

COUNTY OWNED PROPERTY CONVEYANCE APPLICATION

Requested Property Parcel Number(s): _____

Organization Name: _____

Authorized Contact Name and Phone Number: _____

Chief Executive and Contact Number: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Intended use of Property is for: Home Ownership Rental

Intended Project Type for the Property: New Construction Rehabilitation

As of the date of submission, will you have the funding needed to complete the project?

Yes No

If your application is approved and the requested property(s) is granted, do you expect to have the proposed project completed in the two-year timespan per the Alachua County Conveyance Policy?

Yes No

Please include any and all relevant standard financial statements with your application.

