

HIBBING ECONOMIC DEVELOPMENT AUTHORITY (HEDA)
Hibbing Redevelopment Deferred Loan Program Application

The City of Hibbing and the Hibbing Economic Development Authority will provide assistance to eligible applicants for the rehabilitation of commercial properties located within the targeted area of the City of Hibbing. In order to be eligible for this program, the property must be: 1. Located within the targeted area **established** by the Hibbing Economic Development Authority; 2. In compliance with applicable zoning ordinances or land use guidelines; and 3. The property taxes and/or utilities must not be delinquent. Please review our **CITY OF HIBBING REDEVELOPMENT PROGRAM & POLICY HANDBOOK** for more information. Please note: Applications will be processed on a first come, first serve basis.

APPLICANT INFORMATION

NAME OF APPLICANT	APPLICANT MAILING ADDRESS		
EMPLOYER ID NUMBER (EIN) OR SOCIAL SECURITY NUMBER	APPLICANT IS <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER		
OFFICE/BUSINESS PHONE NUMBER	HOME PHONE NUMBER	CELL PHONE NUMBER	
CONTACT PERSON NAME & ADDRESS		CONTACT PERSON PHONE NUMBER	

PROPERTY INFORMATION

BUSINESS/PROPERTY NAME			
BUSINESS/PROPERTY STREET ADDRESS:			
BUSINESS/PROPERTY MAILING ADDRESS (if different):			
LEGAL DESCRIPTION OF PROPERTY:			
BUSINESS PHONE		CELL PHONE:	EMAIL:
BUSINESS COUNTY	DATE BUSINESS FORMED:		EST. AGE OF BUILDING:
NAICS CODE	DUNNS NUMBER		NUMBER OF STORIES:
GENERAL DESCRIPTION OF BUILDING			
DESCRIBE CURRENT AND PROPOSED BUILDING USE (Be specific, what are the products or services of this business, where does it do business, who is the ideal customer?)			

(For more space, please attach additional page entitled "Business Use")

IS BUILDING IN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	IS BUILDING ON NATIONAL HISTORIC REGISTER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	IS BUILDING IN A FLOODPLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
CURRENT ZONING CLASSIFICATION OF PROPERTY:	HAVE YOU RECEIVED A VARIANCE OR CONDITIONAL USE PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, When & For What?	
PLEASE ATTACHED THE FOLLOWING REQUIRED DOCUMENTATION TO YOUR APPLICATION <ul style="list-style-type: none"> • <i>PROOF OF OWNERSHIP</i> (For Example: Copy of your Deed or Certificate of Title) • <i>PROOF THAT BUSINESS PROPERTY TAXES and UTILITIES ARE PAID AND CURRENT</i> (Current Property Tax Statement and Utility Statement) • <i>PROOF OF INSURANCE</i> (Copy of Policy or Declarations Page) • <i>CONFIRMATION LETTER FROM YOUR BANKING INSTITUTION WHICH STATES YOU HAVE THE ABILITY TO OBTAIN THE 10% PRIVATE MATCH REQUIREMENT.</i> • <i>SOURCES and USES FOR THE TOTAL PROJECT COSTS</i> 		

Please return completed applications with all documentation in sealed envelope to:
 Hibbing Economic Development Authority, 401 21st Street East, Hibbing MN 55792

OWNERSHIP INFORMATION

OWNERSHIP INTEREST IN PROPERTY TO BE IMPROVED:				
OWN	OWN WITH MORTGAGE	CONTRACT FOR DEED	LEASE	OTHER:
MORTGAGE HOLDER NAME			DATE OF MORTGAGE:	OUTSTANDING BALANCE:
PLEASE LIST ALL NAMES ON PROPERTY TITLE			OWNERSHIP INTEREST	
1.				
2.				
3.				
4.				

PROJECT REQUEST INFORMATION

PROPOSED IMPROVEMENTS INCLUDE:

Exterior Signage Awnings Mechanical Architectural Services Interior

DESCRIBE PROPOSED IMPROVEMENTS (be specific, for more space please attach additional page entitled "Purpose of Loan") Other, Please Explain

ESTIMATED TOTAL COSTS OF PROPOSED REHABILITATION WORK _____

REQUESTED DEFERRED LOAN AMOUNT: _____

MATCHING AMOUNT: _____

OWNERSHIP INTEREST IN PROPERTY TO BE IMPROVED (How will matching amount be funded?)

Personal Savings Mortgage Private Loan OTHER: _____

Financial Application - Tennessee Warning Notice

Some data related to your application may be classified as private under Minnesota Statute 13.599. In order to collect and use this data, we must tell you why we need the data, how we intend to use it, and any consequences you may experience if you do or do not supply the information.

HOW WE INTEND TO USE THE DATA: The information you submit in connection with your application will be used to evaluate your application and, if you are selected for funding, to announce your award. A Minnesota law prohibits state agencies from announcing financing awards before agreement negotiations are complete. If you are selected for funding, this document will allow HEDA to announce your award on a preliminary basis while those negotiations are still pending. Selected participants will be notified before any announcements are made. Announcements typically include information such as a project description, the award amount, and the anticipated impact of grant/loan funding. We may also include information from our evaluation process, including scores and ranks (if applicable). We will never publicize your business plans, customer lists, income tax returns, design / market / feasibility studies, income and expense reports, or any other data classified as private or nonpublic under Minn. Stat.

13.591. Application data submitted by organizations that are not selected for funding will only be released upon request and as required by Minn. Stat. Chapter 13 or other applicable state/federal law. Application or evaluation data may also be shared with any entity that has a legal right to the data under Minnesota or federal law, including under court order.

CONSEQUENCES TO YOU: You can refuse to supply any or all of the requested information, which you are not legally required to provide. However, if the information is not provided we may not be able to make an informed decision on your application and thus will be required to deny the application.

FOR MORE INFORMATION: City of Hibbing Data Practices Compliance Official-Britt See-Benes, City Administrator (218) 748-7500; Minnesota Data Practices Act

- www.revisor.leg.state.mn.us/stats/13/ or Minnesota Department of Administration, Information Policy Analysis Division (IPAD) -www.ipad.state.mn.us/index.html

APPLICANTS INITIAL THAT YOU HAVE READ THIS SECTION _____

I/we certify that all statements on this application are true and correct to the best of my/our knowledge. I/we understand that any intentional misstatements will be grounds for disqualification. I authorize program representatives the right to access the property to be improved for the purpose of inspecting or obtaining information for the rehabilitation loan program.

Applicant Signature

Printed Name

Date