



Revive Program

Application

Property Address: _____ Date Purchased: _____

Owner Information

Company: _____
(if applicable)

Full Name: _____
Last First M.I.

Mailing Address: _____
Street Address/ P.O. Box Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Intended use

Rental: ☐

Rehab to sell: ☐

Owner Occupied: ☐

Scope

Please give a detailed description of the project to make the property habitable. (Attach additional pages or plans if applicable)

Disclaimer and Signature

I certify that the information is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Internal use only

Revenue Collections	Legal
Type:	Type:
Amount:	Amount:
Vacant Property	I&I
Type:	Type
Amount:	Amount:
Code Enforcement	
Type:	
Amount:	