

HOUSING REVOLVING FUND

Application

1. Applicant Information:

Name: _____

Address: _____

Telephone: ____-____-____ Fax: ____-____-____

2. Business Information:

Business Name: _____

Address: _____

Telephone: ____-____-____ Fax: ____-____-____

Years in Business under this name: _____

RELEASE OF INFORMATION AND CERTIFICATION I
HEREBY GIVE PERMISSION TO THE CITY OF GARNER to research
the company's history, make credit checks, contact the company's
financial institution, and perform other related activities necessary for
reasonable evaluation of this proposal. I understand that all information
submitted to the City of Garner relating to this application is subject to the
Open Records Law (1989 Iowa Code, Chapter 22) and that confidentiality
may not be guaranteed. I hereby certify that all representations, warranties,
or statements made or furnished to the City in connection with this
application are true and correct in all material respect. I understand that it
is a criminal violation under Iowa law to engage in deception and
knowingly made, or cause to be made, directly or indirectly, a false
statement in writing for the purpose of procuring economic development
assistance from a political subdivision.

Signature of Company Officer: _____

Title: _____

3. Business History:

Give a brief description and history of your business. _____

4. Project Description and Location:

Describe in detail your housing development project, location, projected total cost, time lines, etc. (if additional space is needed attach pages)

5. Project Dates:

Projected State Date ___/___/___

Projected Finish Date ___/___/___

6. Project Costs:

Give an itemized breakdown of each development cost. (i.e.: land - \$100,000)

| Item | Cost |
|-------|----------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| TOTAL | \$ <hr/> |

7. Financing Method:

List each financing source separately.

| Source | Amount |
|--------|----------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| TOTAL | \$ <hr/> |

8. Assistance Requested from the City:

Amount Requested \$ _____

To be used for what expense: _____

Reason(s) City assistance is needed: _____

Collateral offered for this assistance: _____

9. Repayment Schedule:

Provide a schedule of repayment for the requested city Assistance.

Will repay the assistance over a ____ month period at a level repayment amount.

10. I agree to follow all the rules and regulations of the City in reference to this proposed project. I understand that the City will have the final say on amounts, interest, repayment schedule, etc. I further agree to furnish any and all additional information as requested by the City.

Business: _____

Signature: _____

Title: _____

Date: ____/____/____

