



CITY OF YOUNGSTOWN
LAND REUTILIZATION "LAND BANK" PROGRAM
VACANT STRUCTURE – INTERESTED PARTY
APPLICATION



This form is a statement of interest only. Receipt of application does not commit the Land Bank to transfer property.

Applicant Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Name of corporation/business (if applicable): _____

Name of other property renovation corporations/businesses you have been associated with: (if applicable) _____

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____ Email: _____

Are you a Veteran? _____ Are you a first-time home buyer? _____ Do you currently own property? _____

Requested Property Information Street Address/Parcel No(s): _____

Please check **one** ownership of property: _____ City of Youngstown _____ Mahoning County Land Bank _____ Other*

*If applicable, a successful property tax foreclosure action is required – a 9 to 12 month process in court before eligible for valid sale.

Please check **one** for the following use:

_____ Primary Residence _____ Rental Property _____ Commercial/Business** _____ Rehabilitate and Sale

Please provide **ALL** of the following documentation and initial each box to acknowledge submission of each document:

_____ Letter of Interest _____ Business Plan** (if applicable) _____ List of Contractors

_____ Proof of Funds (Letter from Lender, Bank Statement, Line of Credit, etc.) _____ Work Plan

Land Bank Office Use Only

The below conditions disqualify a property owner from acquiring land through the City of Youngstown Land Bank:

_____ Applicant owns real property in Mahoning County that violates any local codes or ordinances

_____ Applicant owns any real property in Mahoning County that is tax delinquent

_____ Applicant was the owner of any real property in Mahoning County that was transferred as a result of tax foreclosure proceedings

All property is sold AS IS.

I HAVE READ THE CITY'S LAND BANK POLICY AND AGREE TO THE TERMS THEROF. I UNDERSTAND THAT THE CITY'S LAND BANK WILL NOT REVIEW MY APPLICATION WITHOUT PROPER DOCUMENTS.

APPLICANT

DATE

**PLEASE MAIL THIS FORM TO: DEPARTMENT OF COMMUNITY PLANNING AND ECONOMIC DEVELOPMENT
26 SOUTH PHELPS STREET, YOUNGSTOWN, OHIO 44503, 4th FLOOR**