



# Storefront Rehab Program

City of Moorhead  
500 Center Ave  
PO Box 779  
Moorhead MN 56560  
218.299.5441

## APPLICANT / OWNER INFORMATION

APPLICANT NAME:	BUSINESS NAME:
EMAIL:	PHONE:
MAILING ADDRESS:	CITY, STATE, ZIP:
CO-APPLICANT NAME (if applicable):	
EMAIL:	PHONE:
MAILING ADDRESS:	CITY, STATE, ZIP:
PROPERTY OWNER NAME:	
EMAIL:	PHONE:
MAILING ADDRESS:	CITY, STATE, ZIP:

## SITE INFORMATION

SITE ADDRESS:	PARCEL ID:
CITY, STATE, ZIP:	BUILDING IS: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Leased
CURRENT USE OF BUILDING (list each storefront and its use, if applicable):	

Is the building located in the Renaissance Zone?  Yes  No

If No, explain why should your application should be considered?

## LOAN REQUEST INFORMATION

LOAN REQUEST AMOUNT: \$	
PRIVATE MATCHING FUNDS (Source and Amount):	
PUBLIC TO PRIVATE MATCH AS RATIO:	
PROJECT START DATE:	PROJECT COMPLETION DATE:

## ARCHITECT INFORMATION

APPLICANT'S ARCHITECT:	FIRM NAME:
MAILING ADDRESS:	EMAIL:
CITY, STATE, ZIP:	PHONE:

## PROJECT SUMMARY

IN THE SPACE BELOW PROVIDE A BRIEF DESCRIPTION OF PROPOSED PROJECT (attach an additional sheet, if necessary):

## ATTACHMENTS

PLEASE ATTACH THE FOLLOWING:

1. Budget with quote(s)
2. Current photo of storefront
3. Scale drawings of proposed façade changes (architectural review is preferred)

## PART B - LOAN INFORMATION

The following financial information is to be provided to **West Central Initiative** following preliminary approval of the Moorhead Loan Fund Committee which serves as the review board for the Storefront Rehab Program.

Applicant/Business Name:

Type of business:  Sole Proprietorship  Corporation  Partnership

Applicant/contact person:

Date of birth:

Home address:

Telephone:

City:

State:

ZIP code:

Email:

SSN:

Federal ID #

### EMPLOYMENT INFORMATION

Current employment:

How long?

Monthly income:

Previous employment:

Personal reference:

### CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of birth:

SSN:

Current employment:

How long?

Monthly income:

### ADDITIONAL INFORMATION

#### BUSINESS PLAN AND ATTACHMENTS

- Business plan – New or startup businesses must include a business plan and include the following: 1) History of business 2) Marketing analysis and strategy 3) Description of products and process
- Financial projections - Monthly cash flow analysis for next 24 months
- Last two years' business income tax statements (if an existing business is being purchased or expanded)
- Last two years' personal income tax statements
- Scale drawing of proposed façade changes
- Construction schedule, proposed materials list & color samples with cost estimates
- Photos - Both recent and historical (if available)

IF LOAN IS APPROVED, ADDITIONAL DOCUMENTS MAY BE REQUIRED BEFORE CLOSING

PERSONAL FINANCIAL STATEMENTS

ASSETS			LIABILITIES		
1.	Cash		15.	Notes due to banks	
2.	Savings account		16.	Notes due to relatives	
3.	Checking account		17.	Notes due to others	
4.	<b>Subtotal (lines 1-3)</b>		18.	Unpaid bills	
5.	U.S. bonds		19.	Rent due	
6.	Other securities		20.	<b>Subtotal (lines 15-19)</b>	\$
7.	Other assets		21.	Real estate mortgages and contract for deed	
8.	<b>Subtotal (lines 5-7)</b>	\$	22.	Liens	
9.	Household real estate owned		23.	Installment debts, credit cards, etc.	
10.	Other real estate owned		24.	Car or vehicle debts	
11.	Personal property		25.	<b>Subtotal (lines 21-24)</b>	\$
12.	Other assets		26.	<b>TOTAL LIABILITIES (lines 20+25)</b>	\$
13.	<b>Subtotal (lines 9-12)</b>	\$	27.	<b>NET WORTH (Line 14 minus 26)</b>	\$
14.	<b>TOTAL ASSETS (lines 4+8+13)</b>	\$			

SCHEDULE OF DEBTS

PURPOSE	COLLATERAL	MONTHLY PYMT	LENDER	UNPAID BALANCE

Have you declared bankruptcy within the last seven (7) years?  No  Yes (attach explanation)

Do you have any pending lawsuits, civil or criminal?  No  Yes (attach explanation)

I certify that all statements made in this application are an accurate representation of my financial condition on this date and are made for the purpose of obtaining the loan indicated. Verification and re-verification of any information contained in this application may be made at any time by West Central Initiative, its agents, successors and assigns, either directly or through a credit reporting agency or another source named in this application at any time while checking the creditworthiness of this loan, or if approved, at any time while said loan has an outstanding balance due.

West Central Initiative, its agents, successors and assigns will rely on the information contained in this application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to advancement of funds by West Central Initiative or at any time thereafter, if requested.

It is further agreed that in the event that we make credit application elsewhere either prior to, during the term of, or following the making of the loan sought by this application, West Central Initiative is also authorized to receive additional credit information and to answer any questions by third parties on their credit experience with the undersigned.

Authorized Signature:	Date:
Authorized Signature:	Date: