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## RENTAL REINVESTMENT PROGRAM APPLICATION

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**PURPOSE:** The City of Temple is committed to improving the quality of life in Temple’s neighborhoods by increasing access to affordable housing. Through the implementation of this incentive grant program, property owners who meet certain eligibility criteria are given the opportunity to make significant improvements to their rental properties to pass a Department of Housing & Urban Development (HUD) inspection. Once repairs and inspection are completed, the property will then be added to the list of properties pre-qualified to accept Housing Choice Vouchers and lease to a voucher recipient. Grantee will agree to maintain the property to these standards and remain on the Housing Choice Voucher list and lease to a voucher recipient for a period of 5 years.

Incentive grants are available to vacant property located within the City’s Neighborhood Planning Districts and Low-to-Moderate Income (LMI) areas as defined by HUD. The grants are provided as reimbursements, as a match to the funds disbursed by the Applicant. Only the Applicant’s cash disbursements may be used as a grant match, in-kind contributions may not be used as part of the Applicant’s match.

The City will consider making grants on a 1:1 matching basis for Projects completed on property located within a delineated LMI Program Area or Neighborhood Planning District to benefit LMI residents. Ideal projects will focus on improvements under \$5,000. Activities eligible for reimbursement include, but are not limited to, items listed on the HUD Inspection Form (Addendum A).

**TERM and DISBURSEMENT:** The funding cycle shall be from October 1st to September 30th. For each funding cycle, the City shall designate specific amount of funding available for that cycle. Upon exhaustion of those funds, the City will be under no obligation to fund additional grants. Likewise, the City is under no obligation to establish future funding cycles.

### LANDLORD/PROPERTY OWNER INFORMATION:

Owner’s Name:

DBA (if applicable):

Property Address:

City:

State:

Zip:

Year Built:

Business Phone:

Business Email:

Website:

Percent Ownership:

Currently in Bankruptcy:  Y  N

### STRUCTURE TYPE:

Single Family Detached (one family under one roof)  Semi-Detached (duplex, attached on one side)

Rowhouse/Townhouse (attached on two sides)

Manufactured Home (mobile home)

**BUSINESS TYPE:**

LLC

Partnership

Sole Proprietor

Other

Federal EIN:

Date of Incorporation:

Is Business Minority-Owned?  Y  N

*Note: A minority owned business is defined as being a woman, ethnic minority, or veteran owned; or an economically disadvantaged small business enterprise (51%)*

Has business been subject to criminal or civil fines or penalties including from city code or regulatory violations?

Y  N

Business Description:

Co-Owner Name:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Percent Ownership:

Currently in Bankruptcy:  Y  N

(Please list additional owner information on a separate page if necessary.)

**ASSISTANCE REQUEST DETAILS:**

Amount Requested:

Provide a description of how CDBG funds will be used. *(Please specify on the improvements you plan to make to the property to pass a HUD inspection.)*

Click or tap here to enter text.

**APPLICANT STATEMENT:** I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the City of Temple. If necessary, I will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

**Please provide signature(s), printed name(s), and title(s) of additional owners on separate page (if applicable).**

**There is no obligation by the City of Temple to fund a submitted application. All funding considerations are subject to the availability of funds, program regulatory and statutory guidance from the U.S. Department of Housing and Urban Development.**

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

**Please submit the following documents with application:**

1. Completed Application
2. Ownership Documents (deed to property) - Any person having an ownership interest in the company of 20% or more must complete this application
3. Proof of Business Insurance
4. Proof of Property Insurance
5. SAMS Information (<https://sam.gov/content/home>)
6. Conflict of Interest Affidavit (if applicable)
7. Signed Permission to Inspect Property Form
8. Signed Pre-Approval Fines Check Acknowledgement

**NOTE-** Staff will follow-up with applicants for required additional information and documents after application submission.

**Email completed application to: [grants@templetx.gov](mailto:grants@templetx.gov)**

## APPENDIX D - Other CDBG Related Certifications

**Overall Benefit:** The business entity certifies that the CDBG funds awarded by the City of Temple will be used only make improvements to a rental property located within a Low-to-moderate income (LMI) neighborhood and that those receiving the benefit are low- to moderate-income residents.

**Debarred List:** I am aware that the City of Temple will verify that the business entity and any principles are not on the Suspended or Debarred List.

**Environmental Review:** I am aware that all CDBG projects/programs must pass all applicable environmental reviews.

**Compliance with Anti-discrimination laws:** The programs funded in part or totally by CDBG will be conducted and administered in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act (42 USC 3601-3619, and implementing regulations, as amended.

**Affirmatively Furthering Fair Housing:** The property owner will take appropriate actions when applicable to overcome the effects of any impediments identified through the City of Temple Analysis of Impediments to Fair Housing Choice and the City of Temple Fair Housing Plan, and maintain records reflecting the actions taken.

**Compliance with Laws:** The property owner will comply with all applicable local, state and federal laws.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

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## APPENDIX E - Conflict of Interest Certification

**APPLICANT(S) STATEMENT:**

I hereby declare that any person(s) employed by the City of Temple, who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from, has been identified and the interest disclosed below. Please include in your disclosure any interest which you know of. An example of a direct interest would be a City of Temple employee, City of Temple Council Member, who would be paid to perform services under this proposal. An example of indirect interest would be a City of Temple employee who is related to any officers, employees, principal or shareholders of your firm or to you. If in doubt as to status or interest, please disclose to the extent known. I hereby certify that the information on this form is complete and accurate. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.).

**Disclosed Conflict of Interests:**

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**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title (please print): \_\_\_\_\_

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# RENTAL REINVESTMENT PROGRAM

## Permission for Inspection

Owner: \_\_\_\_\_ Property: \_\_\_\_\_

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

1. I/We are the Owner(s) of the Property. It is my/our investment property.
2. I/We have made a written application for grant funding under the Rental Reinvestment Program.
3. I/We understand that an inspector will be sent to inspect my property to determine if the repair meets City and federal guidelines.
4. I/We give permission for inspectors to enter the Property and perform all necessary inspections.
5. I/We release the City of Temple and their employees, agents, officers, and contractors from any and all claims which I/we may have as a result of any property damage, injury, or any other damage resulting from the inspection of the Property.
6. I/We understand that inspection is just one part of my/our qualification for the Rental Reinvestment Program and does not mean that my/our application is approved.
7. I/WE UNDERSTAND THAT NO INSPECTION OR WORK WILL OCCUR AND MY/OUR ELIGIBILITY FOR THE RENTAL REINVESTMENT PROGRAM CANNOT BE DETERMINED UNTIL I/WE SIGN THE ATTACHED RELEASE AGREEMENT. I/WE ACKNOWLEDGE THAT I/WE HAVE READ THE RELEASE AGREEMENT, HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT IT AND UNDERSTAND THAT IT MAY AFFECT MY/OUR LEGAL RIGHTS.

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Owner's Signature

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Co-Owner's Signature

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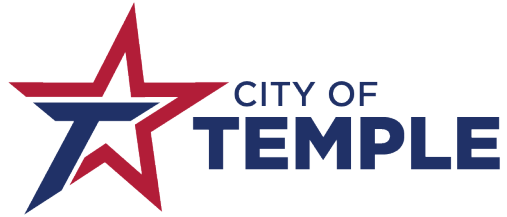
Date

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Date

**THE RELEASE AGREEMENT MUST BE EXECUTED BY OWNER AND CO-OWNER AND ATTACHED TO THIS PERMISSION FOR INSPECTION AND TESTING. NO INSPECTION OR TESTING OF THE PROPERTY WILL BE PERFORMED UNLESS THE RELEASE AGREEMENT IS SIGNED BY OWNER AND CO-OWNER.**





## PRE-APPROVAL FINES CHECK ACKNOWLEDGMENT

Per Rental Reinvestment Program requirements, grant recipients may not owe the City any sum of money for taxes or other debts. Therefore, the pre-approval screening process includes a thorough check of all City records to determine whether a balance is owed by a potential grant recipient.

I acknowledge that I cannot receive a Rental Reinvestment Program grant from the City of Temple until any amounts due to the City have been paid in full.

Name:

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Address:

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Social Security Number:

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Date of Birth:

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Signature:

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Date:

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