

*Application for Newport News
Façade Improvement
Assistance Program*

(Name of Applicant)

(Date Submitted)

(Signature of Applicant)

(Amount Requested)

I. PROJECT APPLICANT (Owner of Property)

A. Contact Applicant's Legal Name: _____
Street Address: _____
City, State, Zip _____
Telephone Number: _____
Contact Person(s)/Title: _____

Address of Property Involved in Project:

B. Is applicant a subsidiary or direct or indirect affiliate of any other organization?
 Yes No

C. All Property Owners are to be listed below:

<u>Name</u>	<u>Social Security #</u>	<u>Ownership</u>
<u>Home Address</u>		
<u>Telephone number</u>		
_____	_____	_____%

_____	_____	_____%

_____	_____	_____%

D. Does any individual person or organization not listed above hold any interest in the property, directly or indirectly?
 Yes No

E. Have any of the persons listed above ever been charged with, or convicted of any criminal offenses, other than a minor motor vehicle violation?
 Yes No

F. Has the applicant or any person listed above been connected with, any personal or business judgments, past due taxes, unsettled lawsuits, major disputes or bankruptcy? Yes No

If yes, explain:

G. Please list below each occupant of the facility in question, together with a description of the type of business use and percentage of occupancy of the facility to be financed.

A Occupant	B Type of Business	% Occupancy	Lease Term*	Anticipated/ Active Rent

*Provide Copy of Lease(s)

H. Property Information:

Location: _____

Redev. Area: _____

(Yes/No Where): _____

Legal Description: _____

*Assessment: Land _____
 Improvements _____
 Total _____

*(If unsure discuss with City of NNRHA Staff)

Appraisal: _____

II. PROBABLE CONTRACTOR(S) INVOLVED IN PROJECT:

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Contact Person _____

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Contact Person _____

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Contact Person _____

OTHER PROFESSIONAL PARTIES INVOLVED IN PROJECT:

(ex: Accountants, Lawyers, etc.)

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Contact Person _____

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Contact Person _____

Name: _____
Street _____
City, State, Zip _____
Telephone _____
Contact Person _____

Please specify costs for work items as categorized below:

Item	Description	Amount
<i>Exterior Improvements</i>		
Signage		\$
Awning		\$
Siding		\$
Bricking		\$
Roof Improvements		\$
Exterior Painting		\$
Doors		\$
Windows		\$
Exterior Lighting		\$
Other		\$
<i>Interior Improvements</i>		
a.		\$
b.		\$
c.		\$
d.		\$
e.		\$
HVAC		\$
Plumbing		\$
Electrical		\$
Other		\$
Other		\$
Total		\$
Grant Amount Applicable	50% of Signage & Storefront only	\$
Amount Left for Façade Loan		\$

Proposed Repayment Terms _____ Months
_____ Years

Primary Source of Repayment: (Check one)

- Rental Income
- Operating Income

- Personal Income
- Other (Specify)

Proposed Collateral:

- Personal Guaranty
- Mortgage
- Co-signer

- Business Guaranty
- Other (Explain) _____

Has any construction, rehabilitation, or renovation activity occurred to date which is included in the total project cost? Yes No

If Yes, please summarize the extent of the activity undertaken and identify what percent it represents of the total work to be done.

Zoning and Infrastructure:

The proposed use of the project meets all governmental zoning and subdivision regulations. Yes No

There are adequate utilities, sewage and drainage available to the building per City requirements. Yes No

There is adequate off-street parking to meet the needs of the building/business per City requirements. Yes No

IV. AMOUNT AND SOURCE OF OTHER FUNDS INVOLVED IN PROJECT

Bank _____	Amount _____
Equity _____	Amount _____
Investors _____	Amount _____
Other _____	Amount _____

FISCAL IMPACT STATEMENT AND TAX BENEFITS

Maximum amount of financing sought. \$ _____

Current estimate of real property taxes per year using present tax rates. \$ _____

Leverage ratio - Private Investment: Facade Program. \$ _____

How will loan help Applicant/tenant/community?

- _____

Any other Benefits to City?: _____

Please read the following and sign the application form below.

All property/business owners, partners, etc. must sign this application form and submit personal financial statements. If there are any questions, please call us at 926-8428 or 928-2620.

Name (Print) _____

Name (Print) _____

Signature _____

Signature _____

Date _____

Date _____

Name (Print) _____

Name (Print) _____

Signature _____

Signature _____

Date _____

Date _____

PUBLIC INFORMATION DISCLOSURE

The undersigned understands and agrees that all information furnished in connection with his application for a Newport News Facade Improvements Assistance Program involves the use of public funds and as such may be made public pursuant to the statutes of the United States of America and the Commonwealth of Virginia.

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

VERIFICATION OF FINANCIAL FEASIBILITY

The undersigned authorizes the City of Newport News and/or the Newport News Redevelopment and Housing Authority representatives to verify all information furnished in connection with the application for a loan under the Newport News Facade Improvement Assistance Program. The information that may be verified includes, but is not limited to, the following: employment, pensions, mortgages, deposits, and any other income, personal or business loan applications, hazard insurance, and further, to obtain a credit report.

_____ Applicant's Signature	_____ Social Security #	_____ Date
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_____ Applicant's Signature	_____ Social Security #	_____ Date

REQUIRED ATTACHMENTS TO APPLICATION

- Application Fee \$50 (See guidelines for other fees involved).
- Current Personal Financial Statement and tax returns for the applicant's three most recent fiscal years.
- Three-year projected pro forma income statements or cash flow statements. Pro formas should be broken down on a monthly basis for a minimum of the first year.
- Copy of Appraisal on Property if obtained within last 24 months.
- Such non-financial information or supporting information necessary to substantiate the application, including, but not limited to:
 - Estimates, quotations, receipts, contracts, orders, invoices, leases, sales agreements, documentation from architects, engineers, contractors, suppliers, or others involved in the sale, lease or construction of fixed assets, if any, for project including schedules of implementation.
- Any History or Relevant Information on Applicant and/or Property.

Please provide as much of this information as possible and add any additional information that will assist our staff and loan review committee in evaluating your request.