



# MICHIGAN HISTORIC PRESERVATION NETWORK

## INTERVENTION LOAN FUND

### APPLICATION

#### APPLICANT CONTACT INFORMATION

Contact Name:	
Organization (if applicable):	
Street Address:	
City, State, Zip Code:	
Phone:	
Fax number:	
Email address:	

#### GENERAL PROPERTY INFORMATION

Address of Subject Property:	
Parcel Identification Number:	
Age of Property/Year of Original Construction:	
Type of Property (Residential, Community, Office, etc.):	
Is any part of the property currently occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe
Property Owner:	
How many years has the owner owned the property?	
Describe major improvements or repairs that have been made to the property in the last 5 years.	

## FUNDING REQUEST AND MATCH

Total Estimated Project Cost or Submit Project Budget and quote from a professional licensed contractor:	
Requested Intervention Program Funding (\$) (\$5,000 to \$50,000):	
Proposed Cash Match (if applicable) \$:	
Describe Other Proposed Match (i.e. in-kind contributions):	
Describe Applicant's ability to repay the requested funds from MHPN Intervention Program. Attach current financial statement.	
Other Funding Sources (Describe):	

## GENERAL PROPERTY DESCRIPTION

National/State Register Status: Is the property listed individually in the National Register of Historic Places or the Michigan State Register of Historic Places?	<input type="checkbox"/> Yes, National Register <input type="checkbox"/> No, National Register  <input type="checkbox"/> Yes, Michigan State Register <input type="checkbox"/> No, Michigan State Register
Is the property a contributing property in a National Register of Historic Places historic district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property designated a National Historic Landmark, or is the property a contributing resource in a National Historic Landmark District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property located in a locally designed historic district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the property and its historic significance. Attach photographs, maps, and supporting documentation necessary to describe the subject property. Attach additional pages as necessary.	

## GENERAL DESCRIPTION OF NECESSARY IMPROVEMENTS

Describe the repairs, stabilization, improvements or rehabilitation that is necessary to address current threats to building's integrity, stability or safety. Attach pictures and available supporting documentation as necessary. [Note: All work must comply with the US Department of the Interior's Standards for Rehabilitation]

Has the proposed work been reviewed and approved by the local Historic District Commission?

- Yes
- No
- Not Applicable

Please attach any existing contractor estimates, architectural drawings or sketches, engineering reports or site plans.

List Items Attached:

## COMPREHENSIVE HISTORIC PRESERVATION EFFORT

Describe any efforts underway to fully restore and rehabilitate the structure. Attach additional pages as necessary.

Describe how the project will impact the surrounding neighborhood or community.

## SUPPORT LETTERS

Attach any support letters from local organizations familiar with the circumstances and condition of the property.

Attached?

- Yes
- No

## OTHER DOCUMENTATION

Is the property in a 100-year Flood Plain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the applicant is a local unit of government, a non-profit organization or religious organization, please submit a copy of the governing body's articles of incorporation, bylaws, and list of Board Members.	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Applicant's Tax ID Number:	
Ownership Information: Submit a copy of the deed or other evidence of property ownership.	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any other grants, loans or outside financial support provided to the property owner for property maintenance or improvements in the past 5 years. Attach additional pages, if necessary.	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an MHPN volunteer or an immediate family member of an MHPN Board or Committee member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that all of the information provided in this application is true and correct to the best of my knowledge.	
_____	_____
Applicant Name and Title	Signature
_____	
Date	

**Please submit the application and attached materials electronically to:**

**Michigan Historic Preservation Network  
313 E. César E. Chávez Avenue  
Lansing, MI 48906**

**Tel: 517-371-8080  
Fax: 517-371-9090  
Email: [Xbaosmith@mhpn.org](mailto:Xbaosmith@mhpn.org)  
[www.mhpn.org](http://www.mhpn.org)**