

## COMMERCIAL PROPERTY IMPROVEMENT PROGRAM

Administered by:

**City of Pensacola Community Redevelopment Agency**

222 West Main Street, 3<sup>rd</sup> Floor

Pensacola, Florida 32502

Phone: (850) 436-5675



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### CPIP PRE-ELIGIBILITY APPLICATION

#### **Property Ownership**

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

Owner Name(s): \_\_\_\_\_

#### **Contact Information**

Name (Primary Owner Applicant or Representative): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (if available): \_\_\_\_\_

#### **Property Information**

Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Year Built: \_\_\_\_\_ Square Footage (Est.): \_\_\_\_\_ Historical? ☐ Yes ☐ No ☐ Unsure

If Historical, describe significance: \_\_\_\_\_

#### **Property Type & Use**

☐ Commercial or Non-Residential ☐ Mixed Use ☐ Cemetery - Name: \_\_\_\_\_

Business Type/ Purpose: \_\_\_\_\_ Licensed? ☐ Yes ☐ No

(Example: Restaurant/ Café, Barber, Retail, Laundromat, Apartment, etc.)

#### **Property Occupancy**

Ownership: ☐ Owner – Personal Business ☐ Non-Profit ☐ Tenant – Renting Unit(s)

☐ Other, explain: \_\_\_\_\_

Occupancy Status: ☐ Occupied/ Operational ☐ Vacant Leased? ☐ Yes ☐ No

If vacant, is there an existing business or operating plan for future use? ☐ Yes ☐ No

Are there any issues hindering reuse of the property? ☐ Yes ☐ No

If so, please describe: \_\_\_\_\_

**Tenant or Alternative Representative Information (if applicable)**

Name: \_\_\_\_\_

Relationship to Applicant: ☐ Representative ☐ Tenant

Phone: \_\_\_\_\_ Email (if available): \_\_\_\_\_

**Title / Deed**Is the Deed (Title) to the residence in the applicant's name? ☐ Yes ☐ NoAre there any ADDITIONAL owners on the deed? ☐ Yes ☐ NoAre there any owners on the deed that are unable to authorize participation? ☐ Yes ☐ No

If yes, please explain the circumstances:

**Mortgage Information**Does the owner have a mortgage on the property? ☐ Yes ☐ NoIf yes, are mortgage payments current? ☐ Yes ☐ No

Name of Lienholder(s): \_\_\_\_\_

**Tax & Insurance Information**Are there any liens or code violations on the property? ☐ Yes ☐ No ☐ Not SureAre property tax payments current? ☐ Yes ☐ NoIs the property insured? ☐ Yes ☐ No

If yes, insurance company name: \_\_\_\_\_

**Project Summary**

Describe the expected use of the property after project completion?

Building Façade	Landscaping
<input type="checkbox"/> Roof	<input type="checkbox"/> Tree Removal or Trimming
<input type="checkbox"/> Windows	<input type="checkbox"/> Plant addition
<input type="checkbox"/> Rotting wood siding, porch or other exterior surface	<input type="checkbox"/> Lighting (exterior)
<input type="checkbox"/> Exterior painting	<input type="checkbox"/> Pavement
<input type="checkbox"/> Signage	<input type="checkbox"/> Fence repair, replace or removal
<input type="checkbox"/> Awnings	

Please provide a brief description of any other work that is needed, not listed above:

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**Disaster Damage Reporting**

Has the property been damaged by a hurricane or other natural disaster? ☐Yes ☐No

If yes, describe the natural disaster and damage that occurred that still requires repair.

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Has a claim been submitted to an insurance company and/or FEMA and been denied?

☐Yes ☐No     If yes, please explain:

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Has a claim been submitted to an insurance company and/or FEMA and been approved but the money received insufficient to cover the cost of repair? ☐Yes ☐No

If yes, please explain:

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VERIFICATION DOCUMENTS and APPLICATION INSTRUCTIONS
<ul style="list-style-type: none"><li>• Attach valid State Identification (ID or Driver's License) for applicant(s) AND representative (if applicable).</li><li>• Ensure Certification (page 4) is properly witnessed</li><li>• If property is rented/leased, attach copy of lease agreement.</li><li>• If business is already operating in property, attach copy of business license.</li></ul>

## **CERTIFICATION**

By certifying this document, I/we (as may be on behalf of the owner(s) pursuant to a duly executed affidavit of representation), understand and agree that:

- Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose certifying my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility.
- This pre-qualification process is a screening procedure to determine if potential participants meet minimum requirements necessary for participation in the City of Pensacola Community Redevelopment Agency Affordable Housing programs and does not guarantee that funding will be provided under the programs.
- A preliminary inspection of the property will occur as a part of the pre-qualification process, which will inform the extent of work necessary to rehabilitate the property. I/we agree to fully cooperate with the program representative(s) and to indemnify and hold harmless the CRA, the City of Pensacola, and their agents and employees from and against claims, suits, actions, liability, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from eligibility screening related to, and/or participation in, this program provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property including loss of use resulting therefrom, directly or indirectly caused by, resulting from, arising out of or occurring in connection with this program.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
Date

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

I am the: ☐ Owner ☐ Representative

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
Date

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

I am the: ☐ Owner ☐ Representative

\_\_\_\_\_  
**Witness #1**

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
**Witness #2**

\_\_\_\_\_  
Date

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

*If acting on behalf of the owner(s), please submit an executed and notarized copy of the attached Affidavit and Authorization for Representation form.*

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## **CRA OFFICE USE ONLY**

Estimated anticipated funding required \$\_\_\_\_\_. CRA District \_\_\_\_\_.