



HOUSING & REDEVELOPMENT AUTHORITIES
OF CUMBERLAND COUNTY

Better Places, Better Lives

Shopsteading Loans for Carlisle Borough Application

APPLICANT INFORMATION

Name: _____ SS#: _____

Birth Date: _____

Spouse's Name: _____ SS#: _____

Birth Date: _____

Address: _____

Your Phone Number(s): _____

BUSINESS INFORMATION

Legal Name of the Business: _____

Property Address: _____

Employer Identification Number (EIN): _____

DUNS Number: _____

Business Description: _____

LOAN REQUEST INFORMATION AND PROJECT FINANCIALS

1. Loan Purpose:

___ Acquisition; is the first floor currently vacant? Y / N

___ Commercial rehabilitation

___ Acquisition and rehabilitation; is the first floor currently vacant? Y / NO

___ Fixtures, furnishings, equipment and/or façade

___ Working capital

___ Other: _____

2. Is the property located within the designated historic district?

___ Yes ___ No ___ Don't Know

3. Is the property:

___ Walk-in ready ___ Condemned ___ Blighted ___ In need of total rehabilitation

___ In disrepair ___ In need of minor repairs or updates

Year built (if known): _____

4. Anticipated Acquisition and/or Rehabilitation Start Date: _____

5. Estimated Cost:

Acquisition: \$ _____ Rehabilitation: \$ _____

Estimated Other Costs: \$ _____ for: _____

\$ _____ for: _____

6. Do you have the ability to self-finance or obtain a mortgage or other financing for the remaining purchase price of the property and/or project costs in order to open the property or business or make the property available for tenancy?

Y / N

7. Do you have a letter of commitment from a financial institution for the project? If so, from whom and for how much?

From: _____

For: \$ _____

ECONOMIC AND COMMUNITY DEVELOPMENT INFORMATION

- 1. The loan request relates to how many potential businesses on the property's first floor?** 1 2 3
- 2. Will there be any potential businesses on upper floors?** Y / N

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

Space #1 _____

Space #2 _____

Space #3 _____

Note: Preference is given to downtown retail and restaurant businesses or those properties housing or designed to house retail or restaurant businesses as part of this project.

- 3. How many of the businesses described above would be new businesses?**
1 2 3

4. How many jobs will be created by these new businesses?

Space #1: _____ Full-time _____ Part-time

Space #2: _____ Full-time _____ Part-time

Space #3: _____ Full-time _____ Part-time

- 5. Will the rehabilitation result in more net usable square footage?** Y / N

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

- 6. Will any additional full or part-time jobs be created as a result of this additional space?** Y / N

If yes, how many additional jobs? _____ Full-time _____ Part-time

7. Does the project include improvements to the upper floors and any apartment units top shop? Y / N

I certify that all information provided within this application is accurate and up to date to the best of my knowledge.

Applicant Signature

Date