

RENO PROGRAM APPLICATION

Residential Enhancement & Neighborhood Opportunity (RENO)
Investing in Neighborhoods



www.romi.gov/reno



RENO PROGRAM APPLICATION

MULTI-FAMILY RESIDENTIAL

CITY OF ROYAL OAK – BUILDING DIVISION

203 S. Troy Street, Royal Oak, MI 48067

248-246-3210 | www.romi.gov/reno | building@romi.gov

ADDRESS OF PROPERTY: _____

PROPERTY OWNER NAME(S): _____

PHONE NUMBER: _____ EMAIL: _____

APPLICANT (if different from owner): ☐ Contractor ☐ Developer ☐ Other: _____

APPLICANT NAME: _____

PHONE NUMBER: _____ EMAIL: _____

PROJECT INFORMATION

Brief Description of Work: _____

Permit Type(s): ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Sewer ☐ Zoning/Site Plan
☐ Other: _____

Anticipated Start Date: _____ Completion Date: _____

Estimated Project Valuation (optional): \$ _____

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GREEN NEIGHBORHOODS (sustainability & resilience)

- ☐ Solar PV installation
- ☐ Water-saving fixture swaps
- ☐ ERV / Air Handling Unit
- ☐ Energy-efficient windows/doors
- ☐ High-efficiency furnace/boiler/A/C replacement
- ☐ Insulation upgrades (attic/walls)
- ☐ HVAC ductwork modifications/sealing
- ☐ Green roofs or permeable paving
- ☐ Electrical service/panel upgrade
- ☐ Water heater replacement
- ☐ Dedicated EV-charger circuit
- ☐ Backwater check valve / backflow prevention
- ☐ Other: _____

AFFORDABLE HOUSING

- ☐ Accessory dwelling unit (ADU) / garage conversion
- ☐ Hardwired smoke detector install (rehabs)
- ☐ Multi-family housing construction or renovation
- ☐ Energy upgrades supporting affordability
- ☐ Basement finishing to create an additional unit
- ☐ Other affordability measures: _____
- ☐ Zoning/site plan approvals for affordable housing

(See attached addendum for affordable housing)

SENIOR HOUSING IMPROVEMENT (aging in place)

- ☐ Ramp installations (exterior/interior)
- ☐ Tub-to-shower conversion / bath reconfiguration
- ☐ Widening doorways for wheelchair access
- ☐ Bathroom/kitchen/dryer exhaust fans
- ☐ Stairlift or elevator installation
- ☐ Exterior ramp/porch modifications/small additions
- ☐ Grab bar installation (with backing)
- ☐ Standby generator (medical needs)
- ☐ Kitchen mods (lowered counters/cabinets)
- ☐ Other accessibility improvements: _____
- ☐ Laundry relocation to main floor

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COMPLIMENTARY BUILDING DIVISION CONSULTING (optional)

☐ I request up to two (2) hours of complimentary consulting for this project.

Preferred contact method/time: _____

ATTESTATION & SIGNATURE

I certify that the information provided is true and complete. I understand that eligibility is subject to verification and that all work must comply with applicable codes and ordinances. I agree to be bound by the RENO Program Guidelines, as amended, and understand that benefits may be revoked or repayment required in cases of non-compliance, misrepresentation, or breach.

SIGNATURE OF OWNER: _____ DATE: _____

PRINTED NAME: _____

SUBMISSION NOTES

Attach this application when you are applying for your permits online. Staff will review your submission and contact you. Questions? Call 248-246-3210

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RENO PROGRAM – AFFORDABLE/WORKFORCE HOUSING ADDENDUM

This addendum must be completed by any applicant seeking reimbursement or fee waivers for projects that include affordable or workforce housing units.

PROJECT INFORMATION

Project Name: _____

Project Address: _____

Developer/Owner: _____

Contact Person: _____ Phone: _____

Email: _____

UNIT MIX & AFFORDABILITY

Indicate the number of units by AMI level and bedroom type. Attach pro forma or rent schedule.

AMI Level (%)	Unit Type (Studio/1BR/2BR/etc.)	# of Units	Proposed Rent (\$)	HUD/MSHDA Max Rent (\$)
____%	_____	____	____	____
____%	_____	____	____	____
____%	_____	____	____	____

DURATION OF AFFORDABILITY

☐ 15 years ☐ 20 years ☐ 30 years ☐ Other: _____

Affordability will be maintained through (check all that apply):

☐ Recorded deed restriction ☐ Regulatory agreement ☐ Other: _____

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TENANT ELIGIBILITY VERIFICATION

Describe the process for verifying tenant income eligibility (attach documentation if available):

LOCAL WORKFORCE PRIORITY (Optional)

- ☐ Yes, priority will be given to local workforce (teachers, police, healthcare, municipal employees).
- ☐ No workforce priority policy will be applied.

Describe tenant selection plan if applicable: _____

CERTIFICATION

I certify that the information provided in this addendum is accurate. I agree to maintain affordability standards as required by the RENO Program and applicable laws.

Developer/Owner Signature: _____ Date: _____

Printed Name: _____