

19A Housing Rehabilitation Program Sealed Bid Application

Full Name				
Current Address				
Property of Interest				
Race/Ethnicity				
Sex/Gender				
Email				
Phone Number				
How are you funding this project?	Please circle one: Cash Loan	n Both		
Employer				
Occupation				
Length of Service				
Current Salary (Hourly/Weekly/Bi- Weekly/Annually)	\$			
How many individuals will reside in the home post- renovation?				
Number of children under the age of 18?				
Number of adults of over the age of 62?				
Person(s) with a disability?		If yes, how many?		

Do you currently own property in the City of Jamestown?
Please provide addresses and proof of paid taxes of currently owned property(ies).
*If purchaser resides in the City of Jamestown and owns property currently, they must be current on all taxes and utilities.
Are any of these properties listed under an LLC?
Please provide LLC names and authorized representatives.
If you are financing this project, have you already secured the funding through an authorized loan servicer?
*Please provide proof of financing.

The Jamestown Urban Renewal Agency requires that all 19A Housing Rehabilitation Program properties:

*If you are using personal cash, please provide proof of all current bank account balances.

- Are utilized for a full-time, homeowner occupied, housing unit for a minimum of 5 years.
- Meet City of Jamestown and New York State housing codes and obtain a Certificate of Occupancy from the Department of Development before residing in the property.
- Must not be resold for a minimum of 5 years post rehabilitation completion.
- Must remain code compliant for a minimum of 5 years.
- Must apply for permits for any and all work that requires such documentation.
- Must sign an Anti-Speculation agreement.

If owner fails to comply, they must pay a penalty of double the cost of this property at the time of purchase.

This program is designed to encourage homeownership throughout the City of Jamestown to improve and stabilize communities through proper rehabilitation efforts and assistance through the Department of Development.



Development Plan

Full Name:		
Property of Interest:		
Realtor Name/Agency	y (if engaged):	
Contact Inform	nation:	
Purchase Offer: \$		
Preliminary Rehabili	itation Budget: \$	
Will this project be co	ompleted within 12 months? \Box Yes	\square No
Proposed Timeline: _		
Are you in contact wi	ith contractors at this time? \Box Yes	\Box No
Please Provide the j	following:	
□Detailed/Itemized Rel	habilitation Budget	
☐ Detailed Project Desc	cription: What are your plans for reha	bilitating this property?
□Describe yourself: Tel	ll us why you feel you should be select	ed for this project.
•	ice in housing rehabilitation or like proble of completed projects.	ojects? If yes, please provide a
-	d the First Time Homebuyers Counsel that was provided to you, or other proof	
	been considered for award to a success tracts with the Department of Develop rided.	
•	oposal for consideration, and acknowled of acceptance, negotiation or rejection of this program.	_
Print	Signature	Date
obtain my consumer rep	Jamestown Urban Renewal Agency to port as defined by the Fair Credit Repo inancial analysis associated with this	orting Act for the purpose of
 Print	 Signature	Date

