

**URBAN RENEWAL AGENCY OF THE CITY OF SALEM  
LOAN APPLICATION**



**PROGRAM INFORMATION**

PROGRAM TYPE: (Check Box)	AMOUNT REQUESTED	PROGRAM MAXIMUM	NON-REFUNDABLE APPLICATION FEE
Building Rehabilitation and Restoration <input type="checkbox"/>	\$	\$300,000 to \$1,000,000	\$500.00
Special Housing <input type="checkbox"/>	\$	\$ 50,000 per housing unit	\$500.00 for projects up to 25 units, over 25 units \$1,000.00
North Gateway <input type="checkbox"/>	\$	\$50,000	\$500.00
Will the funds be used for property acquisition? Yes <input type="checkbox"/> No <input type="checkbox"/>		Purchase Price: \$	Date Purchased:

**APPLICANT/OWNER INFORMATION**

Legal Name:	Business Phone: (503)	Federal Tax ID:	Social Security Number: - -
Mailing Address: St./PO Box	Home Phone: (505)	FAX Number: (503)	E-Mail Address: @
City:	State:	Zip:	Contact Name:
Building Project Name:			
Street:	City:	State:	Zip:

**REGISTERED COMPANY NAME**

Registered Name:	DBA:
Company Address: St./PO	City: State: Zip:
Registered: Yes <input type="checkbox"/> No <input type="checkbox"/>	State of Incorporation/Formation/Registration

**Type of Ownership:**

Sole Proprietor  Corporation  Partnership  Limited Liability Corp.  Limited Liability Partnership  Non-Profit

**OWNER INFORMATION (List all owners below and provide a Personal Financial Statement for each owner.)**

Name:	Percent of Ownership: %	Title:
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**BUILDING TYPE (All Programs) NORTH GATEWAY PROGRAM ONLY**

New Construction: Yes <input type="checkbox"/> No <input type="checkbox"/>	Industrial/Warehouse Yes <input type="checkbox"/> No <input type="checkbox"/>	Multi-Family Yes <input type="checkbox"/> No <input type="checkbox"/>
Historic Contributing: Yes <input type="checkbox"/> No <input type="checkbox"/>	Office Building Yes <input type="checkbox"/> No <input type="checkbox"/>	Other:
Historic Non-Contributing Yes <input type="checkbox"/> No <input type="checkbox"/>	Retail Yes <input type="checkbox"/> No <input type="checkbox"/>	

Will the project be restored to Historic-Contributing as a result of the loan proceeds: Yes  No

Percent Owner Occupied: %	Percent Non-Owner Occupied: %	Existing:			
Building Square Feet	Rentable Square Feet	Number of Buildings	Number of Stories	Rentable Units	Year Built

Number of Parking Spaces: Approx Land/Site Area: Zoning:

**QUESTIONS SPECIFIC TO NORTH GATEWAY LOAN PROGRAM**

Name/Address of Mortgage/Contract holder:

Contact Person/Phone Number:

**QUESTIONS SPECIFIC TO NORTH GATEWAY LOAN PROGRAM – continued...**

First Lender:	Original Amount \$	Interest Rate:	Maturity Date:	Monthly Payment:	Balance Owing:
Phone #: ( ) -	FAX #: ( ) -	Account Number: #		\$	\$
Second Lender:	Original Amount: \$	Interest Rate:	Maturity Date:	Monthly Payment:	Balance Owing:
Phone #: ( ) -	FAX #: ( ) -	Account Number: #		\$	\$

**INSURANCE INFORMATION**

Insurance Company:	Policy No.:
Agent's Name:	Phone Number: ( ) - x FAX: ( ) -

**PLEASE PROVIDE A BRIEF EXPLANATION OF YOUR PLANNED USE OF LOAN PROCEEDS**

Rehab: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give date: (mo/yr)
Describe structural improvements needed such as heating, electrical and mechanical systems, new roof, etc...

**SECURITY/COLLATERAL**

Where will the collateral be located? (Only applies if it is different than project building.)			
Street Address:	City:	State:	Zip:
Who owns the collateral?			

**APPLICANT INFORMATION**

Does the borrower own 25% or more of another company? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Company Name: (Attach tax returns)	
Has the borrower used or done business under any other names(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes list Name(s):	
Has the borrower, co-borrower, co-signer, owner, or guarantor ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the borrower, co-borrower, co-signer, owner, or guarantor party to any claim or lawsuit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are the property taxes on the proposed collateral current? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the borrower currently in default? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any City of Salem funded projects out of compliance? Yes <input type="checkbox"/> No <input type="checkbox"/>	

The signer(s) certify that he/she is authorized to execute this Application and that all information and documents submitted, including federal income tax returns, are true, correct and complete. The signer(s) further agrees to notify the Lender promptly of any material change in any such information. If the Applicant is a corporation, limited liability company, partnership, or limited liability partnership all owners/principals listed must sign and include their title. The signer(s) understands and agrees that this application is subject to final approval. Applicant shall pay all appraisal fees, loan fee(s) and closing costs, even if the loan applied for is not granted by the Lender.

You have a right to receive, upon written request, a copy of any appraisal report, which is prepared in connection with your request for funds. (The right to receive the appraisal report is conditioned upon your paying for all appraisal fees.) If you are entitled and wish to receive a copy of the appraisal report, please submit a written request to the Urban Renewal Agency of the City of Salem no later than 90 days after 1) the Agency provides notice of the action taken on your application or a notice of incompleteness, or 2) your application has been withdrawn.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Remit fees to the **URBAN RENEWAL AGENCY OF THE CITY OF SALEM**, 350 Commercial NE, Salem, OR 97301