

**APPLICATION FOR
MECHANICSBURG COMMERCIAL REHABILITATION
AND SHOPSTEADING LOAN PROGRAM**

NAME: _____

ADDRESS: _____

PHONE: _____

1. Type of Loan (Check one)

_____ Commercial Rehabilitation
(Rehabilitation only)

_____ Shopsteading
(Acquisition and Rehabilitation)

If acquisition is contemplated, is first floor of property currently
vacant? _____ Yes _____ No

2. Address of Property to be Acquired and/or Rehabilitated:

NOTE: Preference is given to exterior work and restoration rather
than rehabilitation or deferred maintenance projects.

4. Anticipated Acquisition and/or Rehabilitation Start Date:

5. Estimated Acquisition and/or Rehabilitation Cost:

\$ _____ Acquisition

\$ _____ Rehabilitation

6. Do you have the ability to self-finance or obtain a mortgage or other
financing for the remaining purchase price of the property?

_____ Yes _____ No

7. Please describe commercial businesses which will occupy the premises after rehabilitation or acquisition is completed:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

NOTE: Preference is given to retail businesses.

8. Are any of the businesses described above new businesses?

_____Yes _____No

9. How many full-time or part-time jobs will be created by any new businesses?

_____Full-Time

_____Part-Time

10. For existing businesses, will the rehabilitation result in more net usable square feet?

_____Yes _____No

If yes, how many additional square feet will be created? _____

Will any additional full or part-time jobs be created as a result of this business expansion?

_____Yes _____No

If yes, how many additional jobs?

_____Full-Time

_____Part-Time

Date

Signature