

# FAÇADE IMPROVEMENT PROGRAM APPLICATION

Please complete all items carefully and accurately to the best of your knowledge. Application must be submitted **prior to the start of construction**.

OWNER INFORMA	Application Date:						
Property Owner(s) Na	me (Titleholder):						
Owner Type: (Check	One)						
Individual	Proprietorship	Partnership	LLCCorporat				
Mailing Address:							
City:	State:	Zip Code	2:				
Phone:	Fax:	E-mail:					
Federal Tax Id No.	E	Business Tax Id No.					
	operty: ness (es) and Business C						
	tanding Debt on Subject	Property (Required if	Property Owner is				
Applicant): Type	To Whom	Amount	Maturity Date				
1 <sup>st</sup> Mortgage Holder							
2 <sup>nd</sup> Mortgage Holder							
Other Liens							

## III. <u>PRINCIPAL(S)/GUARANTOR INFORMATION</u>

N	ame(s):					
А	ddress(es):					
	YPE OF IMPROVEMENTS PROPOSED:					
	Awnings New Signs Lighting   Painting					
	Windows Doors Landscaping					
	Sign Removal Siding Canopy					
E	cterior Other					
S	gnage					
Т	DTAL					
А	MOUNT OF LOAN REQUEST: (Up to Maximum \$50,000)					
S	DURCES OF FUNDING FOR TOTAL PROJECT:					
O E	wner:ank:					
	ther:					
л Л	'ETHERSFIELD FAÇADE LOAN:     otal Project Cost:					
	PLEASE ATTACH THE FOLLOWING AS PART OF THIS APPLICATION:					
а	Description of improvements (exterior, signage) and how work will be accomplished					
b	. Brief company profile					
	Two years of financial statements including balance sheets and income statements or attach copies of the business income tax returns for the last two years.					
d	d. Completed personal financial statements for the principal of the company and attach last two years of personal income tax returns.					
e	Certificate of Good Standing (for corporations applying)					
f	If the property owner and business owner are not the same a letter of support from the property owner is required.					

Façade August 2024

- g. Copy of lease for current or proposed business location
- \_\_\_\_ h. Resumes of principals of company
- \_\_\_\_\_i. Estimate (and contracts, if available) for all renovations
- \_\_\_\_j. Copy of deed to real property
- \_\_\_\_\_k. Copy(s) of all mortgage for subject property
- \_\_\_\_1. Copy of Certificate of Insurance on subject property
- m. Copy of Tax Affidavit (Exhibit B) signed by the Town of Wethersfield Tax Collector
- n. Check made payable to the **<u>TOWN OF WETHERSFIELD</u>** for \$500.00 non-refundable Application Fee. (Upon approval, fee will be credited toward closing).

Documentation may be submitted electronically, however to formally start application review process An original notarized application with application fee must be delivered and received by:

> Director, Department Economic Development 505 Silas Deane Highway Wethersfield, CT 06109

The Town of Wethersfield is an Equal Opportunity lender and will not discriminate against any applicant based on race, color, religion, sex, disability, familial status or national origin.

#### V. FAÇADE IMPROVEMENT (S) REQUEST

Give a brief general description of the type of improvement (s) being requested:

I certify that the information in this application is true and complete and I agree to participate in the Façade Improvement Program.

The undersigned hereby authorizes the Town of Wethersfield to obtain a Credit Report on the Borrower and the Guarantors and to independently verify the information contained in this application.

**NOTE:** THE CLIENT WILL PAY FOR ANY EXPENSES INCURRED BY THE TOWN OF WETHERSFIELD ON HIS/HER BEHALF, INCLUDING, BUT NOT LIMITED TO CREDIT REPORT FEES AND RECORDING FEES. SUCH EXPENSES WILL BE SUBTRACTED FROM THE PROCEEDS OF THE LOAN.

Owner (s) Signature (Must be Notarized)	Date
Owner (s) Signature (Must be Notarized)	Date
Guarantor(s) Signature (Must be Notarized)	Date
Guarantor(s) Signature (Must be Notarized)	Date
STATE OF CONNECTICUT ) ) ss COUNTY OF)	, 20
Personally appeared	who subscribed and swore to the that executed the same, before (he/she/they)

Notary Public – Justice of the Peace Commissioner of the Superior Court My Commission Expires:

#### TO BE DETERMINED LATER, If Applicable

- Evidence of pre-qualification from a Banking/Financial Institution authorizing payment of up to 50% of the total cost of construction as required by the Façade Improvement Program.
- At the time of closing, the property owner (s) shall provide a check for the matching amount, made payable to the Town of Wethersfield.

#### FACADE IMPROVEMENT TAX PAYMENT VERIFICATION

### NAME OF BUSINESS/PROPERTY OWNER:

Form of Business: Sale Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_

List the Names of the Principal (s) of the Organization:

Business/Property Owner Certification: I certify that I do not hold title in whole or in part to any real, motor vehicles or personal property located in the Town of Wethersfield other than that which is listed below:

	TO BE COMPLETED BY TAX COLLECTOR			
	Are Taxes Current Yes No	Amount Delinquent	Number of Tax years Delinquent	Is there a Repayment or Repayment Yes No
ADDRESS: REAL PROPERTY				
		\$		
		\$		
MOTOR VEHICLE				
		\$		
		<u> </u> <u> </u>		
		\$	_	
PERSONAL PROPERTY		\$		
(Include Latest Filed Declaration Form)				
		\$		
		\$		
		-		
		Additional Comments:		
AUTHORIZED SIGNATURE		Additional Comments.		
TITLE				
DATE				
		Tax Dept. Signature D	ate	