



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: | |