



## DOWNTOWN RENTAL REHABILITATION LOAN PRE-APPLICATION

### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_  
Last First Middle Initial

Federal ID# or SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

Telephone Number: \_\_\_\_\_  
Home Work

### PROPERTY INFORMATION

Address of Building to be rehabilitated:  
\_\_\_\_\_

Number of existing units to be rehabilitated? \_\_\_\_\_ Number of units to be created? \_\_\_\_\_

If existing units, number that are currently vacant? \_\_\_\_\_

Are any units owner occupied?  Yes  No

Is this building being purchased through a land contract?  Yes  No

Estimated Age of Building: \_\_\_\_\_ Estimated Market Value: \_\_\_\_\_

Is the Building currently vacant or partially vacant?  Yes  No

(If not vacant, attach description of existing business and/or current number of tenants.)

Explain Existing Building Use (mixed?): \_\_\_\_\_

Is this building within a correct zoning classification?  Yes  No

Identify current zoning: \_\_\_\_\_

Is this building located in a Historic District?  Yes  No

Is this building located in a Floodplain?  Yes  No

**Describe what repairs and improvements you wish to make to the property:**  
\_\_\_\_\_  
\_\_\_\_\_

Complete & return to:  
City of Owosso Housing Program Office  
301 W. Main St. Owosso, MI 48867

