ELYRIA NSP LAND BANK
SIDE LOT PROGRAM

The **goal** of the Elyria Side Lot Program is to take undeveloped and unproductive properties and bring them back into productive use by transferring the property to adjacent property owners who will maintain and utilize the property.

The Office of Community Development maintains applications and a list of properties pre-approved for transfer through the Side Lot Program. Properties owned by the City, which are not pre-approved will require additional review by the NSP Disposition Committee or City Council depending on how the City acquired the property.

**Procedure**

1. Application is received by the Office of Community Development.
2. City sends written notice to all adjacent property owners.
3. City staff reviews the application and either approves or denies.
4. Approved applicants incur all costs to transfer the property including but not limited to: survey, title fees, closing costs, recording fees and all other costs associated with deed preparation and title transfer.
5. City shall review and approve all documents necessary for transfer, including the new deed(s).

**Requirements**

1. Applicant must be owner occupant of adjacent parcel, with not less than a 75% common boundary line at the side of their property with the subject property.
2. Applicant must be current on property taxes for all property he/she owns within the City of Elyria.
3. Applicant must not own any real property that is subject to any unremediated citation of violation of the state and local codes and ordinances.
4. Applicant must agree that the lot to be transferred will be combined with the legal description of their adjacent real property, and not subject to subdivision or partition within a five year period following the date of the transfer. Further, a deed restriction will be placed on the new deed(s) detailing this restriction.
5. In the event that there are multiple eligible adjacent property owners who desire to acquire the same side lot, the property may be divided and transferred among the interested contiguous property owners.

**Cost**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each portion of lot</td>
<td>$250.00</td>
</tr>
<tr>
<td>Full lot</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

*All applicants will receive equal consideration without regard to race, religion, color sex, national origin, disability, age or ancestry. The City reserves the right to deny applications due to incompleteness and/or if the combination of the properties will create a nonconforming or irregular lot.*

*The City may refuse sale of a property if the applicant does not meet any one of the requirements listed above, and/or if it is the opinion of the City that the end-use is not appropriate.*
A. 1. Property Address and Parcel # you wish to purchase:

________________________________________________________________________

A. 2. List the proposed use of the side lot: ________________________________

B. Personal Information

Head of the Household Name________________________________________________________
(Last) (First) (MI) Male/Female (Circle One)

Home Address______________________________, Elyria, OH 44035

Home Phone (____)________________________ Work Phone or Cell Phone (____)________

Are you disabled? Yes    No  (Circle One)

Employer________________________________________

Work Address____________________________________ Job Title_________________________

Spouse________________________________________ Male/Female (Circle One)
(Last) (First) (MI)

Spouse’s Is spouse disabled? Yes    No  (Circle One)

Spouse’s Employer________________________________________

Work Address____________________________________ Job Title_________________________

Work Phone (____)____________ Note: Roommates are also considered household members. Other household members’ employment information (including children 18 or older who are not full-time students) may be listed on back if applicable.

Name(first/last) Age Relationship
__________________________________________    _____    __________________________
__________________________________________    _____    __________________________
__________________________________________    _____    __________________________
__________________________________________    _____    __________________________
__________________________________________    _____    __________________________
__________________________________________    _____    __________________________
__________________________________________    _____    __________________________

Have you declared bankruptcy in the past seven (7) years? YES    NO  (please circle)
If yes, has it been released? YES    NO  (please circle)
If yes, please provide proof of release. Proof of release is required in order to be eligible for funding.

Please continue on back if additional space is needed.
C. Annual Income & Assets

### YEARLY INCOME

<table>
<thead>
<tr>
<th>Family or Other Household Members</th>
<th>a) Wages/Salaries (Gross)</th>
<th>b) Benefits /Pensions</th>
<th>c) Public Assistance</th>
<th>d) Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

1) Totals

2) Enter total of items 1 a) through 1d). $_______________________________

D. Housing Information (Please circle the appropriate answer below)

1. Do you own your home? YES NO

2. If you own your home, are your property taxes current? YES NO

3. Do you have homeowner’s insurance? YES NO (please attach)

4. Do you have any liens against your property? YES NO

Please explain.

________________________________________________________________________

________________________________________________________________________

E. Racial Information: (required information per HUD)

Please circle all appropriate answers.

<table>
<thead>
<tr>
<th>Head of Household</th>
<th>Spouse/Other Adult(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Racial Composition:</strong></td>
<td><strong>Racial Composition:</strong></td>
</tr>
<tr>
<td>Single or multiracial</td>
<td>Single or multiracial</td>
</tr>
<tr>
<td><strong>Ethnicity:</strong></td>
<td><strong>Ethnicity:</strong></td>
</tr>
<tr>
<td>Hispanic or non-Hispanic</td>
<td>Hispanic of non-Hispanic</td>
</tr>
<tr>
<td><strong>Race:</strong></td>
<td><strong>Race:</strong></td>
</tr>
<tr>
<td>White</td>
<td>White</td>
</tr>
<tr>
<td>Black/African American</td>
<td>Black/African American</td>
</tr>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>American Indian</td>
<td>American Indian</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>Native Hawaiian/Pacific Islander</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>Multi-Racial</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>
I CERTIFY ALL THE INFORMATION ON THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION AND TRUE AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NECESSARY.

Signature of Applicant_____________________________ Date______________

For Office Use Only

<table>
<thead>
<tr>
<th>Application #</th>
<th>Date Application Received</th>
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<tbody>
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</table>

Application Received By ____________________________

Effective 4.09.13

AUTHORIZATION FOR RELEASE OF INFORMATION

This document is for authorization to release information regarding your City of Elyria Emergency Home Repair Application for the purpose of verifying information supplied in your application and for reports to the Department of Housing and Urban Development (HUD).

I _____________________________(your name) hereby grant permission to the City of Elyria to verify information provided in this application and to release to its authorized representatives and to HUD the attached information (all information pertaining to the application and all related documents).

I hereby state that I have read and fully understand the above statements as they apply to me and do herein express my consent to disclosure for the purpose or need and the extent or nature as stated above.

The information provided is for confidential use in determining your eligibility for the Emergency Home Repair Program.

_____________________________________________  ___________________
Applicant Signature                              Date
If this form is not signed and returned with the application, the application is incomplete and no assistance with home repairs can be provided. Please complete a release of information form for each adult household member who has income.

Please return your completed application to the:

City of Elyria
Office of Community Development
131 Court Street, Suite 302
Elyria, OH 44035