**CATALYST FUND**

***Evidence of Property Condition Certification Form***

**This form must be completed by an appropriate local or county official who is qualified to determine the condition of the below named property and will be able to, upon DSHA’s request, provide documentation supporting such condition.**

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| **Applicant** | Click or tap here to enter text. |
| **Project** | Click or tap here to enter text. |
| **Project Address** | Click or tap here to enter text. |
| **County** | Click or tap here to enter text. |
| **DE-CF** | Click or tap here to enter text. |
| **Parcel Number** | Click or tap here to enter text. |

The above listed property must meet one of the following conditions to be eligible for the Catalyst Fund program. Please check the appropriate box:

**Abandoned**: a property is considered abandoned when mortgage or tax foreclosure proceedings have been initiated for that property, no mortgage or tax payments have been made by the property owner for at least ninety (90) days, **and** the property has been vacant for at least ninety (90) days.

**Blighted Structure**: a structure is blighted when it exhibits objectively determinable signs of deterioration sufficient to constitute a threat to human health, safety and public welfare. Furthermore, DSHA considers a structure to be blighted if it does not meet the State of Delaware Housing Code or the local building code.

**Vacant:** a property is considered vacant when it is empty and has been listed for sale for a minimum of one (1) year. Please note any unpaid taxes or other liens remaining on property in space below.

**Zoning:** the parcel is zoned correctly for its intended use as a single-family residence.

**Additional Comments:**

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Please list all required permits for this project and note whether they have been obtained.

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**CERTIFICATION**: I certify that I have knowledge of the above listed property and its condition and that I have the capacity to make this certification. Documentation supporting this certification will be available upon request, as needed.

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| **Name** | Click or tap here to enter text. |
| **Signature** | Click or tap here to enter text. |
| **Title** | Click or tap here to enter text. |
| **Phone Number** | Click or tap here to enter text. |