



City of Seaford Rental to Homeownership Incentive Application

Property Owner (SELLER):	Mailing Address:	Phone #
		Mobile #
		EMAIL:
If Property is a Partnership or Corporation Please list contact info for the members/officers: (attach a separate page if needed) <i>Non-Profits Do Not Qualify</i>		
Name:	Mailing Address:	Phone #
		Mobile #
		EMAIL:
Name:	Mailing Address:	Phone #
		Mobile #
		EMAIL:
Rental Unit Address:		
Number of Years Property Used As Rental:		

I _____, the ☐ Owner or ☐ Owner's Authorized Agent, agree to the following terms:

- I hereby affirm the above listed property is a single family residence within the City of Seaford.
- I understand to qualify for this incentive the property must have been used exclusively as a rental property for a period of three years immediately prior to the conversion to an owner occupied property.
- I understand the new owner must occupy the property within one year of the date of purchase;
- I understand the application must be recommended by the Economic Development Committee and approved by the Seaford City Council;
- I understand organizations with non-profit status do not qualify for the provisions of this ordinance;
- I understand I must be in good standing with all City accounts at a zero balance within terms in order to receive any incentive.

Signature: _____

Date: _____

Property Owner (Buyer):	Current Mailing Address:	Phone #
		Mobile #
		EMAIL:
Address of Property to Be Purchased:		

I _____, the ☐ Buyer, agree to the following terms:

- I hereby affirm the above listed property is a single family residence within the City of Seaford.
- I understand to qualify for this incentive the property must have been used exclusively as a rental property for a period of three years immediately prior to the conversion to an owner occupied property.
- I understand the I as the new owner must occupy the property within one year of the date of purchase;
- I understand the application must be recommended by the Economic Development Committee and approved by the Seaford City Council;
- I understand organizations with non-profit status do not qualify for the provisions of this ordinance;
- I understand I must be in good standing with all City accounts at a zero balance within terms in order to receive any incentive.
- I understand if an incentive is awarded and agreement will be executed between the City of Seaford and myself outlining the terms of my tax abatement.

Signature: _____

Date: _____