

HISTORIC PRESERVATION LOAN APPLICATION



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THIS SECTION FOR STAFF USE ONLY

Application # _____	Date Received _____
HPC Recommendation _____	HPC Chair Signature _____
City Manager's Decision _____	City Manager's Signature _____

Application for Consideration for Loan Funding

Please complete the following information, attach two professional estimates on cost, a photograph of the existing structure, a diagram and a paragraph illustrating the proposed work, a copy of the property deed and any additional deeds of trust/equity lines of credit, IRS Determination Letter (for Non-Profits), and return the complete package to: Collette Kinane, City of Greenville Community Development Department, P.O. Box 7207, Greenville, NC 27835.

No application will be accepted for review and consideration until all requirements are met. All proposed work must conform to the requirements of the loan program and the City of Greenville's Design Guidelines. Applications will be ranked according to compliance with the purposes of the Loan Program and awards will be made on a ranked order based on the availability of funds. The applicant shall be responsible for all recording fees, credit background checks, title search costs, and document preparation fees. The requirements of the Loan Program are incorporated in the application as if fully set forth in these instructions.

General information for residential, non-commercial properties only

1. Applicant's Name _____
Applicant's Address _____
Applicant's Social Security number(s) _____ / _____
Street Address of property (if different from above) _____
Applicant's Phone Number _____

General information for income-producing or non-profit properties only

1. Business or Non-profit Entity Name _____
Business or Non-profit Entity Mailing Address _____

Federal Identification number/s _____ / _____
Street Address of property _____
Property Owner Phone # _____

Building Characteristics

3. Exterior wall construction: ☐ Masonry ☐ Frame ☐ Other (Explain.) _____
4. Number of stories _____.
5. Occupancy of residential structure: ☐ Fully Occupied ☐ Partially Occupied ☐ Vacant
6. Present use of structure: ☐ Owner Occupied Residential ☐ Rental ☐ Mixed Use ☐ Office
☐ Church ☐ Other (Explain) _____

7. What type of exterior improvements are to be made? Please describe in detail. (Attach additional sheets or additional drawings if necessary).

8. Please make a check mark next to the improvements you will be making and give us the estimated cost of each one. Attach copies of two professional cost estimates.

- | | | | |
|----|-------------------------------------|-------|----------|
| 1. | Painting exterior | _____ | \$ _____ |
| 2. | Cleaning exterior | _____ | \$ _____ |
| 3. | Redesign or restructure of exterior | _____ | \$ _____ |
| 4. | Signage | _____ | \$ _____ |
| 5. | Window repair/replacement | _____ | \$ _____ |
| 6. | Remove and/or install awning | _____ | \$ _____ |
| 7. | Other (explain below) | _____ | \$ _____ |

9. Total estimated cost of your improvements \$ _____.

10. Did you or your authorized agent attend a Pre-Grant Workshop? (Please circle one.)

YES (Date: _____) NO

I acknowledge that the City of Greenville is obligated only to administer the Loan procedures and is not liable to the applicant, owner or third parties for any obligations or claims of any nature growing out, or arising out of, the project or application undertaken by the applicant. There is no principal/agent or employer/employee relationship between the City of Greenville and the applicant and/or owner.

I acknowledge that this application must be accepted and all prerequisite rules and regulations must be complied with before any rights insure to the applicant/owner.

I have attached project plans and specifications or other appropriate design documentation.

I understand that the incentive loan must be used only for the project described in this application.

I understand that the City of Greenville will review my credit history and perform a title search for the property listed in this application. By my signature, I authorize the City of Greenville to order a credit report and property title search.

Signatures


Applicant

Date

Applicant (if multiple)

Date

THE VENDOR WILL NOT BE SETUP UNLESS ALL INFORMATION REQUESTED ON THIS FORM IS COMPLETED.

 <i>Find yourself in good company</i>	NEW VENDOR REQUEST	CITY OF GREENVILLE, NC FINANCIAL SERVICES/PURCHASING P.O. BOX 7207 200 W. Fifth Street GREENVILLE, NC 27835 Telephone: 252-329-4439
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Please Type or Print Legibly (IF THIS IS A PROCUREMENT CARD VENDOR-DO NOT REQUEST NEW VENDOR NUMBER IF THEY WILL BE USED LESS THAN 3 TIMES)

Federal ID#	SS#	Vendor#
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Vendor Name	Date

REMIT ADDRESS	
STREET	
STREET	
CITY	
STATE	ZIP CODE ***** <u>The City of Greenville is NOT TAX EXEMPT</u> *****

CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
YEAR ESTABLISHED	TERMS	DISCOUNT
W-9 Received _____		
Receipt of W-9 Required		

Please check if this Vendor is providing a service to the City. ☐
If checked, please indicate what type of service?

Signature of Dept/Division requesting vendor to be added: _____

Please complete the following ownership status information:

- | | |
|---|--|
| <input type="checkbox"/> African American Business Enterprise | <input type="checkbox"/> American Indian Business Enterprise |
| <input type="checkbox"/> Asian American Business Enterprise | <input type="checkbox"/> Disabled Business Enterprise |
| <input type="checkbox"/> Latino Business Enterprise | <input type="checkbox"/> Socially & Economically Disadvantaged |
| <input type="checkbox"/> Woman Business Enterprise | <input type="checkbox"/> Disadvantaged Business Enterprise |
| <input type="checkbox"/> Non-Minority | |

Please Mark the Certifying Agency ☐ NC Office for Historically Underutilized Business (HUB Office)
(Please attach copy of current ☐ NC Department of Transportation (NCDOT)
Certification Letter, if applicable) ☐ Self-Certified (no current 3rd party certification)

THE FORM ATTACHED BELOW MUST BE COMPLETED BY VENDOR AND SUBMITTED WITH NEW VENDOR FORM BEFORE THE VENDOR WILL BE SETUP. IF THIS INFORMATION IS NOT PROVIDED, THE VENDOR CAN NOT BE USED BY THE CITY.

Vendor Name: _____

Vendor Address: Street: _____

City: _____ State: _____ Zip Code: _____

Vendor Phone Number: _____

Vendor Email Address: _____

Name of Bank: _____

Bank Address: Street: _____

City: _____ State: _____ Zip Code: _____

Bank Account Number: _____

Bank Routing Number: _____

(Routing number for automatic payment to your account.

Please contact your bank to obtain the correct routing number).

(Signature)

(Date)