

Multi-Unit Conversion

P R O G R A M

Program Application

GENERAL INFORMATION

Applicant Name: _____

Property Address: _____

Number of Residential Units: ____ Number of Units Proposed to be Eliminated: ____

Applicant Address (if different from property address): _____

Daytime Phone #: _____

Evening Phone #: _____

OWNERSHIP

Do you currently own the property? ____ Yes ____ No
If yes, please provide a copy of the deed.

Is the property under agreement of sale? ____ Yes ____ No
If yes, please provide a copy of the agreement of sale.

TITLE INFORMATION

Grants will only be made in cases where there are no conflicts in ownership.

Do you have a title report that is not more than one year old? ____ Yes ____ No.
If yes, please provide a copy.

If you do not have a recent title report, the Borough will perform a title search for a \$75 fee.

Please mark the appropriate box if you wish the Borough to perform a title search:

____ Yes, I want the Borough to perform a title search and I agree to pay the Borough a \$75 fee as part of the application.

____ No, I don't want the Borough to perform a title search.
(Note that your application will not be approved without the completed title search)

PROJECT INFORMATION

Summarize below your planned improvements. Include with your application plans, sketches, photos and other documents appropriate for consideration. Describe the total scope of your project. If the project includes work beyond eliminating extra living units; i.e., general improvements to the home like a new kitchen, roof or siding, include this work as in your description. Attach additional sheets as necessary.

Work will be done by:
____ Contractor ____ Applicant

If you plan to have a contractor do the work, please attach three quotes. If you are planning to do the work yourself, please provide a major materials list from three suppliers, including costs.

Project Timeline

Date when you expect work to begin:

Date when you expect the improvements to be complete:

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FUNDING REQUEST

Total project costs: \$ _____

(Please provide the total cost of your project. Include ALL costs, not just the costs associated with eliminating living units.)

Loan amount requested: \$ _____

(You can receive up to \$15,000 for removing one living unit and up to \$10,000 for each additional unit.)

Estimated current value of the property: \$ _____

(Provide the current estimated value of the property before improvements.)

RESIDENCY

A requirement of this program is that the applicant live in the property as his/her primary residence for a period of five continuous years.

Do you agree to make the property your primary residence for five continuous years? Yes No

CODE COMPLIANCE

A requirement of this program is that once the work is complete the property will meet all applicable borough codes each year of the five-year loan.

Do you agree to bring the property into compliance with all applicable borough codes once the work has been completed? Yes No

APPLICANT SIGNATURES:

I / we, am / are (currently) (intend to be) the owner/occupant of the property identified above, and commit to have the identified improvements completed by the date above. I further authorize the Borough of Lansdowne and Yeadon to share this information with the application review committee or other bodies and individuals necessary to process this application.

Signed: _____ Date: _____

Signed: _____ Date: _____