

**PROJECT BASED VOUCHER
PROPOSAL CHECKLIST**

- A. Management Plan
- B. Application Form
- C. Identification and description of the proposed site, site plan and neighborhood, and evidence of site control
- D. Evidence of permissive zoning
- E. Certification of Fair Housing and Equal Opportunity
- F. Certification regarding compliance with the Uniform Relocation Act
- G. Certificate(s) of Previous Participation (HUD Form 2530) – Fill out one (1) for each developer/co-developer
- H. Financial statement (Income and Expense Statement) for property's most recent operating year and evidence of financing/lender interest and the proposed terms of financing
- I. The proposed term of the contract
- J. If applicable, copies of Code Enforcement Inspection Reports, and correspondence
- K. Disclosure of Lobbying activities (OMB Form 0348-0046) – Fill out one (1) for each developer/co-developer
- L. Certification of Participation in the Low Income Housing Tax Credit Program
- M. Letter of consistency of project with local government Consolidated Plan (HUD Form 2991)
- N. Design Architect's Certification (New Construction Only)
- O. Preliminary Construction Drawings/Construction Estimate
- P. Eligible Census Tract Certification
- Q. Certification of Payments to Influence Federal Transactions (HUD Form 50071) – Fill out one (1) for each developer/co-developer
- R. Certification regarding Debarment and Suspension (HUD Form 2992) – Fill out one (1) for each developer/co-developer
- S. Additional Government Funding (HUD Form 2880) – Fill out one (1) for each developer/co-developer
- T. Disclosure of Lead-Based Paint/Hazards

ATTACHMENT A

PLANS FOR MANAGING AND MAINTAINING UNITS AFTER NEW CONSTRUCTION/REHABILITATION

OWNER OR MANAGEMENT AGENT

NAME _____

ADDRESS _____

HOW LONG HAVE YOU MANAGED ASSISTED PROPERTIES? _____

PROPERTY MANAGEMENT STAFFING:

	No. of Staff	Working Hours
OFFICE STAFF:	_____	_____
MAINTENANCE:	_____	_____

MANAGEMENT PLAN

Do you have a written plan for management of the units?

Yes _____ No _____

If Yes, please include the management plan with this application. If No, please identify what personnel will manage the units, their location, hours of operation and any other duties and responsibilities.

MAINTENANCE AND REPAIR PLAN

Do you have a written plan for maintenance of the units?

Yes _____ No _____

If Yes, please include the maintenance plan with this application. If No, please prepare a description of how units will be maintained, both on an on-going and long-term basis, focusing on preventive and routine maintenance, emergency repairs, security, health and safety areas. Please identify what personnel will perform the maintenance of units and common areas, their location and hours of operation.

**OWNER/DEVELOPER PROPOSAL
for the
PROJECT BASED VOUCHER PROGRAM**

INSTRUCTIONS:

Please fill out the attached form completely. If you fail to give complete information or documentation in the format as required, this application will be returned to you and you will have to resubmit it at a later date. Since we will process applications on a first-come, first served basis, it is very important that you submit your proposal fully completed.

All information on each proposal will be kept confidential. Please submit one application for each property you wish to construct or rehabilitate. Each application should be submitted in a 3-ring binder with dividers for each required component. Applications may also be submitted electronically to b.flores@RegionalHA.org.

If you have any questions, or need assistance in completing the application, please call the undersigned at (530) 671-0220 ext. 121.

Please submit **one (1) copy** of the fully completed proposal by **4:00 P.M., December 20th, 2018** to the following address:

Regional Housing Authority of Sutter and Nevada Counties
1455 Butte House Road
Yuba City, CA 95993
Attention: Beckie Flores
b.flores@RegionalHA.org

Feel free to use additional sheets of paper as needed.

A. IDENTITY OF APPLICANT

1. Name and Address of Applicant:

Name: _____
Street Address: _____
Telephone: _____

Name: _____
Street Address: _____
Telephone: _____

2. Name and Address of owner of property, if different from above:

Name: _____

Street Address : _____

Telephone: _____

B. DESCRIPTION OF PROPERTY

1. Address of Property to be rehabilitated/constructed. Specify address for each building:

Address of Property	Total # of Units By BR Size – List all		Type of Bldg. (i.e. Low Rise, Walk Up, Single Family, Twnhse)
	3	4	
i.e. - 1234 Main Street, Big City, CA		Studios 1BR/1BA	Apartment

2. Complete the following for each building that you propose to construct/rehabilitate and designate the number of units by unit type to which you are proposing to attach assistance.

BEDROOM SIZE	Total # of Units	# of Units to be Assisted with PBV
SRO		
0 Bdrm		
1 Bdrm		
2 Bdrm		
3 Bdrm		
4 Bdrm		
5 Bdrm		

3. Are there any non-residential units (e.g., commercial office space) in this property that you propose to construct or rehabilitate? ____Yes ____No

If yes, describe (including square footage and use):

4. Has this property or any units at this property been assisted under any federally housing program at any time during the last 12 months - excluding the Section 8 Existing Program (e.g., CDBG, 202, 811, 221 (d) (3), HOME, 236 Programs)?

_____ Yes _____ No

If Yes, please list the additional subsidy programs applicable to this property and if the subsidy is still active and the number of units it applies to and provide the project and operating subsidy contract number (if applicable):

5. Is there a housing affordability restriction in the deed or other document?

Yes _____ No _____

If Yes, please indicate the name of the program and the jurisdiction requiring it as well as the expiration date of the restriction:

6. Please indicate what will be the tenant-paid utilities? (Check any which apply and estimate the monthly tenant utility allowance using Regional Housing Authority published tenant utility allowances)

ONE BEDROOM UNITS

Utility Type	Gas	Electric	Estimate Monthly Cost
Heating			
Cooking			
Other Electric (Lights & Appliances)			
Air Conditioning			
Water Heating			
Water			
Sewer			
Garbage			
Range/Microwave (tenant supplied)			
Refrigerator (tenant supplied)			

(continued)

TWO BEDROOM UNITS

Utility Type	Gas	Electric	Estimate Monthly Cost
Heating			
Cooking			
Other Electric (Lights & Appliances)			
Air Conditioning			
Water Heating			
Water			
Sewer			
Garbage			
Range/Microwave (tenant supplied)			
Refrigerator (tenant supplied)			

THREE BEDROOM UNITS

Utility Type	Gas	Electric	Estimate Monthly Cost
Heating			
Cooking			
Other Electric (Lights & Appliances)			
Air Conditioning			
Water Heating			
Water			
Sewer			
Garbage			
Range/Microwave (tenant supplied)			
Refrigerator (tenant supplied)			

7. Which utilities will be provided by the owner? (Check any that apply)

Utility Type	Gas	Electric	Estimate Monthly Cost
Heating			
Cooking			
Other Electric (Lights & Appliances)			
Air Conditioning			
Water Heating			
Water			
Sewer			
Garbage			
Range/Microwave (tenant supplied)			
Refrigerator (tenant supplied)			

8. Approximately how old is the building you plan to rehabilitate or attach assistance to?

9. What units, if any, are currently receiving Section 8 assistance in the building you plan to rehabilitate or attach assistance to? (Please show the address of each Section 8 unit.)

a. _____ d. _____

b. _____ e. _____

c. _____ f. _____

10. List the distance (in blocks or miles) from this property to the nearest:

- _____ Supermarket _____
- _____ Shopping District _____
- _____ Public Transportation _____
- _____ Hospital _____
- _____ Public Park _____
- _____ Public Library _____
- _____ Public Schools _____
- _____ Employment Centers _____

11. Is the property currently handicapped accessible?

- _____ Yes _____ Units
- _____ Partly, _____ Units
- _____ No

Are any modifications for handicapped accessibility planned as part of the improvements? _____ Yes _____ No

If so, describe: _____

C. REHABILITATION/NEW CONSTRUCTION EXPERIENCE

1. Has the applicant developed 200 or more low-income housing units as primary or co-sponsor in the past five years? _____ Yes _____ No
2. If not, has the applicant developed between 50 to 199 low-income housing units as primary or co-sponsor in the past five years? _____ Yes _____ No
3. List all residential rehabilitation or new construction projects completed by you within the past five years (use additional sheets as necessary):

Project Name: _____

Project Address: _____

of Units: _____

Total Project cost: _____

Financing Source 1: _____

Amount 1: _____

Financing Source 2: _____

Amount 2: _____

Date Financing Closed: _____

General Contractor's Name: _____

Date Construction Completed: _____

Were there assisted units attached to this project? Yes _____ No _____

Project Name: _____

Project Address: _____

of Units: _____

Total Project cost: _____

Financing Source 1: _____ Amount: _____

Financing Source 2: _____ Amount: _____

Financing Source 3: _____ Amount: _____

Financing Source 4: _____ Amount: _____

Financing Source 5: _____ Amount: _____

Financing Source 6: _____ Amount: _____

Financing Source 7: _____ Amount: _____

Financing Source 8: _____ Amount: _____

Date Financing Closed: _____

General Contractor's Name: _____

Date Construction Completed: _____

Were there assisted units attached to this project? Yes _____ No _____

Project Name: _____
Project Address: _____
of Units: _____
Total Project cost: _____
Financing Source 1: _____ Amount: _____
Financing Source 2: _____ Amount: _____
Financing Source 3: _____ Amount: _____
Date Financing Closed: _____
General Contractor's Name: _____
Date Construction Completed: _____
Were there assisted units attached to this project? Yes _____ No _____

Project Name: _____
Project Address: _____
of Units: _____
Total Project cost: _____
Financing Source 1: _____ Amount: _____
Financing Source 2: _____ Amount: _____
Financing Source 3: _____ Amount: _____
Date Financing Closed: _____
General Contractor's Name: _____
Date Construction Completed: _____
Were there assisted units attached to this project? Yes _____ No _____

4. How many years of experience does the Owner have in affordable rental housing?

5. How many years of experience does the Owner have in other types of rental housing?

D. FINANCIAL INFORMATION

1. Type of ownership of property or site control (Check one):

_____ Mortgage	_____ Own free and clear
_____ Option	_____ Other (please explain):
_____ Lease	_____

2. Site Control - Please attach evidence of ownership or site control (e.g., grant deed, option, deposit receipt, lease).
-

3. Indicate the monthly contract rent expected under the Project-Based Voucher Program.

<u>Size of Units</u>	<u>Number of Units</u>	<u>Unit Rent Expected</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Proposed contract rents must not exceed 110% of the established Fair Market Rents as published by HUD, including any area wide exception Payment Standard if applicable.

4. How do you plan to finance the new construction or rehabilitation work? (Check one or more. Attach Separate Sheet if Necessary)

	Amount
_____ Conventional Debt (Lending Institution)	\$ _____
_____ Owner Equity	\$ _____
_____ Low Income Housing Tax Credits	\$ _____
_____ Local/State Govt. Soft Debt (1)	\$ _____
_____ Local/State Govt. Soft Debt (2)	\$ _____
_____ Local/State Govt. Soft Debt (3)	\$ _____
_____ Other(Explain): _____	\$ _____
_____ Other(Explain): _____	\$ _____
_____ Other(Explain): _____	\$ _____
_____ Other(Explain): _____	\$ _____

TOTAL:\$ _____

5. Attach evidence of financing commitments, e.g., award or notification letters, published lists of allocation awards, etc.
-

6. Describe your experience, if any, with HUD/FHA housing programs.

HUD PROGRAM	Number of units owned/managed
_____	_____
_____	_____

7. Purchase price of your property or value of donated land or property:

8. Amount originally financed on property at time of purchase: _____

9. Date of Purchase: _____

10. Property Loan(s): Attach additional sheets if needed.

Amount of each loan on property: _____

Interest Rate of loan (%): _____

Term of Loan (Years): _____

Date Borrowed (Month/Year): _____

Current Outstanding Balance: _____

Current Monthly Principal & Interest Payment: _____

11. List any other liens on the property other than those above:

12. If you have made capital improvements on the property (as defined by the Internal Revenue Service), what was the nature, cost, and financing for these improvements?*

Kinds of improvements: _____

Cost of improvements: _____

Date improvements were made: _____

How were these improvements paid for? _____

* Generally, this includes anything which contributes to the value of the property, exclusive of routine maintenance.

13. Estimate your annual insurance, real estate taxes, and other operating costs on the property after the proposed new construction/rehabilitation has been completed.

Real Estate Taxes \$ _____ (Attach copies of last two (2) receipts)

Payroll Taxes \$ _____

Insurance \$ _____ (Attach proof of current annual premium)

Maintenance \$ _____

Management \$ _____

Utilities \$ _____

Total Operating Cost \$ _____

E. NEW CONSTRUCTION OR REHABILITATION PROPOSED

1. Describe the work you propose to do in a short narrative. Show the total cost for all improvements you plan to make.

Description	Cost
a. Unit Construction _____	\$ _____
b. Site Improvements/Landscape _____	\$ _____
c. Offsite Improvements _____	\$ _____
d. General Conditions _____	\$ _____
e. Contractor Overhead & Profit _____	\$ _____

f. Insurance/Bond/City Tax _____ \$ _____

g. Other _____ \$ _____

Total Cost of Improvements \$ _____

(If you have a contractor's bid or estimate, please attach it. See Attachment O.)

2. Estimate the length of time it will take to complete the proposed new construction/rehabilitation. _____
 3. Please indicate the Requested Contract Term _____
Note: HAP Contracts must be for a minimum of 1 year and a maximum of 20 years
 4. Please indicate if the owner is willing to accept an extension of the HAP Contract and the number of years they would be willing to extend the HAP (20 year maximum extension).
-

F. TENANTS (REHABILITATION ONLY)

1. Fill out the chart below, showing the number of units occupied by more than two persons per bedroom.

Unit Address	Number of Bedrooms	Number of Occupants Males-Females

2. Will any tenant, presently living in these units, be temporarily displaced, or relocated, because of the proposed rehabilitation?

Yes _____ No _____

If yes, how long? _____

How many tenants? _____

Please attach a Relocation Plan if available

3. To the best of your knowledge, ____ of the ____ tenants currently occupying the property have incomes at or below the following limits:

<u>Number of Persons in household</u>	<u>Annual Gross Income</u>
1	\$25,400.00
2	\$29,000.00
3	\$32,650.00
4	\$36,250.00
5	\$39,150.00
6	\$42,050.00
7	\$44,950.00

G. MANAGEMENT EXPERIENCE

Please indicate the number of years of experience you have managing affordable rental housing.

Please indicate the number of years of experience you have managing all rental housing types. _____

H. TARGET POPULATION

1. Describe the population to be served:

_____ Single Person _____ Elderly (55 Yrs. Or Older) _____ Disabled
 _____ Families _____ Families Receiving Support Services

2. Describe any support services to be provided.

Type of Service	Service Provider	Term of Service Commitment	Financial Commitment for Services

I. PROPOSED SITE AMENITIES

Please indicate what amenities the owner plans to provide for the units and property and briefly describe how these amenities are appropriate to the tenant population:

J. IDENTITY OF INTEREST

Please complete the Form HUD 2530 for all owners, project principals, officers and principal members, shareholders, investors, and other parties having a substantial interest in the project. (See Attachment G)

CERTIFICATIONS

The Owner/Applicant Certifies that:

- a. The owner has not required any tenant to move without cause during the 12 months prior to the date of application.
- b. The owner is willing to comply with all the temporary relocation requirements of the Agency and will compensate, as required, a temporarily relocated tenant for the costs of such relocation.
- c. The date and exhibits contained in this application and proposal are true, correct, and complete; and
- d. The owner will not require any tenant to move without cause during the period of time following submittal of this application until the date on which he/she signs an agreement to enter into a Housing Assistance Payments Contract whenever that may occur.

Owner Signature

Date

Phone No.

Owner email address

Owner Address

Name of Contact

Email address of Contact

Phone No.

Owner Signature

Date

Phone No.

Owner email address

Owner Address

Name of Contact

Email address of Contact

Phone No.

All applications must include the following attachments:

- A. The owner's plan for managing and maintaining the units;
- B. Completed Owner Proposal that includes a description of the proposed housing, including the number of units by size, bedroom count, bathroom count, sketches of the proposed building, unit plans, listing of amenities and services, and estimated date of completion; Existing Housing Projects are excepted from provisions requiring constructions plans and drawings.
- C. Identification and description of the proposed site, site plan and neighborhood, and evidence of site control.
- D. Evidence that the proposed New Construction is permitted by current zoning ordinances or regulations or evidence to indicate that the needed re-zoning is likely and will not delay the project; Existing Housing Projects are not subject to this provision.
- E. A signed certification of the owner's intention to comply with Title VI of the Civil Rights Act of 1966, Title VIII of the Civil Rights Act of 1968, E.O. 11063, E.O. 11246, Section 3 of the Housing and Urban Development Act of 1968 and all applicable Federal requirements listed in 24 CFR 983.11 including, but not limited to, the payment of not less than the prevailing wages in the locality pursuant to the Davis-Bacon Act to all laborers and mechanics employed in the construction or rehabilitation of the project; Existing Housing Projects are not subject to Federal Labor Standards.
- F. A statement from the owner certifying the number of persons, businesses, non-profit corporations occupying the property on the date of submission of the application; the number of persons displaced, temporarily relocated or moved permanently within the building complex; estimated cost of relocation payments and services; the funding source of relocation activities; and the name of the organization that will carry out the relocation activities. Existing Housing Projects are not subject to the provisions of Relocation.
- G. The identity of the owner, developer, builder, architect, management agent (and other participants), the names of officers and principal members, shareholders, investors and other parties having a substantial interest; the previous participation of each in HUD Programs on the prescribed HUD Form No. 2530 and a disclosure of any possible conflict of interest by any of these parties that would be a violation of the Agreement or the Contract; and information on the qualifications and experience of the principle participants.
- H. Evidence of financing or lender interest and the proposed terms of financing.
- I. The proposed term of the Contract.
- J. If applicable, copies of Code Enforcement Inspection Reports, and correspondence.
- K. Disclosure of Lobbying Activities.

- L. Certification of Participation in the Low Income Housing Tax Credit Program.
- M. Letter of consistency of project with local government Consolidated Plan.
- N. Design Architect's Certification (New Construction Only).
- O. Preliminary Construction Drawings/Construction Estimate
- P. Eligible Census Tract Certification.
- Q. Certification of Payments to Influence Federal Transactions.
- R. Certification Regarding Debarment and Suspension.
- S. Additional Government Funding - Form 2880.
- T. Disclosure of Lead-Based Paint/Hazards.

ATTACHMENT D

CERTIFICATION OF PERMISSIVE ZONING

I certify that the proposed New Construction project is permitted by current zoning ordinances and/or regulations. I further certify that should re-zoning be necessary for this proposed New Construction project, it is highly likely to occur and will not result in any material delay of the project.

Applicant Name: _____

Project Name: _____

Location of Project: _____

(Signature of Certifying Officer-Planning Dept)

(Print Name)

(Title)

(Phone)

(Date)

ATTACHMENT E

Certification of Equal Opportunity

I certify that _____ and _____
Owner Co-owner

as the authorized owners for the project located at _____, shall
Project address

comply with Title VI of the Civil Rights Act of 1966, Title VIII of the Civil Rights Act of 1968, E.O. 11063, E.O. 11246, Section 3 of the Housing and Urban Development Act of 1968 (Equal Opportunity requirements) and all applicable Federal requirements listed in 24 CFR.11 including, but not limited to, the payment of not less than the prevailing wages in the locality pursuant to the Davis-Bacon Act to all laborers and mechanics employed in the construction/rehabilitation of the project.

Signature - Owner

Date

Print name and title

Signature - Co-owner

Date

Print name and title

ATTACHMENT F

UNIFORM RELOCATION ACT CERTIFICATION

This is to certify that _____ and _____
Owner Co-owner

in constructing or rehabilitating the housing located at the _____ development
Project name

located at _____ will comply with the requirements of the Uniform
Project address

Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and its
implementing regulations at 49 CFR, Part 24.

Signature - Owner

Date

Print name and title

Signature - Co-owner

Date

Print name and title

ATTACHMENT L

**OWNER'S CERTIFICATION OF PARTICIPATION
IN THE
LOW INCOME HOUSING TAX CREDIT PROGRAM**

Project Name:

Project Address:

I certify that (check one):

_____ Neither I nor any other representative of the project identified above currently intends to participate in the Low Income Housing Tax Credit Program (LIHTC).

_____ The project identified above intends to participate in the LIHTC Program and is subject to a Subsidy Layering Review by HUD prior to the execution of the Agreement.

If plans change regarding this project's decision to use the LIHTC Program as indicated above, I will notify Regional Housing Authority of Sutter and Nevada Counties in writing immediately so long as it is prior to the execution of the Agreement to enter into Housing Assistance Payments Contract (AHAP).

WARNING: It is a crime to knowingly make false statements to a Federal agency. Penalties upon conviction can include fine and imprisonment. For details, see Title 18 U.S. Code, Sections 1001 and 1010.

Signature - Owner

Date

Print name and title

Signature - Co-owner

Date

Print name and title

ATTACHMENT N

DESIGN ARCHITECT'S CERTIFICATION

Owner(s): _____

Housing Authority Project Number: _____

Project Name: _____

Project Address: _____

I, _____, Registered Architect, do hereby certify that I have personally prepared, reviewed and/or supervised the preparation of the Working Drawings and Specifications for this project. I further certify that, to the best of my knowledge, the Working Drawings and Specifications comply with the applicable building codes specified below and have been prepared in accordance with HUD regulations, Handbook requirements and guidelines as identified below.

The attached Working Drawings and Specifications are:

1. For the project identified above, which is described as follows: (Describe project by indicating number and types of units, etc.,)

2. Identified as _____ (Identify Working Drawings and Specifications by information normally found in the Title Block of drawings.)

3. In compliance with Local, State or Uniform Building Code: (Specify name and year.)

4. In compliance with other Laws, Ordinances, Exceptions, Deletions, Waivers, Additions, etc., required or granted by the appropriate Local, State, and/or Federal authority (attached herewith).

5. In compliance with the (1) Uniform Federal Accessibility Standards and HUD's implementing regulations at 24 CFR Part 40; (2) and HUD's implementing regulations at 24 CFR Part 8; (3) Fair Housing Act of 1988 and HUD's implementing regulations at 24 CFR part 100 for covered multifamily dwellings designed and constructed for first occupancy after March 13, 1991; and (4) the Americans with Disabilities Act of 1990.

- a. Specify the number of units in the project that will receive Project Based Assistance that fully meet the Uniform Federal Accessibility Standards and implementing regulations: _____.
- b. The number of units identified in 5a above represents what percentage of units receiving Project Based Assistance in this project: _____.

Owner(s): _____

Housing Authority Project Number: _____

Project Name: _____

Signature: _____ Date: _____

(Print or Type Name)

Name of Firm: _____

Business Address: _____

Telephone Number: _____

License Number: _____

(Seal)

Warning: Title 18 U.S.C., Sections 1001 and 1010, provides in part that whoever knowingly and willfully makes or uses a document containing any false, fictitious, or fraudulent statement or entry, in any matter in the jurisdiction of any Department or Agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both. A false statement shall constitute a violation of Sections 1001 and 1010 of Title 18 U.S.C.

ATTACHMENT P

Certification of Census Tract

Please complete the items below. For assistance, go to <http://qct.huduser.org> for information regarding your project's census tract.

Project Address: _____

Census Tract: _____

Poverty Rate: _____

I certify that the information entered above is true, complete and accurate to the best of my knowledge.

Signature - Owner

Date

Print name and title

Signature - Co-owner

Date

Print name and title

ATTACHMENT T

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before rehabilitating pre-1978 housing, owners must disclose the presence of known lead-based paint and/or lead-based paint hazards at the property or site.

Owner's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

- (i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

- (ii) _____ Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the Owner (check (i) or (ii) below):

- (i) _____ Owner has provided the PHA with available records and reports pertaining to lead-based paint and/or lead-based hazards in the housing (list documents below).

- (ii) _____ Owner has no reports or record pertaining to lead-based paint and/or lead-based paint hazard in the housing.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Signature - Owner

Date

Print name and title

Signature - Co-owner

Date

Print name and title