



TRANSFORM THIS HOME PROGRAM

The Calhoun County Land Bank Authority (CCLBA) has residential properties for purchase to rehabilitate and occupy. The applicant must establish a plan and have resources available to successfully complete the rehabilitation to occupancy, within 12 months. Upon graduating from the program, a property returns not only to the tax roll, but also to productive housing stock and becomes an asset to its neighborhood and community. This program is for those who want to purchase and restore a home for their primary residence, but it is also open to investors who wish to transform a residence into a viable rental unit or to resell to an owner-occupied buyer. Here's how it works...

STEP 1

Pick a Property and Make an Offer

CONTACT THE CCLBA or Melissa Kennedy at Troxel Realty (269-441-8183) to find your Transform This Home property and then:

SCHEDULE A WALK THROUGH with the realtor. Applicants are encouraged to bring professionals or others involved in the rehabilitation project to this inspection to develop their detailed rehab plan.

MAKE AN OFFER TO PURCHASE PROPERTY. Prices will be negotiated with realtors and the CCLBA. Once an agreed price and a signed purchase agreement are established, the process will move to Step 2.

STEP 2

Create a Plan, Budget, and Show Experience

GET THE FORMS from the CCLBA realtor or www.calhounlandbank.org/transform-this-home. Submit all forms, rehab plan and supporting materials to the CCLBA realtor. All applications will be reviewed for the following criteria before their rehab plan will be evaluated:

ALL PROPERTY TAXES MUST BE PAID and current on all properties located in the State of Michigan owned by the Applicant, or any legal entity that will have an ownership interest. *Applicants that have forfeited properties due to delinquent taxes in the past five years are not eligible for this program.*

ALL PROPERTY MUST BE CODE COMPLIANT. All property owned by applicant, or any legal entity that will have an ownership interest within the State of Michigan, must be violation free. All code violations must be resolved before the CCLBA will consider an application. If building permits are open and in process of being fulfilled, an exception may be granted. *Applicants with history of code violations are not eligible for this program.*

MAKE A LIST of needed repairs based on the safety inspection. All safety report items are a priority and must be part of this list.

CREATE A DETAILED REHAB PLAN. Complete the timeline included in the application to show when you intend to complete the necessary repairs and resolve safety issues. The project is complete when it passes final inspection and receives a Certificate of Occupancy. If more time is needed, request it — some projects may require more time to complete.

CONSIDER THE COST. The ability to afford the purchase of the property, the property taxes and bring the rehabilitation through to completion is key and must be considered by the applicant. Utilize the cost estimate checklist included with the application as a tool in determining the financial commitment. Applicants should contact the local assessor to get an estimate on future property tax responsibility. Be prepared to show the resources you have to meet the cost. If necessary, seek potential financing options and secure a pre-approval from the lending institution to include with your application materials.

SHOW A TRACK RECORD of positive outcomes for previous projects by providing a history of experience as a part of your application materials. Interested parties without a track record are still eligible to apply and will be evaluated on a case-by-case basis.

STEP 3

Close the Deal

THE APPROVED TRANSFORM THIS HOME APPLICATION PACKAGE will be incorporated into the purchase agreement. Documentation may periodically be requested to verify progress such as photos, inspections, approved permits, or other related items.

SCHEDULE A CLOSING where the Applicant / Buyer will pay the purchase offer amount, pro-rated taxes (when applicable), lender closing costs, title closing costs and title insurance.

TRANSFER OF PROPERTY is a two-fold arrangement. First the Buyer, will receive a Warranty Deed (with clear title). Second, the Buyer will sign a Re-Conveyance Deed that will also be incorporated into the Purchase Agreement.



Upon receipt of the Final Inspection and/or Certificate of Occupancy to the CCLBA the project is considered complete. At this time the Re-Conveyance Deed will be destroyed and full ownership and interest will be solely held by the Buyer.



In the event that the Buyer fails to meet the requirements of the program and contract (for example - misses project completion deadline or fails to pass a Final Inspection) the CCLBA will record the Re-Conveyance Deed as specified in the Purchase Agreement. Upon activation of the Re-Conveyance Deed, the property reverts to the CCLBA and the Buyer forfeits the physical property and improvements thereon as well as the purchase price, closing costs and the title insurance investment.

QUESTIONS & MORE INFO

Realtor Melissa Kennedy @ 269-441-8183
or Amy Rose Robinson, CCLBA @ 269-781-0744

DISCLOSURE:

The CCLBA advises all applicants/potential buyers that it is selling these properties AS IS, WHERE IS and with no representation or warranties of any kind, including but not limited to any warranty of habitability or fitness for a particular purpose. Buyers are advised to conduct their own careful inspection at the scheduled walk through inspection, particularly with regard to the anticipated cost for repairs that will be required under the Transform This Home Development Agreement to pass a Final Inspection and obtain a Certificate of Occupancy within the required time frame.

Any information provided on this document, or on any CCLBA publication, print or electronic (including internet postings) or otherwise, orally or in writing, now or in the future, is for convenience only and the CCLBA makes no representation or warranty as to accuracy or completeness.

The CCLBA is a governmental body subject to the Freedom of Information Act and/or other applicable laws regarding the disclosure of public information. Please note, that the CCLBA may be required to disclose Buyer's name, the address of the property, the purchase price and other information. If requested, the CCLBA will provide the information as required by law.





TRANSFORM THIS HOME APPLICATION FOR CONSIDERATION

A walk through inspection is required before an application can be accepted. Contact Realtor Melissa Kennedy at 269-441-8183 for more information and to schedule a site visit. Entry onto or into a CCLBA property without the contracted realtor is trespassing and is subject to prosecution. This application will not be processed if all required documentation is not attached. Please note, the requirements of the Transform This Home Program must be met to qualify for participation and purchase.

CHECK ALL THAT APPLY

- I have not been through any foreclosure proceedings or forfeited title on any property in the last five years.
- I do not have delinquent taxes on any property I own in the State of Michigan. My taxes are paid and current.
- I do not have any active code or ordinance violations on any property I own in State of Michigan.



*If you cannot check all the boxes, you are not eligible at this time.
Do not continue with this application.*

CONTACT INFORMATION

Applicant Name: _____

Co-Applicant Name: _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____ Email: _____

INCOME INFORMATION

Applicant's Employer or Source of Income: _____ Monthly Gross Income: _____

Address of Employer: _____ Phone: _____

Co-Applicant's Employer or Source of Income: _____ Monthly Gross Income: _____

Address of Employer: _____ Phone: _____

CCLBA PROPERTY INFORMATION

Property Address: _____ Parcel ID Number: _____

REHABILITATION PLAN

Intent for property (circle one) owner occupied income property other _____

Proposed date of completion for rehabilitation of property _____

Total projected cost (purchase price + rehab) \$ _____

Have you contacted the local planning/building department about this property? (circle) Yes or No

Municipality _____ Contact Person _____ Phone _____

CHECKLIST OF REQUIRED ATTACHMENTS

- REHAB PLAN & COSTS**
A description of property improvements detailed on the Rehab Plan of Action Timeline form. Cost Estimate Checklist form will itemize all costs incurred to obtain a Certificate of Occupancy.
- FINANCIAL ABILITY**
A description of how the project will be financed and other documentation to verify financial capacity to complete the plan.
- REHAB HISTORY**
A history of experience with similar projects. If not applicable, please provide a summary of other situations and experience that have prepared the Applicant for this complex project.
- PROPERTY LIST**
A list (with address and parcel ID) of all Michigan property owned by Applicant, or any legal entity that will have an ownership interest in the project.

DISCLOSURE:

CCLBA has obtained the property through the tax foreclosure process or donation and has no specific knowledge regarding the condition of the property. The CCLBA advises all applicants/potential buyers that it is selling these properties AS IS, WHERE IS and with no representation or warranties of any kind, including but not limited to any warranty of habitability or fitness for a particular purpose, ingress/egress, conditions, covenants, restrictions, etc. Buyers are advised to conduct their own careful inspection at the scheduled walk through, particularly with regard to the anticipated cost for repairs that will be required under the Transform This Home. It is the responsibility of the Applicant to do his or her own research as to land use and any determination about suitability for purposes for which it is being purchased. The CCLBA will not sell properties if the proposed use does not comply with current zoning regulations.

Any information provided on this document, or on any CCLBA publication, print or electronic (including internet postings) or otherwise, orally or in writing, now or in the future, is for convenience only and the CCLBA makes no representation or warranty as to accuracy or completeness.

The CCLBA is a governmental body subject to the Freedom of Information Act and/or other applicable laws regarding disclosure of public information. Please note, that the CCLBA may be required to disclose Buyer's name, the address of the property, the purchase price and other information. If requested, the CCLBA will provide the information as required by law.

APPLICANT'S SIGNATURE & AFFIRMATION

I hereby affirm by my signature affixed hereto that I certify that all components of and statements within this application and accompanying materials are true to the best of my knowledge, information and belief. I understand that the CCLBA staff will review my submission to confirm its compliance with CCLBA Policies and Procedures, that the CCLBA has the right to accept, counter or decline any and all offers for reasons such as, but not limited to, incompatibility with federal eligibility requirements or those of local municipalities building standards or master plans. I also understand that this form is an Application for Consideration only and receiving it does not commit the CCLBA to transfer any property.

Applicant Signature

Date

Co-Applicant Signature

Date

EMAIL MATERIALS TO: kennedy@troxelrealty.com
In Subject Line: Transform This Home Program
(PDF Format Preferred)

MAILING ADDRESS: MELISSA KENNEDY
Troxel Realty Company
719 Capital Ave SW
Battle Creek MI 49015





COST ESTIMATE CHECKLIST

Submit this Checklist with application materials. This tool is provided to aid in the planning process for the Applicant and the CCLBA. The costs for the project may be more or less and are the responsibility of the Applicant.

Acquisition Costs

- Offer on Property _____
- Title Review Fee (approximately \$500) _____
- Title Insurance Premium (approximately \$500) _____
- Closing (approximately \$500) _____
- Any Lender Closing Fees _____
- Property Taxes (1 year) _____
- Insurance Premium (1 year) _____

Acquisition Section Total

A

Rehab Costs

	Permit Fee		Materials		Labor		Total
Systems							
Mechanical	_____	+	_____	+	_____	=	_____
Electrical	_____	+	_____	+	_____	=	_____
Plumbing	_____	+	_____	+	_____	=	_____
Septic / Well	_____	+	_____	+	_____	=	_____
Structural							
Permit(s) fee	_____					=	_____
Framing / Walls / Support Structure			_____	+	_____	=	_____
Roof			_____	+	_____	=	_____
Insulation			_____	+	_____	=	_____
Foundation			_____	+	_____	=	_____
Plaster / Drywall			_____	+	_____	=	_____
Firewalls			_____	+	_____	=	_____
Flooring			_____	+	_____	=	_____
Windows / Doors			_____	+	_____	=	_____
Fixtures / Finishes (cabinets, etc.)			_____	+	_____	=	_____
Porch / Railings			_____	+	_____	=	_____
Paint / Siding / etc.			_____	+	_____	=	_____
Other safety issues			_____	+	_____	=	_____

Rehab Section Total

B

Calculate Minimum Proof of Funds

Acquisition Costs (A) A _____

1/4 Rehab Costs B X 25% C _____

Minimum Proof of Funds (A + C = D)

D



Rehab Plan of Action Timeline

Submit this Rehab Plan of Action Timeline with application. Use this tool to indicate what repairs will be made and when. At the bimonthly check-in date, which may change based on actual closing date, email or call Amy Robinson at 269-781-0744 or arobinson@calhouncountymi.gov

For Office Use Only: Closing Date _____

Month 1—2 Bimonthly Check-in Date: _____

1. _____
2. _____
3. _____
4. _____
5. _____

Month 3-4 Bimonthly Check-in Date: _____

1. _____
2. _____
3. _____
4. _____
5. _____

Month 5—6 Bimonthly Check-in Date: _____

1. _____
2. _____
3. _____
4. _____
5. _____



Rehab Plan of Action Timeline

Submit this Rehab Plan of Action Timeline with application. Use this tool to indicate what repairs will be made and when. At the bimonthly check-in date, which may change based on actual closing date, email or call Amy Robinson at 269-781-0744 or arobinson@calhouncountymi.gov

Month 7-8 Bimonthly Check-in Date: _____

1. _____
2. _____
3. _____
4. _____
5. _____

Month 9-10 Bimonthly Check-in Date: _____

1. _____
2. _____
3. _____
4. _____
5. _____

Month 11-12 Bimonthly Check-in Date: _____

1. _____
2. _____
3. _____
4. _____
5. _____

Month 13—15 Bimonthly Check-in Date: _____

1. _____
2. _____
3. _____
4. _____
5. _____

Final Bimonthly Check-in Date: _____



Rehab History/Experience

Submit this Rehab History/Experience with application. Use these pages to explain your rehabilitation history and experience.

Rehabilitation History

A. How many homes have you rehabilitated/remodeled? _____

B. Do you have any personal or professional contacts that will assist you with this project?

If yes, please list name, relationship, and trade below. Use back if necessary.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

C. Do you have any experience working with contractors?

If yes, please explain below.

D. If you do not have rehabilitation experience, how do you plan to complete this project?

Submit this List of Properties with Application if applicable. Use this page to list any and all properties you currently own in the State of Michigan. Supply additional sheets if necessary.

Parcel List

<p>1.</p> <p>Parcel ID _____</p> <p>Address _____</p> <p>City _____ Zip Code _____</p> <p>Township (if applicable) _____ Year of Rehab (if applicable) _____</p> <p>Type of Ownership (select all that apply)</p> <p> <input type="checkbox"/> Residence <input type="checkbox"/> 2nd Residence <input type="checkbox"/> Rental <input type="checkbox"/> Land Contract <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Commercial <input type="checkbox"/> Other </p>	<p>Office Use Only</p> <p>Taxes Current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Code Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2.</p> <p>Parcel ID _____</p> <p>Address _____</p> <p>City _____ Zip Code _____</p> <p>Township (if applicable) _____ Year of Rehab (if applicable) _____</p> <p>Type of Ownership (select all that apply)</p> <p> <input type="checkbox"/> Residence <input type="checkbox"/> 2nd Residence <input type="checkbox"/> Rental <input type="checkbox"/> Land Contract <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Commercial <input type="checkbox"/> Other </p>	<p>Office Use Only</p> <p>Taxes Current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Code Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3.</p> <p>Parcel ID _____</p> <p>Address _____</p> <p>City _____ Zip Code _____</p> <p>Township (if applicable) _____ Year of Rehab (if applicable) _____</p> <p>Type of Ownership (select all that apply)</p> <p> <input type="checkbox"/> Residence <input type="checkbox"/> 2nd Residence <input type="checkbox"/> Rental <input type="checkbox"/> Land Contract <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Commercial <input type="checkbox"/> Other </p>	<p>Office Use Only</p> <p>Taxes Current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Code Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4.</p> <p>Parcel ID _____</p> <p>Address _____</p> <p>City _____ Zip Code _____</p> <p>Township (if applicable) _____ Year of Rehab (if applicable) _____</p> <p>Type of Ownership (select all that apply)</p> <p> <input type="checkbox"/> Residence <input type="checkbox"/> 2nd Residence <input type="checkbox"/> Rental <input type="checkbox"/> Land Contract <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Commercial <input type="checkbox"/> Other </p>	<p>Office Use Only</p> <p>Taxes Current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Code Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5.</p> <p>Parcel ID _____</p> <p>Address _____</p> <p>City _____ Zip Code _____</p> <p>Township (if applicable) _____ Year of Rehab (if applicable) _____</p> <p>Type of Ownership (select all that apply)</p> <p> <input type="checkbox"/> Residence <input type="checkbox"/> 2nd Residence <input type="checkbox"/> Rental <input type="checkbox"/> Land Contract <input type="checkbox"/> Vacant Lot <input type="checkbox"/> Commercial <input type="checkbox"/> Other </p>	<p>Office Use Only</p> <p>Taxes Current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Code Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>



TRANSFORM THIS HOME
APPLICANT CERTIFICATION FORM

- _____ 1. I am not in default on property taxes payable to any governmental taxing unit in the State of Michigan. I understand that the Calhoun County Land Bank Authority (CCLBA) will verify my tax status relative to taxes owed in Calhoun County.
- _____ 2. All property owned by applicant, or any legal entity that will have an ownership interest within the State of Michigan, must be violation free. All code violations must be resolved before the CCLBA will consider an application. If building permits are open and in process of being fulfilled, an exception may be granted. *Applicants with history of code violations are not eligible to purchase property from the CCLBA.*
- _____ 3. I am responsible for determining local land use, zoning, and property maintenance laws and I certify that I will maintain the property in accordance with all such applicable laws and ordinances.
4. All materials and copies submitted with this application are complete, accurate and current as of the date of submission.
5. I agree and acknowledge that I will pay all costs and fees associated with the property, the closing of this transaction and any future related costs, taxes or fees of any type, including any and all delinquent taxes and outstanding water assessments, if applicable.
6. I agree and acknowledge that the CCLBA has the sole discretion to accept or reject my offer and may decline my offer to acquire this property for any reason or for no reason at all.
7. I agree that if my offer is accepted I will submit the purchase price and required documents to the CCLBA within 14 calendar days from the date of the acceptance letter or the CCLBA may cancel the agreement.
8. I agree, if my offer is accepted, to authorize the CCLBA to record the Quit Claim Deed on my behalf and such recording will constitute delivery and my acceptance of the deed. Thereafter, the original will be provided to me.
9. The CCLBA, its officers, board members, employees, contractors, and agents, make no warranty or representation as to the status or condition of title to the property to be conveyed. I assume all responsibility to search and, if necessary, clear title to the property.
10. I acknowledge that I have been advised to obtain a title insurance policy for any property purchased and to obtain legal or other technical advice in order to search and clear title to the properties.
11. The CCLBA, its officers, board members, employees, contractors, and agents, make no warranty or representation as to the presence or absence of any hazardous substance or hazardous waste on the property to be conveyed and all property is sold "as is" and "where is." The CCLBA, its officers, board members, employees, contractors, and agents, make no warranty or representation as to the environmental condition of the property or any of the structures or improvements located on the property. I acknowledge and agree that I have assumed all responsibility to investigate, and if necessary remediate, any environmental condition of the property. I acknowledge that I have been encouraged to obtain technical advice in order to investigate, and if necessary, remediate the environmental condition of the property.

12. The CCLBA, its officers, board members, employees, contractors, and agents, make no warranty or representation as to the physical condition of the properties or any structures or improvements located on the property conveyed by the CCLBA. I acknowledge and agree that I have assumed all responsibility to investigate, and if necessary, repair the physical condition of the property or of any structures or improvements located on the property. I acknowledge that I have been advised and encouraged to obtain technical advice in order to investigate, and if necessary repair, the physical condition of the property or of any structures or improvements located on the property.
13. I acknowledge, unless other arrangements have been made, and agree that I will receive a Quit Claim Deed from the CCLBA. The property will be conveyed "as is," with no title insurance. I acknowledge and agree to assume responsibility for the property including future tax bills. The Quit Claim Deed does not warrant title and may be subject to redemption rights (that right which allows a former owner of a tax reverted property to invoke a legal claim) to reclaim forfeited property by paying delinquent taxes, fees and/or costs.
14. I acknowledge and agree that the property may have substantial physical, environmental, and legal (title) defects. I understand and agree that I am assuming the risk for any defects in the property. No one from or on behalf of the CCLBA, its officers, board members, employees, contractors, and agents, has made any statements, promises, representations or warranties, expressed or implied, as to the condition of the property or title to the property. I acknowledge that I am proceeding at my own risk.
15. I hereby release, waive, discharge, and covenant to hold harmless the CCLBA, its officers, board members, employees, contractors, and agents, from all liability regarding the condition of the property, whether environmental, physical, legal (title), or otherwise.
16. I hereby grant the CCLBA, its agents, employees, contractors, successors, and assigns, full rights to access the property for a period of five years from the date of purchase for the sole purpose of photographing said property for program documentation and consent to the use of such photographs print, digital, or other medium, in any publication, including but not limited to the internet, in conjunction therewith, waiving any right to inspect or approve any photographs or associated copy material in connection therewith. I hereby acknowledge that I will not receive any payment for the use of any such images. This agreement applies to property photographs only. Any photographs capturing individual persons will require the CCLBA to obtain a separate release prior to publication.

I hereby affirm by my signature affixed hereto that I acknowledge and agree to the terms above I certify that all components of and statements within my application are true and accurate to the best of my knowledge, information and belief.

Applicant signature

Date

Co-Applicant signature

Date