

Capital Needs Assessment Cost Sharing Application

I. APPLICANT INFORMATION

First Name _____ Last Name _____
Address _____ SSN or Federal ID _____
Contact person _____ Telephone # _____
Email _____

II. PROPERTY DATA AND LOCATION

Property name _____ County _____
Address _____ City _____
Zip Code _____ Rental license number _____

When was a capital needs assesment last completed for the property? ___/___/___
What company completed the assesment? _____

No. of buildings: _____

No. of Floors: _____

No. of Units: _____

Total sq footage (if available): _____

Year constructed: _____

III. UTILITIES

Utility Comparison	Specify who pays	
	(Tenant or Landlord)	
Heating	<input type="checkbox"/> T	<input type="checkbox"/> L
Electricity	<input type="checkbox"/> T	<input type="checkbox"/> L
Water	<input type="checkbox"/> T	<input type="checkbox"/> L

IV. MISCELLANEOUS

Is air conditioning/heat provided in all of your units?

Yes

No

If the air conditioning and or heat is provided, is it via central air, window units, or individual HVAC units?

Central Air

Window Units

HVAC Units

Are you interested in learning more about grants and low-cost financing to make your rental property more energy efficient? (e.g. solar panels, lighting, appliances, etc.)

Yes

No

Please email your completed application to jdickens@mhpartners.org