

****Application must be turned in prior to December 14th for the application to be considered for this year****

Applicant agrees to supply additional information upon request. The applicant believes that the information contained in and submitted with this application is complete and correct. Applicant acknowledges receipt copy of application.

Certificate of Occupancy must be attached with application. This may be obtained at Lorain City Hall, 5th floor, Department of Building, Housing & Planning – Building Division.

Signature(s) of applicant(s)

Date

*****FOR OFFICIAL USE ONLY*****

1. Legal Description of Property Location: Parcel Number: _____
2. Number of Community Reinvestment Area: CRA 1 & 2 CRA 3 CRA 4 CRA 5
3. Ordinance 10-10 effective 01/11/10 Ordinance 33-10 effective 03/01/10
 Ordinance 13-10 effective 01/11/10 Ordinance 34-10 effective 03/01/10
4. Verification of Construction
Residential: New Structure Remodeling (cost \$_____) Year Built: _____
Commercial: New Structure Remodeling (cost \$_____) Year Built: _____
5. Project meets requirements for an exemption under ORC 3735.67 A B C
6. Project involves structure of historical or architectural significance: Yes No
If Yes, written certification of appropriateness of the remodeling has been submitted by the designating agency or authorized agent: Yes No
7. Exemption Period/Percent
 10 (ten) years, 100%
 12 (twelve) years, 100%
 15 (fifteen) years, 100%
 10 (ten) years, 100% and 5 (five) years, 75% or remaining balance

I certify that the project described herein was reviewed to determine eligibility for the CRA Program in the City of Lorain with the following determination:

Eligible
 Ineligible (Reason: _____)

Date

Signature(s) of Housing Officer