



North Harbor Facade Grant Program PROJECT DESCRIPTION



APPLICATION NAME AND CONTACT INFORMATION:

GRANT LOCATION ADDRESS:

Anticipated Project Cost:

Please describe in detail the proposed scope of work. Use separate sheet(s) if necessary.

OTHER REQUIRED DOCUMENTATION

- Three (3) bids/quotes from a licensed contractor
- Project Budget
- Photographs of the project site prior to any improvements
- Building Permit (if applicable)

**CITY OF EAST CHICAGO
Facade Grant Application**

APPLICANT INFORMATION

Building Owner/Applicant Name:

Home Address:	City:	State:	Zip Code:
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Phone:	Fax:	Email:
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Registered Company Address:	City:	State:	Zip Code:
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Have you or your company ever used any Business Incentives offered by the City of East Chicago?
If Yes, please list the type of incentive and the effective date:

BUSINESS INFORMATION

Name of Business and DBA if applicable:

Business Owner(s) Name(s) and Title:

Address of Property to be Improved:

Phone:	Fax:	Email:
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Date Business Commenced:

How long at current address?

Sole Proprietorship:	Partnership:	Corporation:
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Total Number of Employees ___ Full-Time ___ Part-Time ___

Tax ID:	Property Identification (Key Number):
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Will the proposed project result in a change in the total number of employees?

Is the Building Leased? ___ If yes, please list expiration date and renewal term

Business(es) Located Within Building:

Is The Building a Landmark or Located in a Historic District? Yes ___ No ___ If yes, please attach supporting documents

Building Age:

Current Zoning:	Property Identification Number:
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Will the proposed project result in a change in use for the building? Yes ___ No ___ if yes please explain on a separate sheet.

Is there a mortgage on the building? Yes ___ No ___ if yes, identify the holder of the mortgage and date

Are any other loans, liens, or deed restrictions on the property? Yes ___ No ___ If yes, please list.

For Internal Use:

Date Received: _____ Staff: _____

AFFIDAVIT AND CERTIFICATION OF PROPERTY OWNER

To induce the City of East Chicago (“Grantor”) to make, and in consideration of the making of a grant to (“Grantee”) _____, the owner of the Property located at _____ (the “Affiant”) the undersigned owner of the Property to be improved by Grantee does hereby state and certify the following to the City of East Chicago:

1. Grantee/Affiant is the owner of the building and property.
2. Grantee/Affiant currently leases to the Property or a portion of the Property, the term of Grantee’s current leasehold to the Commercial Tenant, _____ is scheduled to end on _____ 20__ and a copy of said lease is attached to the Facade Rebate Application.
3. Grantee/Affiant has no outstanding delinquent tax obligations on the subject property.
4. Grantee/Affiant has reviewed the improvements to the Property proposed by Commercial Tenant.
5. Grantee/Affiant approves and gives the authority to implement the improvements described in Project Description and supporting documentation on the Property under the City of East Chicago Facade Rebate Program.

The Grantee/Affiant does hereby acknowledge that the Affidavit is made for the purpose of inducing the Grantor to grant Facade Rebate funds to the Grantee for improvements to the above referenced property.

Dated this ____ day of ____ 20 ____

GRANTEE/AFFIANT

Signature

Printed Name

Title

The undersigned, a notary public in and for said County, in the State of Indiana, does hereby certify that _____ personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that he signed and delivered the said instrument as his free and voluntary act for the uses and purposes therein set forth.

(NOTARY SEAL)

Notary Public: _____

My Commission Expires: _____

ADDIDAVIT OF INDEBTEDNESS TO CITY OF EAST CHICAGO

The undersigned Applicant, having been duly sworn on oath or affirmation hereby states that to the best of his/her knowledge the Applicant or any individual with an ownership interest in the Applicant has identified all known debts to the City of East Chicago below:

Description of Debt	Date of Occurrence	Amount
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The undersigned Applicant understand that failure to disclose and resolve any debt owed to the City, may be grounds for rejection of the application or the termination of the privileges sought in connection with the affidavit, in accordance with the procedures set forth in the Municipal Code of the City of East Chicago.

Applicant Signature _____ Date _____

Printed Name _____

Business Name _____

Business Mailing Address City/State/Zip _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public: _____

My Commission Expires: _____

(NOTARY SEAL)

OTHER REQUIRED DOCUMENTATION

- Proof of Insurance
- If applicable, property owners must provide copies of all leases associated with property
- Proof that property taxes are paid in full
- Affidavit and Certification of Property Owner
- Affidavit of Indebtedness
- Building Permit (if applicable)

SIGNATURES

I/WE CERTIFY THAT ALL INFORMATION SET FORTH IN THIS APPLICATION IS A TRUE REPRESENTATION OF THE FACTS PERTAINING TO THE SUBJECT PROPERTY FOR THE PURPOSE OF OBTAINING FUNDING UNDER THE CITY OF EAST CHICAGO FAÇADE REBATE PROGRAM. I UNDERSTAND AND ACKNOWLEDGE THAT ANY WILLFULL MISREPRESENTATION OF THE INFORMATION CONTAINED IN THIS APPLICATION COULD RESULT IN DISQUALIFICATION FROM THE PROGRAM, REQUIRING ANY FUNDS ALREADY DISBURSED TO BE REPAID IN FULL TO THE CITY OF EAST CHICAGO.

THE APPLICANT FURTHER CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE CITY OF EAST CHICAGO FAÇADE GRANT PROGRAM GUIDELINES. IF A DETERMINATION IS MADE BY THE ECONOMIC DEVELOPMENT COMISSION THAT PROGRAM FUNDS HAVE NOT BEEN USED FOR ELIGIBLE PROGRAM ACTIVITY, THE APPLICANT AGREES THAT THE PROCEEDS SHALL BE RETURNED IN FULL TO THE CITY OF EAST CHICAGO AND ACKNOWLEDGES THAT WITH RESPECT TO SUCH PROCEEDS SO RETURNED, HE/SHE SHALL HAVE NO FURTHER INTEREST, RIGHT OR CLAIM. IT IS UNDERSTOOD THAT ALL CITY OF EAST CHICAGO FAÇADE GRANT PROGRAM FUNDING COMMITMENTS ARE CONTINGENT UPON THE AVAILABILITY OF FUNDS.

Signature:
Date:

Title:

Please submit completed project description and all required documentation to:
City of East Chicago, Planning & Economic Development
4525 Indianapolis Blvd. Lower Level
East Chicago, IN 46312