

# WINTER HAVEN

THE CHAIN OF LAKES CITY

## Florence Villa CRA Residential Improvement Grant Application Community Redevelopment Agency

451 Third Street, NW ♦ Winter Haven, FL 33881 ♦ 863-291-5600

<b>APPLICANT INFORMATION</b>	
Owner Name(s):	
Property Address:	
Phone:	Email:
Eligible properties must be located in the Florence Villa CRA. Application will not be considered complete and placed “in line” for funding until all documents listed below have been received. Applications are accepted only while funds are available.	
<u>The following documents must be included with application:</u>	
* Description and sketch of proposed work	* Photographs clearly showing existing conditions
* Timeline for project with estimated start	* Contractor quotes for work – minimum of two (2)
* Copy of current homeowners insurance	* Proof of current mortgage (if no mortgage, copy of deed)
I would like to be considered for the payment assistance program with a third party. I understand there is no charge for this option but it does slow down the timeline of the improvements. <input type="checkbox"/> Yes <input type="checkbox"/> No	

***For Office Use Only***

<input type="checkbox"/> Pics <input type="checkbox"/> Proposed work <input type="checkbox"/> Copy of Quotes (min of 2)	Date App Complete/ Rec'd By:	Date of Committee/Board Review:
CRA Approval Date:		Notified applicant:
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	Comments/ Conditions of Approval & Amount:	
Check Request Date:		Check #:
Check to be: <input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up		Amount: \$
Pick Up Signature:		
Pick Up Printed Name:		Date:

## **Residential Improvement Grant Overview**

Designed to redevelop the façades of residential properties in the Florence Villa CRA Area, to aide in improving the economic vitality and vibrancy of the community.

Please review the items below and initial each item for acknowledgement:

Initials

- |       |   |  |
|-------|---|--|
| _____ | 1 | Grants apply only to residential structures within the Florence Villa Community Redevelopment Agency (CRA) district.   |
| _____ | 2 | The applicant must own the property or have written consent from the property owner(s) to make the proposed improvements.  |
| _____ | 3 | Only exterior improvements which can be seen from the public street front will be considered for funding.  |
| _____ | 4 | All improvements must meet applicable City codes and ordinances. The applicant is responsible for required permits and fees.   |
| _____ | 5 | Expenses will be reimbursed upon completion of work and paid directly to the applicant, not the contractor. All invoices relating to approved work must be documented with proof of payment (see reimbursement process below). |
| _____ | 6 | CRA will reimburse the project costs up to a maximum reimbursement of \$10,000.  |
| _____ | 7 | Once approved, funds will be available for six (6) months. If reimbursement is not complete within this time unused funds may be reallocated. An extension may be requested in writing prior to expiration.                    |
| _____ | 8 | <b><u>No purchase, downpayment, deposit or work shall begin</u></b> prior to approval by the Advisory Committee. Any improvements made prior to written or emailed approval notification will be ineligible for funding.       |

## **Approval Process**

1. Application is considered to be complete and sufficient by CRA staff as determined within CRA staff's sole and absolute discretion
2. Application is scheduled for presentation at the next available Advisory Committee meeting for any improvements requested that are not included on the staff level approval list or as staff deems appropriate
3. CRA Staff will send applicant an email advising of approval or denial
4. If approved, work may begin
5. Work is complete and reimbursement request may be submitted (see below process)

**Reimbursement Process**

This is a reimbursement grant program and as such once the improvements are complete and paid in full the applicant may submit for reimbursement by emailing or submitting a written request for reimbursement. Please include the following items:

- Completed W-9 form
- Copy of paid invoice or receipt
- Proof of payment (check or redacted credit/bank account statement)
- Picture of façade improvements
- If reimbursement check is to be mailed or picked up in person

**Ineligible Items**

- General building maintenance
- Work that is not consistent with the goal of the CRA to remove slum and blight
- Permit fees

**Additional Information to Note**

Property taxes must be current.

No existing and/or pending Building Code, and/or Code Enforcement/Compliance violations.

All accounts current and in good standing with City of Winter Haven Utilities.

If applicant is not the property owner written consent from the owner must be submitted.

Other relevant information may be requested as deemed necessary by CRA staff, CRA Advisory Committee, and/or CRA Board.

Work requiring a permit must be done by contractors with a current license (DBPR) and a current BTR.

CRA staff reserves the right to determine whether an application is sufficient for proper review and presentation to the appropriate CRA Advisory Committee and/or CRA Board.

The owner will release, hold harmless, and indemnify the CRA and City for work being performed on their property that is associated with this program in a form, format, and/or manner that is approved by the City Attorney.

The property and use must be conforming, AND consistent with the Future Land Use and Zoning classifications.

If nonconforming elements are present the eligible redevelopment authorized under this reimbursement grant program should reduce or eliminate the nonconforming elements.

Under no circumstance may a nonconformity be created or expanded.

*The undersigned hereby affirms that he or she has been duly authorized and empowered to verify, execute and deliver this application, that he or she has read this application (including all attachments hereto) and he or she has knowledge of all of the facts stated herein, and that this application, and all information submitted in connection herewith, is complete and accurate and contains no misstatements, misrepresentations, or omissions of material facts, to the best of his or her knowledge and belief.*

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

Print Name: \_\_\_\_\_ Company: \_\_\_\_\_

**Property Owner Authorization**

(if different from applicant)

I/we the owner(s) of the property located at \_\_\_\_\_ are aware of \_\_\_\_\_ (tenant) applying for a CRA Residential Improvement Grant and hereby give authorization for the tenant to make the improvements described in this application contingent upon approval of the CRA Advisory Committee and/or CRA Board. I understand my property will not be eligible for a grant again for five (5) years.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Printed Name of Property Owner

\_\_\_\_\_  
Date of Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is  personally known to me or  has produced \_\_\_\_\_ as identification and who (did) (did not) take an oath.

\_\_\_\_\_  
Signature Of Notary Public

\_\_\_\_\_  
Typed, Printed or Stamped Name of Notary Public

Stamp & Date My Commission Expires: \_\_\_\_\_