

Lemoore Redevelopment Agency
Commercial Facade Improvement Forgivable Loan Program

Application Form

Date _____

Name of Applicant _____

Business Address _____

Mailing Address _____

Telephone Number _____

Property Owner _____

Tenant _____

If you are the tenant, list below the length of your lease as well as the property owner's address and contact number. **PLEASE NOTE:** Documentation providing property owner's authorization to perform the renovation work is required with application submittal.

Owner's Address _____

Owner's Phone Number _____

Length of Lease _____

Give a brief description or summary of your budget and proposed design/improvement plan. Please be as specific as possible as to the facade improvements that you are proposing and submit a detailed drawing of the proposal. Please enclose a photograph of the existing storefront.

Signature

Date

*Execution of this letter constitutes that I have read and understand the Lemoore Redevelopment Agency Commercial Facade Improvement Forgivable Loan Program Guidelines and agree to comply with all of the rules and regulations set forth therein. I further understand that all obligations must be met in designated order for eligibility for reimbursement by the Agency.

Owner Applicant

Tenant's Consent

I, _____ am the tenant of a portion or all of the Property
Name of Tenant

located at _____. I hereby consent to and agree to the terms of
Property Address

the foregoing Commercial Facade Improvement Loan Program Application. I understand that

I am not the applicant and therefore not responsible for costs associated with this program.

Date: _____

Tenant

By: _____
Signature

Title

Address

Phone Number

Tenant Applicant

Owner's Consent

I, _____ am the owner of the Property located at
Name of Property Owner

_____ and give authorization to _____
Property Address *Tenant*

to perform the facade renovation work and hereby consent to and agree to the terms of the foregoing Commercial Facade Improvement Loan Program Application. I understand that I am not the applicant and therefore not responsible for costs associated with this Program.

Date: _____

Owner

By: _____
Signature

Title

Address

Phone Number