

**LAKE COUNTY / CITY OF SILVER BAY / ARROWHEAD ECONOMIC OPPORTUNITY AGENCY, INC.
 SMALL CITIES DEVELOPMENT PROGRAM - COMMERCIAL
 SCDP BUSINESS APPLICATION**

Application Information

Date: _____

Applicant Name (business name) _____

Phone Number: _____

Cell Number: _____

Property Address: _____

City, State, Zip: _____

Email: _____

Contact Person: _____ Phone Number: _____

Contact person address: _____

City, State, Zip: _____

Federal ID Number or Social Security Number: _____

Property Information:

Occupancy of Building: Tenant occupied Owner Occupied Vacant

Name of Businesses Located in Building (Please indicate if any space/units are vacant):

Business Name	Name of Business Owner	DUNS # (Federal Requirement)*

*The Federal Government asks for DUNS #'s for every business located in a building that receives Federal funds. If a business does not have a DUNS number, please call 1-866-705-5711 and have one assigned to the business.

Estimated Age of Building: _____

Estimated Market Value: _____

Number of Stories: _____

Current Property Taxes: _____

Number of Units: _____

Square Footage: _____

Within Flood Plain: Y N (circle one)

Current use of building: _____

Proposed use of building: _____

(NOTE: Attach a copy of the most recent Property Tax Statement from the County Assessor's Office and Proof of Insurance on Building)

Please provide the following information if known:

1. Is the building within the correct zoning classification? _____
2. Is the building in a historical district? _____
3. Is the building on the National/State Historical Register? _____
4. Do you want your building on the Historic Register? _____
5. Is the building in a regulatory flood plain? _____

Ownership Information:

Please provide the following information:

Ownership of property is:

- Free & Clear
- Buying Mortgage
- Contract for Deed
- Other

List Name/ Address/ Phone # of Owner on Title/Deed:	Ownership Interest %
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Outstanding principal owned on building: \$ _____

Lending Institution/Mortgage Company (List name, address, phone number & email):

Estimated Rehabilitation Costs & Required Loan Information

Please select the improvements you would like to have done:

System Improvements

- Heating/Cooling System Updates
- Plumbing Updates
- Electrical Updates
- Window Replacement
- Door Replacement

Structural Improvements

- Roofing
- Siding
- Beams
- Posts
- Basement Concrete Floor
- Partial (less than 30%) basement
- Wall Repair

Other

- Exterior Improvements
- Awnings
- Foundation
- Fix Code Violations
- Insulation
- Asbestos/Lead Removal
- Fire Escape
- Energy Improvements
- Accessibility Improvement

Please list any other improvements you would like to do:

Please provide the following information if known:

Estimated Cost of Project: _____

Estimated Amount of SCDP Funds Needed: _____

Estimated Amount of Owner Funds Needed: _____

Source of Owner Funds: Savings Bank Loan Other: _____

Impact of Project on Jobs: # of Jobs existing: _____ # of Jobs created: _____

I (we) the undersigned, certify subject to penalty of law, that by signing this application, the information above is true and correct to the best of my (our) knowledge. I (we) realize that giving false information will result in disqualification from the program, and/or I (we) may be subject to a fine or imprisonment, or both, under provisions of the Minnesota Criminal Code, and/or I (we) may be required to return all or part of the rehabilitation funds to the entity in which they were borrowed from. I (we) hereby authorize AEOA staff to enter my (our) property to identify work items necessary for the rehabilitation of my (our) building, to take photographs and to inspect work in progress while construction is occurring, during regular business hours. NOTE: the information requested in this application is legally required to determine if you qualify for participation in this rehabilitation program. A portion of the data is classified as "private data on individuals" under Minnesota Statutes 462.065. Use of data obtained is limited to the United States Department of Housing and Urban Development.

Your name, address, and amount of assistance you receive are considered public data under the Minnesota Data Practices Act. The disclosure of your Social Security Number or Minnesota Tax Identification Number is mandatory for participation in this program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01-270A.12 of MN Statutes), as well as Section 270.66 of said Statutes. Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtedness to the entity lending the funds to us, resulting from this or other Small Cities Development Program. These numbers may be made available to state tax authorities and state personnel involved with the collection of state obligation.

Applicant's Signature: _____ Date: _____
Co-Applicant's Signature _____ Date: _____

I/We certify that I/we have received information on the Fair Housing Act and that I/we read and understand the information. (if applicable)

Signature of Applicant: _____ Date: _____
Signature of Co-Applicant: _____ Date: _____

I/We certify that I/we have received the publication "Protect Your Family from Lead in Your Home" (EPA 747-K-99-001) and that I/we have read and understand the information.

Signature of Applicant: _____ Date: _____
Signature of Co-Applicant: _____ Date: _____

I/We authorize the photographing of the rehabilitation property. I/we understand that the photographs will be used by AEOA /Lake County or its representatives as documentation of property conditions before and after rehabilitation. The photographs may also be used in presentations or in other manner for demonstrating various styles and services.

Signature of Applicant: _____ Date: _____
Signature of Co-Applicant: _____ Date: _____

This instrument was drafted by: AEOA Housing Services, 2900 E. Beltline Suite 9, Hibbing, MN 55746



**LAKE COUNTY / CITY OF SILVER BAY / ARROWHEAD ECONOMIC OPPORTUNITY AGENCY, INC.
SMALL CITIES DEVELOPMENT PROGRAM - COMMERCIAL
BANK VERIFICATION**

Applicant Only:

Date of Request: _____

Name of Applicant: _____

Address: _____

Name of Lender: _____

Address of Lender: _____

Phone Number: _____

To the Lender named above, I hereby grant the release of information regarding my income, assets, and/or mortgage (to Arrowhead Economic Opportunity Agency Inc.) I understand that this information will be treated as private data. This verification request is required to establish my program eligibility and I would appreciate your prompt completion of this form.

Signature of business applicant

Date

Bank Only:

Current Savings Account Balance: \$ _____

Current Checking Account Balance: \$ _____

Saving Certificate Balance(s): \$ _____

Bank Staff Signature

Date

Title

Phone

Return this form via email or fax to:

Arrowhead Economic Opportunity Agency, Inc.

ATTN: Vince Meyer

Email: Vincent.meyer@aeoa.org Fax: 218-748-7333 Office: (218) 735-6828

This instrument was drafted by: AEOA Housing Services, 2900 E. Beltline Suite 9, Hibbing, MN 55746



**LAKE COUNTY / CITY OF SILVER BAY / ARROWHEAD ECONOMIC OPPORTUNITY AGENCY, INC.
SMALL CITIES DEVELOPMENT PROGRAM - COMMERCIAL
MORTGAGE VERIFICATION**

Date of Request: _____
Name of Applicant: _____
Address: _____

Name of Lender: _____
Address of Lender: _____

Phone Number: _____

To the Lender named above, I hereby grant the release of information regarding my income, assets, and/or mortgage (to Arrowhead Economic Opportunity Agency Inc.) I understand that this information will be treated as private data. This verification request is required to establish my program eligibility and I would appreciate your prompt completion of this form.

Signature of business applicant

Date

Bank Only:

1. Original date of Mortgage: _____
2. Type of loan and loan number: _____
3. Original amount of loan: _____
4. Current mortgage balance: _____
5. Monthly mortgage payment: _____
6. Is this mortgage current? yes no
7. How many times has this borrower paid more than 30 days late within the last 12 months? _____

Bank Staff Signature

Date

Title

Phone

Return this form via email or fax to:

Arrowhead Economic Opportunity Agency, Inc.

ATTN: Vince Meyer Email: vincent.meyer@aeoa.org Fax: (218) 748-7333 Office: (218) 735-6828

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**LAKE COUNTY / CITY OF SILVER BAY / ARROWHEAD ECONOMIC OPPORTUNITY AGENCY, INC.
SMALL CITIES DEVELOPMENT PROGRAM - COMMERCIAL
CONFLICT OF INTEREST SCREENING FORM**

(Must be completed where applicable, if applicable, and signed)

Are you or have you been one of the following, during the last 12 months, an:

- 1. Employee _____
- 2. Consultant _____
- 3. Officer _____
- 4. Elected official _____
- 5. Appointed official _____

Of the following:

- 1. State _____ Agency Name: _____
Position: _____
- 2. Local government/its agents _____ Agency Name: _____
Position: _____
- 3. Managing/consulting agency _____ Agency Name: _____
Position: _____

Or, do you/have you or any family members had/have relationship with any of the above named persons?

If yes, describe: _____

Note: If a conflict exists, it may be possible for the grantee and its agents to request an exception to the conflict from the funding agency.

None of the above apply _____

Signature of Applicant

Date

This instrument was drafted by: AEOA Housing Services, 2900 E. Beltline Suite 9, Hibbing, MN 55746



**LAKE COUNTY / CITY OF SILVER BAY / ARROWHEAD ECONOMIC OPPORTUNITY AGENCY, INC.
SMALL CITIES DEVELOPMENT PROGRAM - COMMERCIAL
DATA PRIVACY**

Certain information you provide to the Arrowhead Economic Opportunity Agency, City of Silver Bay and Lake County about you and your business will be considered **private data** as defined by the Minnesota Government Data Practices Act. The information requested in the application for a Small Cities Development Program loan, if your assistance is approved, could be considered public.

We will use the data requested in the application for administration and management of the program. Persons or agencies with whom this information may be shared include:

- The local loan committee members who approve all applications.
- Staff who is involved in program administration.
- Auditors who perform required audits of our programs.
- Authorized personnel from the Minnesota Department of Employment and Economic Development and the U.S. Department of Housing and Urban Development or other State and Federal agencies providing funding assistance to your loan.
- Law enforcement personnel in the case of suspected fraud.
- Persons requesting public information under the Freedom of Information Act.

You may wish to exercise your rights as contained in the Minnesota Government Practices Act. The rights include:

- The right to see and obtain copies of the data maintained on you
- Be told the contents and meaning of the data, and
- Challenge the accuracy and completeness of the data.

To exercise these rights contact: Vince Meyer, AEOA, at (218) 735-6828

Applicant's Signature: _____ Date: _____

This instrument was drafted by: AEOA Housing Services, 2900 E. Beltline Suite 9, Hibbing, MN 55746

