



Downtown Hillsboro Storefront Improvement Grant Program Application

APPLICANT INFORMATION

Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Email: _____

Tax ID Number: _____

BUILDING/BUSINESS TO BE IMPROVED

Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Property Tax Account Number: R- _____

OWNER OF PROPERTY (IF NOT APPLICANT)

Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone Number: () _____

AUTHORIZATION TO UNDERTAKE WORK

If the applicant is not the owner of the property, please provide written evidence that the owner authorizes this work to be undertaken.

DESCRIPTION OF PROPOSED EXTERIOR STOREFRONT IMPROVEMENTS:

ESTIMATED COST OF STOREFRONT IMPROVEMENTS: \$ _____

STATEMENT OF UNDERSTANDING

The applicant understands that the City of Hillsboro must approve the proposed exterior storefront improvements. Certain changes or modifications may be required by the City prior to final approval. Any work commenced prior to a commitment letter issuance will not be eligible for reimbursement, and any work deviating from approved work must be pre-approved by the City of Hillsboro to be eligible for reimbursement.

ENCLOSE IMAGE OF PRELIMINARY DESIGN OF IMPROVEMENTS

This can be a photograph with marked changes, a hand drawing, architectural drawing, plans, etc.

CERTIFICATION BY APPLICANT

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant and is true and complete to the best of the applicant's knowledge and belief.

If the applicant is not the owner of the property to be rehabilitated or if the applicant is not the sole owner of the property, the applicant certifies he/she has the authority to sign and enter into an agreement to perform the rehabilitation work on the property. Evidence of this authority must be attached.

Verification of any of the information contained in this application may be obtained by the City of Hillsboro from any available source.

Applicant Signature

Date

PLEASE RETURN APPLICATION AND REQUIRED INFORMATION TO THE CITY OF HILLSBORO ECONOMIC DEVELOPMENT DEPARTMENT:

Karla Antonini

Project Manager
City of Hillsboro
150 East Main Street
Hillsboro, OR 97123
503-681-6181

APPLICATION CHECKLIST:

Check off each item as included in/with your application:

- Application (including signature and Federal Tax ID number)
- Copy of Business License, if you are a business owner
- Written permission for improvements from building owner, if you are not the owner
- Estimated project costs/budget
- Statement on source of private match funding
- Pictorial depiction of proposed design of improvements
- A materials spec. board or detailed description of materials and colors
- Construction schedule for the project
- Other required information outlined in the program guidelines, as applicable