

FOR OFFICE USE ONLY

Date received: _____ Lease effective date: _____

**ORLEANS COUNTY
DOWNTOWN COMMERCIAL RENT SUBSIDY PROGRAM
APPLICATION FORM**

The Orleans County Downtown Commercial Rent Subsidy Program, which is funded by The Orleans County Local Development Corporation and administered by the Orleans County Chamber of Commerce, pays a portion of the rent for a one-year period on behalf of qualifying businesses that will occupy formerly vacant space in the downtown target areas of Albion, Holley, Lyndonville, and Medina.

**Note: Application must be made either prior to a lease being signed
or within one month after the effective date of a lease**

The following general program guidelines apply:

- The amount of rental assistance is computed at the annual rate of \$2.00 per square foot to be paid in equal periodic (usually monthly) amounts, with the total rent subsidy not to exceed \$3,000.00.
- Payments are made on a reimbursement basis, with the assisted tenant required to submit documentation of the payment of rent for the period for which assistance is to be provided.
- Payments will be made for no longer than one year and only if the tenant continues to operate an eligible commercial enterprise in the leased premises.
- Applicants are required to provide a draft or executed copy of a lease for the commercial space to be occupied.
- Approved applicants will be required to enter into a written agreement with the County that sets forth the terms and conditions of the rental assistance.

Application Processing

Rent Subsidy Program applications will generally be processed and presented to the Program Committee for action within thirty (30) calendar days of receipt of a complete application. Applicants will be promptly notified of the Committee's decision in writing. Applicants should answer all parts of the application completely and should direct questions to:

Kelly Kiebala, Executive Director • Orleans County Chamber of Commerce
102 North Main Street, Suite 1 • Albion, NY 14411
email: kkiebala@orleanschamber.com
phone: (585) 589-7727
fax: (585) 589-7326

SECTION 1. APPLICANT INFORMATION

Applicant/Contact Name: _____

Home Address: _____
CITY
STATE
ZIP

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____
CITY
STATE
ZIP

Business Name: _____

Business Address: _____
CITY
STATE
ZIP

Business Phone: _____ Business Fax: _____

Nature of Business (please provide a detailed description of the business and indicate if it is new or existing):

Ownership (Shareholders / Partners)	% interest	Company Officers	Position

SECTION 2. PROPERTY TO BE LEASED BY APPLICANT

Property Address: _____
CITY STATE ZIP

Landlord Name: _____

Landlord Address: _____
CITY STATE ZIP

Landlord Phone: _____

Monthly Rent: \$ _____

Yearly Rent: \$ _____

Square footage to be leased: _____

with out utilities

with utilities

⇩ (FOR OFFICE USE ONLY) ⇩	
Per Square Foot Rent:	
Max. Annual Subsidy:	
Monthly Rent Subsidy:	
Total 12 month Subsidy:	

Describe the property to be leased including the building, its location, the type of space to be occupied (i.e. storefront, office, etc.), the intended commercial use of the leased space, and the reason for occupying the new space:

SECTION 3. PROJECTED EMPLOYMENT AND PROJECT COSTS

Projected Employment – How many new employment positions do you plan to create?

Full-time: _____ Part-time: _____

Project Costs – How much capital (leasehold improvements, furnishings, fixtures, equipment, initial inventory etc.) do you estimate you will spend to establish this location?

\$ _____

SECTION 4. MISCELLANEOUS

1. Will there be any physical improvements to the newly leased commercial space (whether done by the property owner or as leasehold improvements) prior to occupancy by the applicant? yes no

If yes, provide detail: _____

2. Have you enclosed a copy of a draft or executed lease agreement for the new commercial space? yes no

If no, explain: _____

3. Does any owner or officer of the business leasing space have a business or familial relationship to the owner of the property to be leased?

If yes, explain: _____

- | | | |
|----------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Is the business or any owner delinquent in the payment of any municipal taxes or fees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the business or any owner delinquent in the payment of any income tax obligation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the business or any owner delinquent in the payment of any loans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the business or any owner currently in default on any of its loans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there currently any unsatisfied judgments against the business or any owner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the business or any owner ever filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the questions above is "Yes," please provide additional comments below or on additional pages if necessary.

SECTION 5. DECLARATIONS

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the Orleans County Local Development Corporation and may be a felony under the laws of the State of New York. I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving any Program assistance including funding, and that my (our) designation as a Program client does not guarantee my (our) receipt of any Program assistance.

If Applicant is an individual, sole proprietorship, or partnership, sign below:

If Applicant is a corporation, L.L.C., or L.L.P., sign below:

Signature

Date

Name of Corporation or Company

Printed Name and Title

Authorized Signature

Date

Signature

Date

Printed Name and Title

Printed Name and Title