

ST. AUGUSTINE CRA INSTITUTIONAL GRANT PROGRAM
DOCUMENT CHECKLIST

1. APPLICATION-

- a. Make sure all attachments are included:
 - i. Proof of Ownership (*i.e. property deed*)
 - ii. Agent's Authorization (*if applicable*)
 - iii. Current Photos of Structure (*interior and exterior*)
 - iv. Documents and Photos Related to Historical Background of Structure.
- b. Make sure box above signature line is checked.

2. HISTORIC PRESERVATION COVENANT-

- a. Make sure all blanks in paragraph 1 are filled in:
 - i. Day
 - ii. Month
 - iii. Year
 - iv. Owner Name
 - v. Address of Property
- b. Make sure number of years is selected in paragraph 2.
- c. Make sure day, month, year and owner name are filled in on signature page.
- d. Make sure Exhibit "A" - Legal Description is attached.

3. SECURITY AGREEMENT/MORTGAGE LIEN-

- a. Make sure all blanks in paragraph 1 are filled in:
 - i. Day
 - ii. Month
 - iii. Year
 - iv. Owner Name
 - v. Owner's Mailing Address
 - vi. Address of Property
- b. Make sure number of years is selected in paragraphs 2, 3, and 8. All should match.
- c. Make sure Exhibit "A" - Legal Description is attached.
- d. Make sure Exhibit "B" - Institutional Grant Program Funds Allocated is attached.

4. RELEASE & WAIVER-

- a. Make sure all blanks in paragraph 1 are filled in:
 - i. Owner's Name
 - ii. Owner's Mailing Address
- b. Make sure Exhibit "A" – Scope of Work is attached.

5. OWNER'S AUTHORIZATION-

- a. Make sure this form is included if an agent will be acting on the owner's behalf.
- b. Make sure "CRA Institutional Rehabilitation Grant" box is checked.



ST. AUGUSTINE COMMUNITY REDEVELOPMENT AGENCY
INSTITUTIONAL GRANT PROGRAM FOR REHABILITATION OF
HISTORIC, INSTITUTIONALLY OWNED STRUCTURES WITHIN
THE LINCOLNVILLE COMMUNITY REDEVELOPMENT AREA

APPLICATION FOR CONSIDERATION

Date: ____/____/____

Property Owner Name: _____ Tax ID/EIN: _____

Phone Number: _____ Email: _____

Property Address:

Authorized Agent Name: _____ Title: _____

Phone Number: _____ Email: _____

Mailing Address (if different than property address): _____

**Please attach a letter of authorization if the property owner is delegating to an authorized agent the authority to submit this application.*

EXPLANATION OF REPAIRS/REHABILITATION REQUESTED

**Please attach additional pages if needed. Please attach cost estimate and scope of work.*

EXPLANATION OF FUNDING CHALLENGES IF ANY

IF YOU HAVE APPLIED FOR OR BEEN APPROVED FOR ADDITIONAL GRANTS OR FUNDING, PLEASE PROVIDE THAT INFORMATION BELOW

Grant Amount Requested: \$ _____

Internal City Staff Use

Grant Cycle FY _____ Recommended Grant Award \$ _____ Approved: Yes _____ No _____

TO COMPLETE THE APPLICATION, PLEASE REVIEW INFORMATION BELOW, SIGN AND SUBMIT REQUIRED DOCUMENTS.

All related documents should be read and understood prior to submitting this application.

- ❖ ATTACH PROOF OF OWNERSHIP OF PROPERTY (I.E. PROPERTY DEED)
- ❖ ATTACH Division of Corporations Detail by Entity Page (INSTITUTION MUST BE IN ACTIVE STATUS)
- ❖ ATTACH AGENT'S AUTHORIZATION IF OWNER HAS AUTHORIZED AN AGENT TO ACT ON ITS BEHALF
- ❖ ATTACH CURRENT PHOTOGRAPHS OF THE STRUCTURE (INTERIOR AND EXTERIOR)
- ❖ ATTACH DOCUMENTATION AND PHOTOGRAPHS RELATED TO THE HISTORICAL BACKGROUND OF THE STRUCTURE FOR WHICH YOU ARE REQUESTING REHABILITATION ASSISTANCE

The Institutional Grant Program contains some key conditions and restrictions. These include:

- The project is a City/CRA controlled project. The City/CRA will procure contractor and direct the construction. No funds will be disbursed to the owner or its agent.
- A covenant and lien will be placed on the property for a period of time from a minimum of five (5) years to a maximum of twenty (20) years depending on the value of the grant(s) awarded. Multi-phased grants will require cumulative covenants and liens for each phase, if appropriated and budgeted by the City/CRA.
- The lien/grant award will not be required to be paid back if all the conditions of the program are met.
- The restored structure must continue to be preserved by the owner.
- The grant is for preservation and restoration of significant physical institutional structures that tell the story of St. Augustine and the Lincolnville neighborhood. It is not for religious operations.
- Failure to cooperate with the City/CRA during construction may lead to the suspension or termination of the grant and construction project.
- The City/CRA will review all applications with staff recommendations based on approved budget.
- Projects will be evaluated in terms of historic and/or cultural significance, endangerment, and quality of preservation treatment within the scope of work.
- If there are competitive projects, additional items that will be considered, including but not limited to educational benefits and opportunities for public access to the property.

INSTITUTIONAL PROPERTIES *(excerpt from the Lincolnville Community Redevelopment Area Plan)*

Lincolnville contains numerous historic churches and other institutionally owned structures. It is the intent that the Rehabilitation Program should provide funding to institutions that have difficulties securing alternate funding for historic building rehabilitation. Funds would be provided in the form of a grant whose implementation procedures would be similar to residential repair grants. Prior to grant approval, proposed scope of work and cost estimates¹⁶ will be submitted to staff for approval. The minimum level of rehabilitation would be the shell building without fixtures and interior finishes. Rehabilitation work¹⁷ should use the Secretary of Interior Standards for Rehabilitation as a guideline to repair where possible and replace with matching or compatible materials. All mechanical, electrical, and plumbing systems should also be up to code. Progress reports and final staff approval will be required before the final payment.

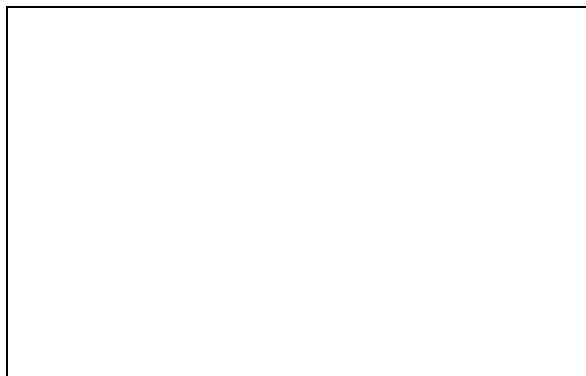
BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT I UNDERSTAND ALL OF THE INFORMATION OUTLINED ABOVE, I HAVE ATTACHED ALL NECESSARY DOCUMENTS, AND SHOULD I BE SELECTED TO RECEIVE GRANT FUNDS I WILL BE REQUIRED TO EXECUTE A HISTORIC PRESERVATION COVENANT, A SECURITY AGREEMENT/MORTGAGE LIEN, AND A RELEASE & WAIVER, ALL OF WHICH I HAVE READ AND UNDERSTAND.

Signature: _____

¹⁶ To be performed by licensed contractor with historic preservation experience

¹⁷ To be performed by licensed contractor with historic preservation experience

This instrument was prepared under the direction and supervision of Isabelle C. Lopez, City Attorney, P.O. Box 210, St. Augustine, Florida 32085



EXEMPT PER F.S. 201.24

HISTORIC PRESERVATION COVENANT

THIS COVENANT ("COVENANT") is made the ____ day of _____, 20____, by _____ (hereinafter referred to as "OWNER") and in favor of the **CITY OF ST. AUGUSTINE COMMUNITY REDEVELOPMENT AGENCY** (hereinafter referred to as "CRA") and the **CITY OF ST. AUGUSTINE, FLORIDA**, a municipal corporation organized and existing under and by virtue of the laws of the State of Florida (hereinafter referred to as "CITY") for the purpose of the restoration, renovation, or rehabilitation of a certain property located at _____ St. Augustine, Florida, which has been approved for an institutional rehabilitation grant by the CRA and the CITY.

OWNER is the fee simple owner of the property more specifically described in **EXHIBIT "A"** attached hereto and incorporated herein (hereinafter referred to as "PROPERTY"). The PROPERTY is comprised essentially of grounds, collateral, appurtenances, and improvements. In consideration of the rehabilitation work funded by the CRA, the OWNER hereby agrees to the following conditions from the date of the recording of this instrument until Choose an item. years have passed.

1. The terms of this COVENANT run with title to the land and shall be binding on the current OWNER, transferees, and their heirs, successors, or assigns.
2. The OWNER agrees to assume the cost of the continued maintenance and repair of said PROPERTY so as to preserve the architectural and/or historical integrity of the same in order to protect and enhance those qualities that made the PROPERTY eligible for the CRA's institutional grant program.
3. The OWNER agrees that no visual or structural alterations will be made to the PROPERTY without the prior written permission of the City Manager or his or her designee. Nothing in this COVENANT shall prohibit the OWNER from developing the site in such a manner that will not threaten or damage the architectural resource, provided that permission for alteration of the site is obtained pursuant to this paragraph.
4. The OWNER agrees that the CRA or the CITY, its agents and designees, shall have the right to inspect the PROPERTY at all reasonable times in order to ascertain whether or not the conditions of this COVENANT are being observed.
5. In the event of the non-performance or violation of the maintenance provision of the COVENANT by the OWNER or any successor-in-interest during the term of the

COVENANT, the CRA or the CITY will report such violation to the City Manager who shall provide written notice to OWNER of the non-performance or violation. The OWNER shall have fourteen (14) days to reply in writing to the City Manager at the following address with a proposal to bring the PROPERTY into compliance:

**CITY OF ST. AUGUSTINE
ATTN: CITY MANAGER
P.O. Box 210
ST. AUGUSTINE, FLORIDA 32085**

The City Manager or designee may negotiate a mutually agreeable compliance plan. In the event that the OWNER and the City Manager cannot come to an agreement, or in the event that the OWNER will not or cannot bring the PROPERTY into compliance, the OWNER shall be required to repay the entire value of the work performed under this COVENANT. If the OWNER will not or cannot fulfill a demand of payment in the event of non-performance or violation, then the CRA or the CITY may, at its discretion, take any action allowed under the law, including foreclosure of the PROPERTY to recover the value of the work performed.

6. If the PROPERTY is damaged by accidental or natural causes during the COVENANT period, the OWNER shall inform the City Manager in writing of the damage to the PROPERTY within fourteen (14) days, including:
 - i) a general description of the nature and extent of the damage;
 - ii) an estimate of the cost of restoration or reconstruction work necessary to return the PROPERTY to the condition existing at the time of project completion, based on a written estimate of a licensed contractor who is competent to perform the type of work required based on the written description of the damage required in this paragraph; and
 - iii) a detailed timeline for completion of the work, including estimates of dates the permits applied for, and when major construction milestones will be complete.

The City Manager or his or her designee shall then have an additional fourteen (14) days to review the plan and notify the OWNER if he or she agrees with the estimate, proposed restoration plan and timeline. The OWNER shall complete the restoration or reconstruction work necessary to return the PROPERTY to the condition existing at the time of project completion on a time schedule agreed upon by the OWNER and the City Manager. If the OWNER does not perform the requirements of this paragraph, he or she shall be considered in breach of this COVENANT.

7. If accidental or natural causes destroy or severely damage the PROPERTY, including the historical integrity of the features, materials, appearance, workmanship, and environment, or architectural integrity which made the PROPERTY eligible for the CRA's institutional grant program, and the PROPERTY has been lost or so damaged that the OWNER believes that restoration is not feasible, the OWNER will notify the City Manager in writing of the loss within fourteen (14) days. The City Manager or his or her designee will evaluate the information provided and notify the OWNER within fourteen (14) days in writing of

its determination. If the City Manager agrees that natural causes have destroyed or severely damaged the PROPERTY to the extent that restoration is not feasible, the City Manager may include a release of COVENANT and any lien associated with this COVENANT, upon an affirmative vote by the City Commission or CRA. In such cases, no penalty or interest shall be assessed against the OWNER. If the City Manager or his or her designee does not agree that the PROPERTY is destroyed or so damaged that restoration is not feasible, then the OWNER shall proceed with the procedures described in Paragraph 6 herein.

8. If it appears that the historical integrity of the features, materials, appearance, workmanship, and environment or architectural integrity which made the PROPERTY eligible for the CRA's institutional grant program have been lost or damaged deliberately or through gross negligence of the OWNER, City Manager or his or her designee shall notify the OWNER in writing. The OWNER shall have thirty (30) days to respond indicating any extenuating circumstances which show that the damage was not deliberate or due to gross negligence. If the OWNER cannot show such extenuating circumstances to the satisfaction of the City Manager or his or her designee, the OWNER shall, within the thirty (30) day period, develop a plan for restoration of the PROPERTY and a schedule for completion of the restoration. Upon approval by the City Manager or his or her designee, the OWNER shall complete the restoration work necessary to return the PROPERTY to the condition existing at the time of project completion on a time schedule agreed upon by the OWNER and the City Manager or his or her designee. If the OWNER does not complete the restoration work on the agreed upon time schedule, the City Manager or his or her designee will either provide an extension if he or she determines an extension is warranted, or shall make a determination that the OWNER is in breach of this COVENANT.

In the event that any suit or action is instituted by the CRA or the CITY for breach of this COVENANT, including without limitation to enforce any provision in this COVENANT, the CRA or the CITY shall be entitled to recover from the OWNER all fees, costs, and expenses of enforcing any right under or with respect to this COVENANT, including without limitation, all fees, costs, and expenses of appeals.

This COVENANT is governed by and construed under the law of the State of Florida. All disputes shall be resolved exclusively in either the state court in St. Johns County, Florida or in federal court in the United States Middle District of Florida, Jacksonville Division.

Nothing herein is intended to waive or limit the CITY nor the CRA's sovereign immunity protections.

* * * ***SIGNATURES APPEAR ON THE FOLLOWING PAGE*** * * *

IN WITNESS WHEREOF, the parties hereto have executed this Covenant, this _____ day of _____, 20____.

Signed, sealed and delivered
in the presence of:

Witness

Print: _____

Witness

Print: _____

_____, **OWNER**

Signature on behalf of Owner

Print: _____

Title: _____

Date: _____

ATTEST:

Darlene Galambos, City Clerk
(SEAL)

**ST. AUGUSTINE COMMUNITY
REDEVELOPMENT AGENCY**

By: _____
Nancy Sikes-Kline, CRA Chair

ATTEST:

Darlene Galambos, City Clerk
(SEAL)

**CITY OF ST. AUGUSTINE, FLORIDA
a municipal corporation**

By: _____
David Birchim, City Manager

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

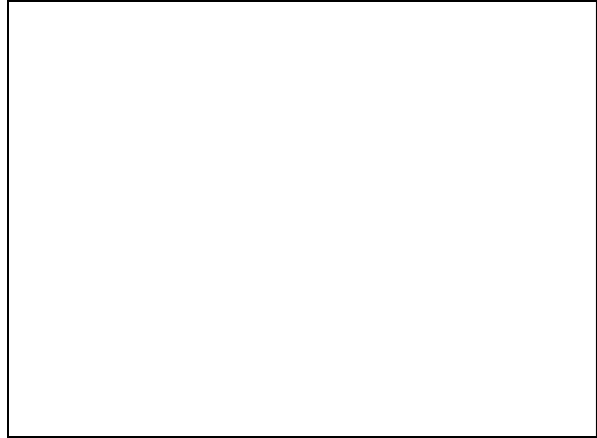
CITY ATTORNEY

EXHIBIT “A”

LEGAL DESCRIPTION

This instrument was prepared under the direction and supervision of Isabelle C. Lopez, City Attorney, P.O. Box 210, St. Augustine, Florida 32085

UNDER THE CITY OF ST. AUGUSTINE
INSTITUTIONAL GRANT PROGRAM
EXEMPT PER F.S. 201.24



SECURITY AGREEMENT / MORTGAGE LIEN

THIS INDENTURE, made this _____ day of _____, 20____, between _____, whose mailing address is _____ and whose street address of the property described below is _____ hereinafter referred to as "OWNER" (OWNER refers to singular or plural as the context requires), and the **CITY OF ST. AUGUSTINE COMMUNITY REDEVELOPMENT AGENCY** (hereinafter referred to as "CRA") and the **CITY OF ST. AUGUSTINE, FLORIDA** (hereinafter referred to as "CITY").

WITNESSETH:

WHEREAS, the CITY through its St. Augustine Community Redevelopment Agency (CRA) has made available to OWNER under its Institutional Grant Program, funds to be used for rehabilitating historic institutionally-owned structures within the Lincolnville Community Redevelopment Area; and

WHEREAS, the parties hereto wish to preclude speculation and windfall profits from the sales of properties assisted with such funds.

NOW, THEREFORE, in consideration of the provision of financial assistance to the OWNER for building repairs and/or rehabilitation assistance on the property hereinafter described subject to the terms and conditions hereinafter provided, the OWNER has mortgaged, granted, and conveyed to CITY the land situate, lying and being in the County of St. Johns, City of St. Augustine, State of Florida, described in **EXHIBIT "A"** attached hereto and incorporated herein, hereinafter referred to as "PROPERTY", together with all improvements, replacements, and additions now or hereafter erected on the PROPERTY, and all easements, appurtenances, and fixtures now or hereafter a part of the PROPERTY, the said OWNER does hereby fully warrant the title to said PROPERTY and will defend the same against the lawful claims of all persons whomsoever.

SUBJECT, HOWEVER, to the following terms and conditions each of which the OWNER hereby accepts and agrees to:

1. CRA/CITY Institutional Grant Program funds, described in **EXHIBIT "B"** attached hereto and incorporated herein, have been provided to or for the benefit of the OWNER to assist in the rehabilitation of the PROPERTY, the receipt whereof is hereby acknowledged by OWNER.
2. OWNER agrees that OWNER uses and maintains in the usual course of business the PROPERTY for a period of at least Choose an item. years from the date of this document.
3. For a period of Choose an item. years from the date of this document, if the PROPERTY shall be sold, refinanced, or transferred, the OWNER shall repay to the CRA/CITY the financial assistance provided to OWNER under the CRA/CITY Institutional Rehabilitation Program immediately upon the sale, refinance, or transfer of the PROPERTY.
4. OWNER understands and agrees that this agreement shall be recorded in the office of the Clerk of the Circuit Court in and for St. Johns County, Florida, and its obligations thereof shall run with title to the PROPERTY and shall encumber and burden title to the PROPERTY.
5. THE OWNER UNDERSTANDS AND AGREES THAT THIS INSTRUMENT SHALL PLACE A MORTGAGE LIEN UPON OWNER PROPERTY DESCRIBED HEREIN ABOVE AND THIS AGREEMENT SHALL BE BINDING UPON THE HEIRS, DEVISEES, SUCCESSORS, AND ASSIGNS OF THE OWNER.
6. In any instance where OWNER endeavors to refinance existing or obtain new mortgage(s) that are being secured by the PROPERTY, this Security Agreement may NOT be subordinated, unless agreed to in writing by the CRA/CITY.
7. The OWNER further understands and agrees that any benefit received by OWNER as a result of false or misleading information submitted to CRA/CITY or its independent contractors shall be paid back to the CRA/CITY by the OWNER immediately upon discovery of same.
8. All obligations and conditions herein and within the related HISTORIC PRESERVATION COVENANT (COVENANT) recorded in the public records of St. Johns County that are applicable to OWNER are secured by this mortgage lien PROVIDED that if the OWNER shall meet or pay all obligations described herein and in the COVENANT and shall comply with all conditions and perform all agreements set forth herein and in the COVENANT, then this mortgage lien and the estate hereby created shall cease and be null and void after a period of Choose an item. years from the date of this document.

*** * * SIGNATURES APPEAR ON THE FOLLOWING PAGE * * ***

IN WITNESS WHEREOF, OWNER has executed this instrument under seal on the day and year first above written.

Signed, sealed and delivered
in the presence of:

Witness

Print: _____

Witness

Print: _____

_____**OWNER**

Signature on behalf of Owner

Print: _____

Title: _____

Date: _____

STATE OF FLORIDA

COUNTY OF _____

I HEREBY CERTIFY that on this day, personally appeared before me, by means of
[] physical presence or [] online notarization, _____,
who is personally known to me or who has produced _____
as identification, who is the person described in and who executed the foregoing instrument
and who acknowledged before me that he/she executed the same for the uses and purposes
therein expressed.

Witness my hand and official seal, this _____ day of _____, 20____.

Notary Public, State of Florida

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

CITY ATTORNEY

TO REIMBURSE THE CRA/CITY FOR THE NO-INTEREST LOAN AND TO CLEAR THE TITLE OF THIS LIEN, CONTACT CITY OF ST. AUGUSTINE HISTORIC PRESERVATION/COMMUNITY DEVELOPMENT. CASHIER CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO CITY OF ST. AUGUSTINE, FLORIDA FOR REPAYMENT OF THE CITY OF ST. AUGUSTINE CRA INSTITUTIONAL GRANT PROGRAM LIEN.

EXHIBIT "A"

LEGAL DESCRIPTION

EXHIBIT "B"

INSTITUTIONAL GRANT PROGRAM FUNDS ALLOCATED

CITY OF ST. AUGUSTINE

RELEASE AND WAIVER

COMES NOW _____ ("OWNER"), whose mailing address is _____, who for good and valuable consideration, including the mutual promises and covenants herein contained, the adequacy and receipt of which are hereby acknowledged, hereby releases and holds harmless the **CITY OF ST. AUGUSTINE COMMUNITY REDEVELOPMENT AGENCY** ("CRA") and the **CITY OF ST. AUGUSTINE, FLORIDA** ("CITY"), whose mailing address is P.O. Box 210, St. Augustine, Florida 32084, as follows:

The OWNER, for itself, its legal representatives, heirs, officials, agents, employees and assigns hereby authorizes the repair of the church building located on the OWNER'S property, as described in **EXHIBIT "A" – SCOPE OF WORK**, which is hereby incorporated by reference, and releases, waives and discharges the CITY, its officials, agents, contractors, and employees from all liability to the OWNER, its legal representatives, successors and assigns for all and any claims, including, but not limited to, torts, breach of contract, regulatory claims, wrongful death, and common law or statutory warranty claims, including reasonable attorney's fees and court costs at trial or appellate levels, to OWNER'S person or property, whether real or personal, whether caused by negligence or otherwise, arising out of the repairs described herein located on the OWNER'S property. No third-party beneficiaries are contemplated or created pursuant to the terms of this Agreement.

INDEMNIFICATION: OWNER agrees, to the extent allowed by law and except and to the extent caused by the City's gross negligence or intentional misconduct, to protect, defend, reimburse, indemnify and hold the CITY, its agents, employees and officers and each of them forever, free and harmless at all times from and against any and all claims, liability, expenses, losses, costs, fines and damages, including reasonable attorney fees, and causes of action of every kind and character by reason of any damage to property or the environment or bodily injury, including death, incurred or sustained by any other person or any governmental agency arising out of or incident to or in connection with the repairs described herein. OWNER recognizes the broad nature of this indemnification and hold harmless clause and voluntarily makes this covenant and expressly acknowledges the receipt of such good and valuable consideration provided by the CITY in support of this indemnification in accordance with laws of the State of Florida.

DUTY TO COOPERATE: OWNER agrees to timely and completely cooperate with CITY, its officials, agents, contractors, and employees, in all aspects of the scope of work, including but not limited to, providing access to the structure and property, complying with safety protocols and access restrictions on an active worksite, and completing any necessary ancillary documentation as a condition of the Institutional Rehabilitation Program. In addition, OWNER understands and agrees that onsite contractors and subcontractors are under the supervision and control of CITY, and any OWNER questions or concerns must be directed to CITY officials and not to the on-site contractor or subcontractors. OWNER'S cooperation is a key condition of OWNER'S participation in the Institutional Rehabilitation Program, and failure to cooperate may result in suspension or termination of OWNER'S eligibility in the program.

NO WARRANTY: The CITY does not make any representation nor extends any warranties of any kind, either express, implied, statutory, or otherwise, with respect to the subject matter of this Agreement.

NO WAIVER OF SOVEREIGN IMMUNITY: Notwithstanding anything to the contrary in the foregoing or within this Release and Waiver Agreement, the CITY shall not relinquish or waive any of its rights as a sovereign local government and the CITY reserves all rights and defenses under applicable sovereign immunity law.

OWNER further acknowledges that this Release and Waiver affects its legal rights and that OWNER freely, voluntarily and knowingly agrees to and executes this Release and Waiver after having received the opportunity to seek legal counsel for advice as to its legal rights and after its free and voluntary decision whether to seek legal counsel.

Signed, sealed and delivered
in the presence of:

Witness

Print: _____

Witness

Print: _____

_____**OWNER**

Signature on behalf of Owner

Print: _____

Title: _____

Date: _____

STATE OF FLORIDA
COUNTY OF _____

I HEREBY CERTIFY that on this day, personally appeared before me, by means of
[] physical presence or [] online notarization, _____,
who is personally known to me or who has produced _____
as identification, who is the person described in and who executed the foregoing instrument
and who acknowledged before me that he/she executed the same for the uses and
purposes therein expressed.

Witness my hand and official seal, this _____ day of _____, 20__.

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

CITY ATTORNEY

Notary Public, State of Florida

EXHIBIT "A"

SCOPE OF WORK



OWNER'S AUTHORIZATION FOR AGENT

_____ is/are hereby authorized TO ACT ON BEHALF OF the owner(s) of those lands described within the attached application, and described in the attached deed or other such proof of ownership as may be required, in applying to the City of St. Augustine's:

(check all that apply)

- ☐ Historic Architectural Review Board
- ☐ Planning and Zoning Board
- ☐ CRA Institutional Rehabilitation Grant
- ☐ City Commission/CRA

Property located at: _____

By: _____
Signature of Owner

Print Name of Owner

Telephone

Sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization, on this _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____

☐ Personally known to me -OR- ☐ Produced identification

Type of identification produced: _____