

# OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

DODD approval by: _____	Date: _____	Project # _____
Approved reimbursement, subject to Department rules and guidelines, up to:		\$ _____
<i>For DODD use only</i>		

## LETTER OF INTENT COMMUNITY HOUSING PURCHASE APPLICATION FORM

COUNTY \_\_\_\_\_

Individual	DC Downsizing	ICF Conversion	ICF Exit	Diversion CB Waiting List

**1. APPLICANT INFORMATION:**

Agency: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. FUNDS**

Ohio county profile – specified owner/occupied housing units median value      \$ \_\_\_\_\_

Local or other sources of funds:      \$ \_\_\_\_\_

Appraised value:      \$ \_\_\_\_\_

Estimated purchase price with closing costs:      \$ \_\_\_\_\_

DODD capital funds requested:      \$ \_\_\_\_\_

**3. PROPERTY INFORMATION:**

\_\_\_\_\_ Single Family      \_\_\_\_\_ Duplex      \_\_\_\_\_ Condominium

Street Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City/Town: \_\_\_\_\_

Year of original construction \_\_\_\_\_ Number of Bedrooms /Bathrooms \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

Number of individuals with developmental disabilities to reside in this home: \_\_\_\_\_

Is the proposed property or housing adjoining other housing for developmentally disabled persons?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If this is a newly constructed home, what is the date of the final inspection \_\_\_\_\_

or on the Certificate of Occupancy, if required \_\_\_\_\_

**OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES**

**4. APPROVAL SIGNATURES**

I hereby certify that the information provided above is complete and accurate to the best of my knowledge.

Non-profit corporation authorized signature \_\_\_\_\_ Date \_\_\_\_\_

County Board of DD authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Submit form to: Ohio Department of Developmental Disabilities  
Division of Residential Resources  
DODD Housing and Capital Programs Office  
1601 West Broad Street  
Columbus, Ohio 43222

**OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES**

**Operating Budget**

Sponsor: \_\_\_\_\_

Number of Bedrooms	
Number of Tenants	

Project Number \_\_\_\_\_

Line	Income:	Annualize Amounts
1	Rental income	
2	Other (Identify)	
3	<i>Total Rental Income</i> (Line1 plus Line 2)	\$ -
4	Vacancy Loss (rent not collected)	
5	In-Kind Income	
6	Operating Subsidy	
7	<b>Gross Effective Income:</b> (Line 3 minus Line 4 plus Line 5 plus line 6)	\$ -
<b>Expenses:</b>		
8	Administrative (telephone, accounting, office supplies, payroll, etc.)	
9	Repairs & Maintenance (lawn care, plowing, janitorial, service contracts, etc)	
10	Utilities (gas, electric, water, trash removal, internet)	
11	Real Estate Taxes (if applicable)	
12	Insurance	
13	Other (Identify)	
14	<b>Total Annual Operating Expenses:</b> (Total Lines 8 thru 13)	\$ -
15	<b>Net Operating Income:</b> (Line 7 minus Line 14)	\$ -
16	<b>Debt Service</b>	
17	<b>Cash Flow</b> (Line 15 minus Line 16)	\$0
<b>Reserves:</b>		
18	Replacement Reserve	
19	Operating Reserve	
20	<b>Net Cash Flow</b> (Line 17 minus Line 18 minus Line 19)	\$0

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_