

LANCASTER CRIZ Application

I. APPLICATION INFORMATION

Name of Applicant: _____

Address of Applicant: _____

Contact Phone Number: _____

Contact Email: _____

Type of CRIZ financing: Use of Increment One-Time Grant

Grant Amount Requested: \$ _____

II. PROJECT INFORMATION

Name of Project: _____

Project Address: _____

Property Tax ID #: _____

Type of Business: _____

Date Business Established: _____ Years Owned: _____

III. OWNERSHIP & MANAGEMENT STRUCTURE

Business Organizational Structure:

Sole Proprietorship _____ Corporation _____ Partnership _____
LLC _____ Limited Partnership _____

Federal Tax EIN #: _____

List all owners, partners, and/or stockholders with at least 20% ownership in the business:

Name and Title: _____

Address: _____

Percent Ownership: _____ Phone Number: _____

Name and Title: _____

Address: _____

Percent Ownership: _____ Phone Number: _____

IV. LENDER INFORMATION

Primary Lender: _____
Address: _____
Loan Officer: _____
Contact Info: Phone #: _____ Email: _____

V. PROJECT BUDGET & FINANCIAL INFORMATION

<u>Scope of Project</u>	<u>Estimated Project Cost</u>
<input type="checkbox"/> Real Property Acquisition	\$ _____
<input type="checkbox"/> Building Renovations/Leasehold Improvements	\$ _____
<input type="checkbox"/> New Construction	\$ _____
<input type="checkbox"/> Infrastructure Improvements	\$ _____
<input type="checkbox"/> Purchase of Machinery/Equipment	\$ _____
<input type="checkbox"/> Professional Services	\$ _____
<input type="checkbox"/> Other-Please Specify	\$ _____
 TOTAL PROJECT COST	 \$ _____

Source of cost estimates for this project? _____
Cost estimates must be attached to the application.

VI. SOURCE(S) OF PROJECT FUNDS

Owner Equity:	\$ _____	% of Total Project	_____
Bank Loan:	\$ _____	% of Total Project	_____
Private Financing:	\$ _____	% of Total Project	_____
Other _____	\$ _____	% of Total Project	_____

If there is more than one bank loan or contributor of other private financing please list each one separately below providing the amount and % of the total financing being provided:

VII. PROPERTY INFORMATION

Status of the Property:

Owned _____ Leased _____ Leased w/ option to buy _____

Lease Rate and Terms _____

If owned, is there an outstanding mortgage? Yes _____ No _____

VIII. EMPLOYMENT AND JOB CREATION INFORMATION

Number of Current Employee of Applicant and/or Businesses to Locate at Property (list each business separately):

Full Time: _____ Part Time: _____ Seasonal: _____

Number of Employees Projected in Three Years (by business):

Full Time: _____ Part Time: _____ Seasonal: _____

Please indicate position type(s) for each business:

Management: _____ Administrative: _____ Support: _____

Skilled: _____ Unskilled: _____ Other: _____

Total Number of New Jobs Created: _____

Total Number of Jobs Retained: _____

IX. CREDIT RELEASE AUTHORIZATION

I/we hereby request and authorize you to release to the CRIZ Authority for verification purposes, personal and corporate credit reports, and information concerning the company/corporation/partnership and/or the officers and individuals listed below. That information may include but is not limited to:

- Employment history dates, title, income, hours worked, etc.
- Banking (checking & savings) accounts of record.
- Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payment)
- Any information deemed necessary in connection with a consumer credit report for my loan application.

This information is for the confidential use of the CRIZ Authority in compiling a loan credit report related to the CRIZ financial assistance to be provided.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

The CRIZ Authority will impose an additional charge to the Applicant for each personal credit report and for each business credit report ordered.

(Please print or type)

Name of Applicant/Business: _____
Telephone: _____
Date: _____

Name of Officer/Owner: _____
Address for last two years: _____
Social Security #: _____
Signature: _____

Name of Officer/Owner: _____
Address for last two years: _____
Social Security #: _____
Signature: _____

X. APPLICANT CERTIFICATION STATEMENT AND SIGN-OFF

NAME: _____ DATE: _____

POSITION: _____

If you should have any questions regarding the application process, please contact:

Randy S. Patterson

(717)201-7498

rpatterson@cityoflancasterpa.com