

## Impaction Guidelines Worksheet

**Applicant's Name and Address:** \_\_\_\_\_

**Property Address (If this is a scattered site project, complete a separate form for each property):** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Neighborhood:** \_\_\_\_\_

**Community Development Block Grant Funds:** Yes \_\_\_ No \_\_\_

**HOME Investment Partnerships Program Funds:** Yes \_\_\_ No \_\_\_

**Are Any Dwelling Units Intended to Be Owner-occupied?** Yes \_\_\_ No \_\_\_ **If Yes, state the percentage of Dwelling Units Intended to Be Owner-Occupied?** \_\_\_% If the percentage of owner-occupied dwellings is greater than 38%, the Project is exempt from the Impaction Ordinance; skip the remaining questions and sign the application

*Complete this Section if the Project is for the Rehabilitation of an Existing Building*

**Number of Existing Dwelling Units by Number of Bedrooms:**

**One Bedroom:** \_\_\_; **Two Bedrooms** \_\_\_; **Three Bedrooms** \_\_\_; **Other** \_\_\_.

**Rents for Existing Dwelling Units by Number of Bedrooms When Last Occupied**

(If unknown, rents for similar dwelling units in the neighborhood):

**One Bedroom:** \_\_\_; **Two Bedrooms** \_\_\_; **Three Bedrooms** \_\_\_; **Other** \_\_\_.

**Has the Building been ordered vacated by the Director of Buildings and Inspections?**

(If yes, attach a copy of the order.) Yes \_\_\_\_\_ No \_\_\_\_\_

**Number and Type by Number of Bedrooms of Dwelling Units After Rehabilitation:**

**One Bedroom:** \_\_\_; **Two Bedrooms** \_\_\_; **Three Bedrooms** \_\_\_; **Other** \_\_\_.

### Applicable Impaction Guidelines

1. Support homeownership through Projects such as down payment assistance, emergency foreclosure assistance, lead abatement assistance, rehabilitation loans for owner-occupants, and the creation of new ownership units. Yes \_\_\_ No \_\_\_
2. Reduce the concentration of poverty through Projects such as Hope VI that provide ramps to homeownership. Yes \_\_\_ No \_\_\_
3. Rehabilitate vacant and abandoned buildings. Yes \_\_\_ No \_\_\_
4. Preserve existing stock of affordable housing by supporting rehabilitation and upkeep projects. Yes \_\_\_ No \_\_\_

5. Encourage the development of housing choices for persons of all income levels throughout the region. Yes\_\_\_\_No\_\_\_\_
6. Improve affordable housing by giving priority to Projects where four- or five-unit buildings are converted into more attractive and affordable buildings with fewer units and larger living spaces that meet modern living standards. Yes\_\_\_\_ No\_\_\_\_
7. Combat the abuses of absentee owners by giving priority to Projects where the owner commits to occupy a dwelling within the Project. Yes\_\_\_\_ No\_\_\_\_
8. Oppose the construction of new publicly-assisted low-income rental units in the greater Cincinnati region unless the construction reduces the concentration of poverty or are intended for occupancy by the elderly. Yes\_\_\_\_ No\_\_\_\_ N/A\_\_\_\_

**Rent for Each Dwelling Unit by Number of Bedrooms After Project Completion:**  
**One\_\_\_\_; Two\_\_\_\_; Three\_\_\_\_;Other\_\_\_\_.**

**Will the rents be limited so as to be affordable to low-income households?**

Yes\_\_\_\_ No\_\_\_\_

**Number of Dwelling Units Intended for the Exclusive Occupancy of Low-income Households: \_\_\_\_\_.**

**Number of Dwelling Units Where the Rents Intended to Be Charged Will Exceed the Fair Market Rents for Cincinnati:\_\_\_\_\_.**

**Will the Project be owner-occupied?** (the principal place of residence by an individual and the members of that individual's immediate family who has contributed at least ten percent of the owners' equity invested in the project: Yes\_\_\_\_ No\_\_\_\_

Signature of Applicant:\_\_\_\_\_Date:\_\_\_\_\_

**(Falsification of an application for governmental assistance is subject to substantial criminal penalties.)**

Approved for Compliance with Ordinance  
No. 346-2001:

Reviewed:

\_\_\_\_\_  
Oscar Bedolla, Director  
Community and Economic Development

\_\_\_\_\_  
Assistant City Solicitor

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