

**CITY OF WOODBURY
RCA RENTAL PROPERTY IMPROVEMENT LOAN PROGRAM
INSTRUCTION FOR LANDLORDS**

Landlord Verification Checklist

The information we are requesting on the attached application is a requirement for participation in the program. The Council on Affordable Housing requires all property owners of one to four units applying for a loan under Woodbury's RCA Rental Property Improvement Program to furnish the following information. All information will be kept strictly confidential and will be used solely for the purpose of qualifying you for the program.

Please include the following documentation with your application.

1. A copy of the current property Mortgage and amount due.
2. A copy of the Fire and Liability Insurance for the property.
3. A copy of your Deed.
4. Verification that your City taxes, water and sewer bills (if landlord responsibility) are paid current.
5. A bank statement or credit line showing that you have a minimum of \$10,000.00 to match with program funds for repairs.
6. A copy of your Woodbury Landlord License for each unit (owner occupied duplexes are exempt from this requirement).
7. A copy of your Certificate of Occupancy for each unit.
8. A completed Tenant Application and corresponding verification from each family occupying the unit(s) for which you are seeking assistance. The tenant families are instructed to return their applications to the RCA Program.

Return the attached application, along with the requested verification to:

Virginia Horn
RCA Rental Property Improvement Program
33 Delaware Street
Woodbury NJ 08096

If you have any questions, or if you would like to meet with me, call me at (856) 845-1300, ext. 123. You may also reach me at vhorn@woodbury.nj.us.

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LANDLORD APPLICATION**

APPLICANT: _____

SOCIAL SECURITY #: _____

SPOUSE'S NAME: _____

ADDRESS: _____

PHONE: _____

Marital Status: Married Widow(er) Divorced Separated
 Single

RENTAL PROPERTY ADDRESS: _____

Number of units _____ Number of bedrooms per unit _____

Number of units occupied: _____

Current monthly rents per unit #1 \$ _____ Receives Subsidy Y N

#2 \$ _____ Receives Subsidy Y N

#3 \$ _____ Receives Subsidy Y N

#4 \$ _____ Receives Subsidy Y N

Year property was constructed _____ Year Purchased _____

Purchase price \$ _____ Amount of Initial Mortgage \$ _____

Mortgage Balance \$ _____

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LIST ALL LIENS ON PROPERTY AND AMOUNTS:

1. _____
2. _____
3. _____
4. _____

PLEASE LIST THE NAMES OF ALL TENANTS NEXT TO THEIR UNIT NUMBER.

Unit #1 _____

Unit #2 _____

Unit #3 _____

Unit #4 _____

DEBT SERVICE: Please list the amount you pay annually for each service:

Property taxes _____

Liability and Fire Insurance _____

Water / Sewer _____

Trash Collection: _____

Electric: _____

Heat: _____

Hot water: _____

License & Permits: _____

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DEBT SERVICE: Please list the amount you pay annually for each service:

Accounting: _____

Legal Fees: _____

Property Management: _____

Other (specify): _____

PERSONAL: bank accounts

	Name of Institution	Balance
Checking	_____	_____
Savings:	_____	_____
Other:	_____	_____
Other:	_____	_____

PLEASE LIST THE REPAIRS YOU NEED TO MAKE:

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Certification

I (we) understand that only those units that are occupied by low or moderate income tenants will qualify. I (we) understand that the unit(s) must be continuously occupied by a low or moderate income family for 10 years. Rent controls will be placed on each unit participating according to the Council on Affordable Housing guidelines.

I (we) agree to comply with the City's Landlord Licensing Ordinance by renewing my (our) license every two years, and supplying the Housing Office with changes in tenancy.

I (we) agree to provide 50% of the total eligible rehabilitation costs and will deposit those funds with the City at the time of the contract signing. Projects which cannot be brought up to the BOCA Property Maintenance Code within the program's funding, and projects which do not require a minimum of \$10,000 in major systems repairs, will not be approved.

I (we) have provided true and complete information on this application. I (we) understand that any false information given will be reason for denial of my (our) application.

Applicant Signature

Date

Applicant Signature

Date

Warning: Section 1001 of Title 38 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.