of work with HUD CPD  
Green Building Retrofit Checklist (Rehabilitation Only)**

## HUD CPD Green Building Retrofit Checklist

The CPD Green Retrofit Checklist promotes energy efficiency and green building practices for residential retrofit projects. Grantees must follow the checklist in its entirety and apply all measures within the Checklist to the extent applicable to the particular building type being retrofitted. The phrase "when replacing" in the Checklist refers to the mandatory replacement with specified green improvements, products, and fixtures only when replacing those systems during the normal course of the retrofit.



- Water-Conserving Fixtures**  
Install or retrofit water conserving fixtures in any unit and common facility, use the following specifications: Toilets-- 1.28 gpf; Urinals-- 0.5 gpf; Showerheads-- 2.0 gpm; Kitchen faucets-- 2.0 gpm; and Bathroom faucets-- 1.5gpm. [gpf = gallons per flush; gpm = gallons per minute]
- ENERGY STAR Appliances**  
Install ENERGY STAR-labeled clothes washers, dishwashers, and refrigerators, if these appliance categories are provided in units or common areas.
- Air Sealing: Building Envelope**  
Seal all accessible gaps and penetrations in the building envelope. If applicable, use low VOC caulk or foam.
- Insulation: Attic** (if applicable to building type)  
  
For attics with closed floor cavities directly above the conditioned space, blow in insulation per manufacturer's specifications to a minimum density of 3.5 Lbs. per cubic foot (CF). For attics with open floor cavities directly above the conditioned space, install insulation to meet or exceed IECC levels.
- Insulation: Flooring** (if applicable to building type)  
Install  $\geq$  R-19 insulation in contact with the subfloor in buildings with floor systems over vented crawl spaces. Install a 6-mil vapor barrier in contact with 100% of the floor of the crawl space (the ground), overlapping seams and piers at least 6 inches.
- Duct Sealing** (if applicable to building type)  
  
In buildings with ducted forced-air heating and cooling systems, seal all penetrations of the air distribution system to reduce leakage in order to meet or exceed ENERGY STAR for Homes' duct leakage standard.
- Air Barrier System**  
Ensure continuous unbroken air barrier surrounding all conditioned space and dwelling units. Align insulation completely and continuously with the air barrier.
- Radiant Barriers: Roofing**  
When replacing or making a substantial repair to the roof, use radiant barrier sheathing or other radiant barrier material; if economically feasible, also use cool roofing materials.
- Windows**  
When replacing windows, install geographically appropriate ENERGY STAR rated windows.
- Sizing of Heating and Cooling Equipment**

When replacing, size heating and cooling equipment in accordance with the Air Conditioning Contractors of America (ACCA) Manuals, Parts J and S, or 2012 ASHRAE Handbook--HVAC Systems and Equipment or most recent edition.

**Domestic Hot Water Systems**

When replacing domestic water heating system(s), ensure the system(s) meet or exceed the efficiency requirements of ENERGY STAR for Homes' Reference Design. Insulate pipes by at least R-4.

**Efficient Lighting: Interior Units**

Follow the guidance appropriate for the project type: install the ENERGY STAR Advanced Lighting Package (ALP); *OR* follow the ENERGY STAR MFHR program guidelines, which require that 80% of installed lighting fixtures within units must be ENERGY STAR-qualified or have ENERGY STAR-qualified lamps installed; *OR* when replacing, new fixtures and ceiling fans must meet or exceed ENERGY STAR efficiency levels.

**Efficient Lighting: Common Areas and Emergency Lighting** (if applicable to building type)

Follow the guidance appropriate for the project type: use ENERGY STAR-labeled fixtures or any equivalent high-performance lighting fixtures and bulbs in all common areas; *OR* when replacing, new common space and emergency lighting fixtures must meet or exceed ENERGY STAR efficiency levels; For emergency lighting, if installing new or replacing, all exist signs shall meet or exceed LED efficiency levels and conform to local building codes.

**Efficient Lighting: Exterior**

Follow the guidance appropriate for the project type: install ENERGY STAR-qualified fixtures or LEDs with a minimum efficacy of 45 lumens/watt; *OR* follow the ENERGY STAR MFHR program guidelines, which require that 80% of outdoor lighting fixtures must be ENERGY STAR-qualified or have ENERGY STAR-qualified lamps installed; *OR* when replacing, install ENERGY STAR compact fluorescents or LEDs with a minimum efficacy of 45 lumens/watt.

**Air Ventilation: Single Family and Multifamily** (three stories or fewer)

Install an in-unit ventilation system capable of providing adequate fresh air per ASHRAE 62.2 requirements.

**Air Ventilation: Multifamily** (four stories or more)

Install apartment ventilation systems that satisfy ASHRAE 62.2 for all dwelling units and common area ventilation systems that satisfy ASHRAE 62.1 requirements. If economically feasible, consider heat/energy recovery for 100% of corridor air supply.

**Composite Wood Products that Emit Low/No Formaldehyde**

Composite wood products must be certified compliant with California 93120. If using a composite wood product that does not comply with California 93120, all exposed edges and sides must be sealed with low-VOC sealants.

**Environmentally Preferable Flooring**

When replacing flooring, use environmentally preferable flooring, including the FloorScore certification. Any carpet products used must meet the Carpet and Rug Institute's Green Label or Green Label Plus certification for carpet, pad, and carpet adhesives.

**Low/No VOC Paints and Primers**

All interior paints and primers must be less than or equal to the following VOC levels: Flats--50 g/L; Non-flats--50 g/L; Floor--100 g/L. [g/L = grams per liter; levels are based on a combination of the Master Painters Institute (MPI) and GreenSeal standards.]

- Low/No VOC Adhesives and Sealants**  
All adhesives must comply with Rule 1168 of the South Coast Air Quality Management District. All caulks and sealants must comply with regulation 8, rule 51, of the Bay Area Air Quality Management District.
- Clothes Dryer Exhaust**  
Vent clothes dryers directly to the outdoors using rigid-type duct work.
- Mold Inspection and Remediation**  
Inspect the interior and exterior of the building for evidence of moisture problems. Document the extent and location of the problems, and implement the proposed repairs according to the Moisture section of the EPA Healthy Indoor Environment Protocols for Home Energy Upgrades.
- Combustion Equipment**  
When installing new space and water-heating equipment, specify power-vented or direct vent combustion equipment.
- Mold Prevention: Water Heaters**  
Provide adequate drainage for water heaters that includes drains or catch pans with drains piped to the exterior of the dwelling.
- Mold Prevention: Surfaces**  
When replacing or repairing bathrooms, kitchens, and laundry rooms, use materials that have durable, cleanable surfaces.
- Mold Prevention: Tub and Shower Enclosures**  
When replacing or repairing tub and/or shower enclosures, use non-paper-faced backing materials such as cement board, fiber cement board, or equivalent in bathrooms.
- Integrated Pest Management**  
Seal all wall, floor, and joint penetrations with low-VOC caulking or other appropriate sealing methods to prevent pest entry. [If applicable, provide training to multifamily buildings staff.]
- Lead-Safe Work Practices**  
For properties built before 1978, if the project will involve disturbing painted surfaces or cleaning up lead contaminated dust or soil, use certified renovation or lead abatement contractors and workers using lead-safe work practices and clearance examinations consistent with the more stringent of EPA's Renovation, Repair, and Painting Rule and HUD's Lead Safe Housing Rule.
- Radon Testing and Mitigation (if applicable based on building location)**  
  
For buildings in EPA Radon Zone 1 or 2, test for radon using the current edition of American Association of Radon Scientists and Technologists (AARST)'s Protocols for Radon Measurement in Homes Standard for Single-Family Housing or Duplexes, or AARST's Protocol for Conducting Radon and Radon Decay Product Measurements in Multifamily Buildings. To install radon mitigation systems in buildings with radon level of 4 pCi/L or more, use ASTM E 2121 for single-family housing or duplexes, or AARST's Radon Mitigation Standards for Multifamily Buildings. For new construction, use AARST's Reducing Radon in New Construction of 1 & 2 Family Dwellings and Townhouses, or ASTM E 1465.

**Certification Regarding Sources and Uses of Funds Statement and No  
Duplication of Funds**



**Duplication of Benefits Certification**  
**Louisiana Neighborhood Landlord Rental Income Program Phase 2**

**NOTE: This form should be completed for each unit, included in the application, that received assistance**

Please identify the funds received to date for the subject property. These funds are associated with damage caused by the March or August Floods of 2016.

Property Address: \_\_\_\_\_

If funds were received, you must provide evidence of the dollars indicated below within the application.

SBA: \$ \_\_\_\_\_

NFIP: \$ \_\_\_\_\_

Insurance Proceeds: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Briefly explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I did not receive any funds to assist in the repair of my rental property

By signing this form, I certify that I have identified all known funds received to date for the subject property

Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Stop Work Order Provision Document**





**Certification of Understanding Concerning Stop Work**  
**Louisiana Neighborhood Landlord Rental Program Phase 2**

**NOTE: This form should be completed for each unit included in the application.**

I UNDERSTAND THAT BY SUBMITTING AN APPLICATION FOR FUNDING UNDER THE LOUISIANA NEIGHBORHOOD LANDLORD RENTAL PROGRAM PHASE 2:

I AM NOT ALLOWED TO PROCEED WITH ANY WORK RELATIVE TO THE NEW CONSTRUCTION, RECONSTRUCTION AND/OR REHABILITATION OF UNITS FOR WHICH I AM APPLYING FOR FEDERAL ASSISTANCE UNTIL THOSE UNITS HAVE RECEIVED ENVIRONMENTAL CLEARANCE AND I HAVE RECEIVED FROM THE LOUISIANA NEIGHBORHOOD LANDLORD RENTAL PROGRAM PHASE 2, A NOTIFICATION AUTHORIZING ME TO PROCEED WITH THE NEW CONSTRUCTION, RECONSTRUCTION AND/OR REHABILITATION PROPOSED IN MY APPLICATION. FOR THE PURPOSES OF THE ENVIRONMENTAL REVIEW PROCESS, "ANY WORK" INCLUDES:

- Execution of a legally binding agreement (such as a property purchase or construction contract);
- Use of non-CDBG funds on actions that would have an adverse impact--- e.g., demolition, dredging, filling, excavating; and
- Use of non-CDBG funds on actions that would be "choice limiting"--- e.g., acquisition of real property; leasing property; rehabilitation, demolition, construction of buildings or structures; relocating buildings or structures, conversion of land or buildings/structures.

MY FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN MY INELIGIBILITY FOR LOAN ASSISTANCE FROM THE PROGRAM.

**FRAUD WARNING:** This application is submitted in connection with a request to receive federal funds and/or assistance for disaster recovery as the result of damages sustained from presidentially declared disasters, specifically the flooding events in Louisiana in March and August of 2016. I understand that if I fraudulently or willfully misstate any fact in connection with this application or a grant, should I receive one, I shall be subject to a fine as provided under 18 U.S.C. § 1001 or imprisoned for not more than five years or both, as well as subject to fine or imprisonment under the Louisiana Criminal Code. (R.S. 14:67, Theft; R.S. 14:67, Identity Theft; and/or R.S. 14:72, Forgery). This applies to information contained in this application and any future information I provide in connection with my application or grant.

I certify **UNDER PENALTY OF PERJURY** under the laws of the United States that, to the best of my knowledge and belief as of the date I am signing and submitting this application, all the information on and submitted with this application is true, correct, complete, and provided in good faith.

I further understand and agree that payments made to or me or to others on my behalf based on false or incorrect information are subject to repayment by me to the State of Louisiana Division of Administration

Office of Community Development, even if I believe in good faith the information to be true and correct as of the date of submission.

In any proceeding to enforce this Grant Agreement, the State shall be entitled to recover all costs of enforcement, including actual attorney's fees.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Vacancy certification (Reconstruction and Rehabilitation Only)**



**Vacancy Certification**  
**Louisiana Neighborhood Landlord Rental Program Phase 2**

**NOTE: This form should be completed for each unit included in the application**

I, \_\_\_\_\_, certify that my property located at  
\_\_\_\_\_ was vacant as of February 14, 2017.  
(Property Address)

By signing this form I certify that my property was vacant as of February 14, 2017

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tenant Certification (Reconstruction and Rehabilitation Only)**



**Previous Tenant Outreach Certification**  
**Louisiana Neighborhood Landlord Rental Program Phase 2**

**NOTE: This form should be completed for each unit included in the application**

I, \_\_\_\_\_, have made an effort to contact the previous tenant/s;  
(Applicant Name)

who occupied my property located at \_\_\_\_\_  
(Property Address)

during the March or August floods of 2016.

Primary Tenant Name: \_\_\_\_\_

Secondary Tenant Name: \_\_\_\_\_

The means by which I attempted contact was as follows:

By Phone Date: \_\_\_\_\_

By Certified Mail (Attach Certified Mail receipt to this form)

In Person Date: \_\_\_\_\_

Briefly describe where the tenant/s currently resides:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this form I certify that I have made every effort to contact the previous tenant/s.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Louisiana Neighborhood Landlord Rental Program Application Signature  
Page**



**Application Affirmation and Signature Page**  
**Louisiana Neighborhood Landlord Rental Program Phase 2**

**NOTE: This form should be completed for each unit included in the application**

The undersigned agrees and acknowledges that the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of the information contained in this application may result in Civil Liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine, imprisonment or both under the provision of Title 18 United States Code Section 1001.

I further certify that, to the best of my knowledge and belief, all the information on and attached to this application is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to, this application may be grounds for not making a loan and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated. (Louisiana Criminal Code: R.S. 14:67, Theft; R.S. 14:67, Identity Theft; and/or R.S. 14:72, Forgery)

Owner Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner Name: \_\_\_\_\_

Co-Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_