OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

DODD approval by: _____ Date: _____ Project # _____

Approved reimbursement, subject to Department rules and guidelines, up to: $_____

For DODD use only

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 _____

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 (Identity)	
3	*Total Rental Income* (Line1 plus Line 2)	$ -
4	Vacancy Loss (rent not collected)	
5	In-Kind Income	
6	Operating Subsidy	
7	***Gross Effective Income:*** *(*Line 3 minus Line 4 plus Line 5 plus line 6)	**$ -**
	Expenses:	
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	***Total Annual Operating Expenses:*** (Total Lines 8 thru 13)	**$ -**
15	***Net Operating Income:*** (Line 7 minus Line 14)	**$ -**
16	**Debt Service**	
17	***Cash Flow*** (Line 15 minus Line 16)	***$0***
	Reserves:	
18	Replacement Reserve	
19	Operating Reserve	
20	***Net Cash Flow*** (Line 17 minus Line 18 minus Line 19)	***$0***

Reviewed by: _____

Date: _____