

*City of Warwick
Community Development Program
3275 Post Road
Warwick, RI 02886
921-9688*

*Commercial Facade
Grant Program*

1. Name _____

Business Address _____

Home Address _____

Phone (Bus.) _____ (Res.) _____

Social Security No. _____

Do you own the property to be rehabilitated?

_____ Yes

_____ No If no, applicant must submit legal authorization from owner(s) to apply.

2. Do you presently have a mortgage(s) in force on the property to be rehabilitated?

_____ Yes _____ No

If yes, please identify the lending institution(s), their address, and the account number(s)

3. How much do you plan to spend on storefront improvements?

_____ \$0-5,000 _____ \$5,000-10,000 _____ Over \$10,000

4. How do you plan to provide the Twenty percent (20%) matching funds required under this program?

Personal Savings _____

Bank Loan _____

Company Funds _____

Other _____

5. When do you want to start work on your building?

6. Present use of building

_____ Commercial _____ Industrial _____ Office _____ Residential

7. Future use of building (if change anticipated) _____

Please check each improvement you plan on making and provide a brief description of each:

<u>Exterior</u>	<u>Brief Description</u>
_____ Doors & Windows	_____
_____ Awnings	_____
_____ Signage	_____
_____ Exterior Finish	_____
_____ Handicapped Accessibility	_____
_____ Lighting	_____
_____ Landscaping	_____
_____ Gutters & Downspouts	_____

Additional Comment: (other improvements you would like to see)

I hereby certify that the above information is true and correct to the best of my knowledge. I authorize the officials of the Community Development Program to confirm the above information and to inspect the premises.

**** Please note that no work, for which grant funds are requested, can be done prior to grant approval. If work is determined to have occurred prior to grant approval, those expenditures would be ineligible for inclusion in grant request.**

Signature of Applicant