



LORENA BUSINESS RENT SUBSIDY GRANT APPLICATION

Date of Application

_____, 2022

Applicant

Name: _____

Business Name: _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Business Owner (if different than above):

Name: _____

Business Name: _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Cell Phone: _____

Email Address: _____

Property Owner (if different than above):

Name: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Cell Phone: _____

Email _____

Attach Copy of signed lease.

The new business must be within the City of Lorena to be eligible for the Grant.

The Grant rent subsidy is limited to no greater than 50% of each month's rent not to exceed a cumulative total of \$1800.

The Grant rent subsidy shall include leaseholder, rent, insurance, taxes, and utilities.

A 50% match of the grant is required.

Attach proof the building was not occupied prior to this Grant Application.

Attach proof of the rent amount required (letter from building owner, etc.)

Attach documentation of proof of available **50% grant match** (copy of savings account or other document showing funds available). _____

Describe the type of new business to be operated in the building. _____

I (we) hereby certify that, to the best of our knowledge the above information is accurate as provided:

Applicant:

Name (please print carefully): _____

Signature: _____ Date: _____, 2022

Building Owner Approval of Application:

Name (please print carefully): _____

Signature: _____ Date: _____, 2022

Please see the Checklist and Policy and Guidelines for other required documents to be included with your application.