



# Community Redevelopment Agency Investment Program Application



Date of Application: \_\_\_\_\_

Name of Program: \_\_\_\_\_

## 1. APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 2. PROPERTY INFORMATION

Full address of the property: \_\_\_\_\_

Does the applicant own property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No" when will property be in control (own or lease term) of applicant?  
\_\_\_\_\_

If "Yes", is the property free of liens, judgements, or encumbrances?  
\_\_\_\_\_

Indicate the owning entity of the property (i.e., name on property title)  
\_\_\_\_\_

Is the property currently occupied or vacant?  
\_\_\_\_\_

## 3. BUSINESS INFORMATION

Description of the business (use) that currently or will occupy this property:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many full-time employees does the business currently employ? \_\_\_\_\_

Services offered: \_\_\_\_\_

Operating days/hours: \_\_\_\_\_

Years at current location: \_\_\_\_\_

Years in business: \_\_\_\_\_



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How does the business benefit the community?

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## 4. MULTI TENANT BUSINESS

Property owner: Yes or No *(Multi-tenant grants are only available to property owners.)*

Name, Address and Phone:

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Business Name, Address and Phone

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Total units: \_\_\_\_\_ Occupied units: \_\_\_\_\_ Vacant units: \_\_\_\_\_

Year building acquired: \_\_\_\_\_ Average length of tenant lease: \_\_\_\_\_

List of existing services offered: \_\_\_\_\_

Average square foot per unit: \_\_\_\_\_ Total square feet: \_\_\_\_\_

If vacant property:

**Do you agree to not rent out properties to non-eligible businesses?**

I Agree

## 5. SCOPE OF WORK

Description of proposed improvements requested (attach any renderings, product photos, or samples, use additional page if necessary):

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Has the Applicant completed or plan to complete any other improvements to the property outside of the scope of this application (i.e., interior)? If so, what and when? Include the estimated cost of the other improvements.

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Attach an image(s) that **clearly** shows the existing property conditions.

Estimated Commencement Date:

Estimated Completion Date:

Total Project Cost:

Total Funding Request:

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Authorized Representative(s):

Business Owner Signature

Property Owner Signature (If different)

Date

**ONLY COMPLETE APPLICATIONS WILL BE PRESENTED TO THE CRA BOARD**

I attest that the information in this application is true and correct. I have read completely and understand the program, including the application guidelines and reimbursement process.

\_\_\_\_\_  
**Applicant Signature**

OFFICE ONLY Application No.: _____
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