



Second Floor Residential Renovation Grant Application

Name of applicant _____

Property address _____ Suite/Apt # _____

Cross streets _____

Parcel # _____

Mailing address _____

Applicant phone number _____

Are you a Detroit resident? Yes No

Home mailing address: Street _____
Street, Road, Blvd, Way, Avenue, Hwy, Square, Lane

City _____ State _____ Zip Code _____

Building / Property Characteristics

How many units do you have in the property? _____

How many units do you want to renovate? (can only be up to 2) _____

How many bedrooms and bathrooms in each unit? _____

What is the condition of the property?

| | | | |
|------------|-------------------------------|-------------------------------|-------------------------------|
| Plumbing | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Electrical | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| HVAC | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Have you ever rented a second-floor apartment before this time? Yes No

Are people currently living there? Yes No

If yes, what do they pay? _____

What is your current occupancy rate on your second floor? _____

Square footage of each apartment _____

Do you know how much it would cost to renovate each apartment? Or all apartments?

How much? _____



Property Owner Demographics

Please share the property owner's demographic information below. This is for informational purposes only. It does not influence your acceptance into the program. The City of Detroit is funding this programming through the American Rescue Plan Act (ARPA). In order to measure equitable outcomes, the City of Detroit wants to understand the demographics of the people being served. Your demographic information will be shared directly with the City of Detroit's Data Strategy & Analytics team who in turn will take extensive precautions to protect any individual level participant data that is shared. This data will always be reported out in aggregate format. So, the public will not know your individual demographic information.

Write the Property Owner's Birthdate ____ (MM) ____ (DD) _____ (YYYY)

Please select your gender.

- Male Female Non-Binary Transgender Other Not listed here Prefer Not to Say

Please select your race. (You can select more than one.)

- American Indian or Alaska Native Asian Black or African American
 Middle Eastern or North Africa Native Hawaiian or Pacific Islander
 White Other not listed Here Prefer Not to Say

Please select your ethnicity. (You can select more than one)

- Hispanic or Latinx Not Hispanic or Latinx Other not listed here Prefer not to say

Do you have a disability?

- Fully Disabled Partially Disabled Not Disabled Prefer Not to Say

How would you describe your sexual orientation?

- Lesbian, Gay or Homosexual Straight or Heterosexual Bisexual
 Other not listed Here Prefer Not to Say

What is your annual household income?

- \$999 or less \$1,000 to \$9,999 \$10,000 to \$14,999 \$15,000 to \$24,999
 \$25,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$99,999
 \$100,000 to \$149,999 \$150,000 to \$199,999 \$200,000 or more Prefer Not to Say

Please specify the size of your household (count all individuals who live in your home).

- 1 (only you) 2 3 4 5 6 7 8 9 10 or more people

What is the highest level of education you have attained?

- Some High School Highschool Diploma or GED Some College
 Associates Degree Bachelor's Degree Master's Degree
 PhD Prefer Not to Say



Funding

The SDBA Second Floor Residential Grant Program offers reimbursement to applicants that perform eligible construction improvements on their second-floor apartments. Reimbursement will be in the amount of \$10,000 per apartment for the agreed upon number of apartments being renovated in the owner's building.

Reimbursement will only be paid to the owner upon receipt of the apartment's Certificate of Compliance issued by the City of Detroit's Building, Safety, Engineering and Environmental Department (BSEED). Owner shall present a copy of the Certificate of Compliance and verification from the City of Detroit, along with receipts of work for reimbursement in order to receive the \$10,000 per agreed upon apartment.

Estimated cost of project _____ Actual available budget _____

_____ Applicant has secured all funding for this project through using personal or business funds, securing a loan, or leveraging other funds.

_____ Applicant has not secured all funding and needs assistance.

Do you have available capital, or can you prove you have the ability to borrow 50% of the rehab costs? Yes No Unsure

Do you need assistance recruiting tenants? Yes No Unsure

Are your property taxes up to date? Provide proof Yes No Unsure

Is your water bill up to date? Provide proof Yes No Unsure

Is your utility bill up to date? Yes No Unsure

Do you have any... Liens on your property? Yes No Unsure

...Interested financial parties on your property? Yes No Unsure

...Blight tickets on property? Yes No Unsure

Do you need help hiring a licensed and bonded general contractor for the rehabilitation and construction? Yes No Unsure

If no, who are you using? _____

What is their address? _____

Do you need help with any zoning issues? Yes No Unsure

Is your building located in a historic district? Yes No Unsure

If you become a participant, you will receive \$10,000 to renovate each apartment.

Who should we make the check payable to? _____



Attachments

I have attached the following document to this application:

1. Evidence of property control
2. Evidence of paid property taxes
3. If applicable, evidence of paid DWSD water/sewerage bill

Acknowledgments

I understand, acknowledge, and agree to the following:

1. Applicant must be a building owner located on W. Vernor Hwy., from Woodmere on the west and Clark St. on the east, as well as on Springwells, from W. Vernor to 1-75.
2. It is expressly understood that the Applicant shall be solely responsible for all safety conditions and compliance with all safety regulations, building costs, ordinances, and other applicable regulations.
3. It is expressly understood that the Applicant will not seek to hold Southwest Detroit Business Association (SDBA) and or any of its employees, officers/directors liable for any property damage and/or personal injury, or other loss related in any way to the SDBA Second Floor Residential Grant Program.
4. The Applicant shall be responsible for maintaining sufficient insurance coverage for property damage and personal injury liability relating to the SDBA Second Floor Residential Grant Program. Applicant should ask for contractor's proof of liability insurance.
5. Applicant will review and abide by the City of Detroit Standards & Guidelines for Traditional Main Street Overlay Areas and City of Detroit Building Code Requirements provided by Southwest Detroit Business Association.
6. Applicant or general contractor selected by the applicant, will be responsible to ensure all permits are pulled for the applicable work being performed at the apartments.
7. Applicant must allow the project manager (AGI Construction) access to the building to inspect progress and perform a walk-through at minimum, once per month.
8. Applicant agrees to allow the SDBA to promote the program including, but not limited to, displaying signage at the construction site (up to 12 months after project completion) and using photographs in promotional materials and press releases.
9. Applicant agrees that if any work is undertaken as part of the SDBA Second Floor Residential Grant Program prior to the signing of the Second Floor Residential Grant Contract with SDBA, that work shall not be eligible for inclusion as part of their reimbursement grant under the SDBA Second Floor Residential Improvement Program.
10. Applicant must obtain a lead clearance report and certificate of occupancy in order to receive the SDBA grant.



Certification for Application

I / We certify that the information contained in this application is true, correct, and accurate to the best of my/our knowledge.

Print: Property Owner Name

Signature of Property Owner

Date _____

Please submit this application and all attachments to:
Southwest Detroit Business Association, 7752 West Vernor, Detroit MI 48209
Phone: (313) 842-0896 ~ Fax (313) 842-6350
Attn: Greg Mangan
Second Floor Residential Improvement Program Manager
gregm@southwestdetroit.com

For SDBA Use

App is Approved Denied By _____

Property Owner Unique ID # _____ (i.e., 2022-1, 2022-2, etc.)

Team _____

Zoning/ BSE&E Dept. _____

Program Manager _____

Site Meeting(s) _____