



CITY OF KNOXVILLE

**Façade Improvement Program
Application Form
City of Knoxville, Tennessee
Community Development Department**

A. Applicant Information

Owner Type (check one): Individual(s) Proprietorship LLC Corporation

Building Owner (s):

Social Security Number:

EIN#:

Address:

City/State/Zip:

Phone:

Fax:

E-mail:

Contact Name (if different from above):

Address:

City/State/Zip:

Phone:

Fax:

E-mail:

B. Building Information

Property Address:

Number of Buildings:

CLT#:

Current Usage:

Zoning:

C. Current Indebtedness

Furnish information on BUILDING-RELATED debts, notes, and mortgages payable.

Type	To Whom Payable	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment
1 st Mortgage Holder		\$		\$	%		\$
2 nd Mortgage Holder		\$		\$	%		\$
Other Building Lien		\$		\$	%		\$
Other Building Lien		\$		\$	%		\$
Total		\$	Total	\$	Total	\$	\$

D. Current Tenancy

Use additional sheets if necessary.

Unit Number and Name	Type (retail, office, residential, etc.)	Current Rent	Will building renovations result in increased rent?
		\$ /mo	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent=\$ /mo
		\$ /mo	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent=\$ /mo
Total		\$ /mo	Total new rental income=\$

E. Project Overview

1. Describe in detail the proposed "project" being undertaken (e.g., awning replacement, cornice repair.) This narrative should describe the same project outlined by the financials. (Attach additional sheets if necessary.)

2. When will the project begin? 3. When will the project be completed?

4. Has any portion of the project been started yet? Yes No
 If yes, please describe.

Note: Any portion of the project started prior to an agreement resulting from this application will not be eligible for assistance or count as match funding for this project.

F. Economic Development Overview

JOB CREATION/RETENTION

❖ Upon completion of the project, will new jobs be created? Yes No
If yes, how many and what are their classification?

Will this project retain existing jobs? Yes No If yes, how many and what are their classification?

Will this project result in residential housing units. Yes No If yes, how many? _____

Will any be affordable housing? Yes No If yes, how many? _____

ADDITIONAL INVESTMENT

❖ Please describe any private investment committed to this project: _____

Please describe complete scope of work that private investment will be applied to: _____

In addition to Façade, what other investment is involved? _____

BUILDING LOCATION/CONDITION

- ❖ Is this building previously vacant and being returned to use? Yes No
- Is the property severely deteriorated with a negative impact on the community? Yes No
- Is the property identified blighted? Yes No
- Is the property in a priority redevelopment area? Yes No
- Is this property in a prominent, highly visible location or located on a major arterial highway? Yes No

DISADVANTAGED BUSINESS

❖ Will this project advance disadvantaged businesses, defined as minority or woman owned business, or small business? Yes No If yes, please explain: _____

Use Additional Pages if Necessary

G. Proposed Financing

Note: Other sources of funding must be equal to or greater than 20% of the Façade Program Assistance amount.

Source	Rate	Term	Type	Eligible Costs	Other Costs	Total Costs
Façade Program Assistance	0%		Term Loan	\$	N/A	%
Owner Cash Investment				\$	\$	\$
Bank				\$	\$	\$
Other				\$	\$	\$
Total				\$	\$	\$

H. Attachments

Check if submitted. If not submitted, explain why in the space below, right.

Yes <input type="checkbox"/> No <input type="checkbox"/>	Drawings and specifications.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Photographs of building.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Letters of commitment (others involved in financing).	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Personal financial statements for each building owner.	

Disclosure

By signing and submitting this application, the applicant hereby agrees to the following:

1. Applicant agrees that the acceptance of this application does not commit the City to enter into an agreement, to pay any costs incurred in its preparation to participate in subsequent negotiations, or to contract for the project. Further, the acceptance of this application does not constitute an agreement by the City that any contract will be entered into by the City. The city expressly reserves the right to reject any or all applications or to request more information from the applicant.
2. The applicant also agrees that Façade Design Assistance will only be considered for the proposed project by the City if: 1) a façade design has been completed and is included with this application, and 2) bids or quotes for all proposed work were obtained and are included with this application.
3. Applicant hereby certifies that all information contained in this document and any attachments is true and correct to the best of the applicant's knowledge. Applicant also gives permission to the City of Knoxville to research the building's history, research the applicant's history, contact respective financial institutions, obtain credit reports and perform other related activities necessary for the reasonable evaluation of this proposal.

Should assistance be provided applicant/borrower agrees:

1. To comply with all applicable provisions of federal statutes and regulations concerning equal employment opportunities for persons engaged in rehabilitation work undertaken in connection with program assistance.
2. To keep such records as may be required by the City in connection with the work to be assisted.
3. To not discriminate upon the basis of race, color, sex, marital status, disability, religion or national origin in the sale, lease, rental, use or occupancy of the property to be assisted.
4. To allow no member of the governing body of the City of Knoxville and no employee of the City of Knoxville to have any interest, direct or indirect, in the proceeds of any loan or in any way contract entered into by the borrower for the performance of work financed, in whole or in part, with the proceeds of the loan.
5. That NO financial assistance will be provided if the project involves the permanent and involuntary displacement of tenants unless the applicant agrees to provide financial assistance to the tenants at levels consistent with the Federal Relocation and Real Property Acquisition Act, as amended. Such assistance granted will not, however, be counted in the private match requirement.

In addition, the applicant is aware of the following:

1. The assistance involves federal funds and requires compliance with federal guidelines, including Davis-Bacon Wage Rates, Handicapped Accessibility and Historic Preservation.
2. If assistance is given, an audit of the project may be required.
3. The applicant will be obligated to maintain the building improvements for a period equal to the terms of the loan.
4. Financial assistance will not be provided if property taxes or special assessments are in arrears.

****Please note that incomplete applications will not be considered for funding.***

Signature

Title (if applicant is a company representative)

Print Name

Date

Applicant Submission

Submit completed application to:

Ken McMahon
Community Development Department
City of Knoxville
P.O. Box 1631
400 Main Street
Knoxville, TN 37901
kcmahon@knoxvilletn.gov

For Questions regarding the application or program guidelines Call: (865) 215-2120 or Fax: (865-215-2962)

**REQUEST FOR VERIFICATION OF MORTGAGE
CITY OF KNOXVILLE
COMMUNITY DEVELOPMENT DEPARTMENT**

Name, Address, and Zip Code of Applicant for Loan

Account No _____

Name, Address, and Zip Code of Mortgagee

Date of Request _____

Address of Mortgaged Property

NOTE TO MORTGAGEE: The applicant identified above has authorized this Agency to obtain verification of the status of existing mortgages on the above property. The requested information is required for us in connection with an application for financing through the City of Knoxville's Façade Improvement Program funded through the U.S. Department of Housing and Urban Development's Block Grant Program. The requested information in this verification is for the confidential use of this Agency and the U.S. Department of Housing and Urban Development. Please furnish the information requested below and return this form, using the stamped, addressed envelope provided.

Mortgage Data

Financial Data

Date of Mortgage _____ Original Amount \$ _____ Date of Maturity _____ Present Balance \$ _____

Type of Mortgage: Conventional FHA VA

Are payments current? Yes No
If not current, state amount in arrears \$ _____

Monthly Payment To: _____

Principal & Interest: _____

Mortgage Insurance Premium: _____

Real Estate Taxes: _____

Fire Insurance: _____

TOTAL MONTHLY PAYMENT: _____

Other Remarks: _____

State the amount of termination fee or prepayment penalty payable upon full prepayment of the loan. \$ _____

Has the account been satisfactory: Yes No

Authorization by applicant: I authorize the mortgagee to furnish to the public body (identified in Financial Data) the mortgage above.

Date of Authorization

Signature

The above information is furnished in strict confidence in response to your request.

Name, Address, and Zip Code of agency to which form is to be returned:

Date

Signature

Community Development Department
Ken McMahan
P.O. Box 1631
Knoxville, TN 37901
kcmcmahon@knoxvilletn.gov

Title