

Facade Grant Program

PROJECT DESCRIPTION

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	☐ If applicable, property owner must provide copies of all leases associated with property
☐ Project Budget	☐ Proof that property taxes are paid in full and up-to-date
☐ Photographs of the project site prior to any improvement	☐ Affidavit and Certification of Property Owner
☐ Building Permit (if applicable)	☐ Affidavit of Indebtedness
☐ Proof of Insurance	

CITY OF EAST CHICAGO
Façade Grant Application

APPLICANT INFORMATION

Building Owner/Applicant Name:	**Registered Company Address:**
Home Address:	**City, State, Zip Code:**
City, State, Zip Code:	**Phone:**
Phone:	**Email:**
Email:	**Employer Identification No (EIN)/Federal Employer Identification No(FEIN):** _ _ - _ _ _ _ _ _ _
Have you or your company ever used any Business Incentives offered by the City of East Chicago? ☐ Yes ☐ No	
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:	Email:
Date Business Commenced:	
How many years have you been at your current address?	
Type of Business:	☐ Sole Proprietorship ☐ Partnership ☐ Corporation
Total Number of Employees:	Full-time: Part-time:
Tax ID:	Property Identification (Key Number):
Will the proposed project result in a change in the total number of employees? ☐ Yes ☐ No	

FAÇADE REBATE APPLICATION – NORTH HARBOR

Is the building leased? ☐ Yes ☐ No *If yes, please list the expiration date and renewal term*:	
Business(es) located within the building? ☐ Yes ☐ No	
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:
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, please list*.	
Are there any other loans, liens or deed restrictions on the property? ☐ Yes ☐ No *If yes, please list*.	

SIGNATURES

I/We certify that all information set forth in this application is a true representative of the facts pertaining to the subject property for the purpose of obtaining funding under the City of East Chicago Facade Rebate Program. I understand and acknowledge that any willful 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 PROCESSING OF ANY APPLICATION APPROVALS WILL NOT BEGIN UNTIL A RESOLUTION HAS BEEN APPROVED BY THE EAST CHICAGO COMMON COUNCIL AND THE ECONOMIC DEVELOPMENT COMMISSION FOR THE YEAR THE APPLICATION WILL BE CONSIDERED. DEADLINE TO ACCEPT ANY CITY-WIDE or NORTH HARBOR FACADE APPLICATIONS FOR THIS YEAR WILL END AT 4:00 P.M. CST ON THE LAST BUSINESS DAY OF SEPTEMBER.

The applicant further certifies that he/she has read and understands the City of East Chicago Facade Grant Program guidelines. If a determination is made by the Economic Development Commission 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 Facade Grant Program funding commitments are contingent upon the availability of funds.

_____ _____

Signature Title

_____

Date

Please submit completed project description and all required documentation to:

City of East Chicago, Planning & Economic Development
4525 Indianapolis Blvd., East Chicago, IN 46312; Tele: (219) 391-8205

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, 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:

AFFIDAVIT 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 understands 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)