

COMPLETED APPLICATIONS MUST BE RETURNED TO:

**THE CITY OF KENT
COMMUNITY DEVELOPMENT DEPARTMENT
930 OVERHOLT ROAD
KENT, OHIO 44240**

**PHONE: 330-678-8108
FAX : 330-678-8030
EMAIL: SmithD@kent-ohio.org**

PROJECT TITLE: _____

APPLICANT ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

EMAIL ADDRESS: _____

TOTAL AMOUNT OF FUNDING REQUEST: GRANT \$ _____

LOAN \$ _____

PROJECT TITLE: _____

PROJECT DESCRIPTION

Please provide a general description of the proposed project in the space below. Include as attachments any other supportive documentation relevant to this project.

PROJECT TITLE: _____

PROJECT BUDGET REQUEST

In the space below, please state the amount of Kent Downtown Facades Program financial support is being requested; the amount and source of equity participation and other financing sources; a listing of all projected expenses, and the source(s) from which these funds will come.

RELEASE OF CREDIT INFORMATION

The applicant(s) for a City of Kent Revolving Loan Fund (RLF) loan states that he/she understands that an investigation of the credit worthiness of all applicants and their spouses will be conducted. The investigation will include obtaining information from creditors and suppliers of the applicant(s). The applicant(s) listed below hereby authorizes the City of Kent Department of Community Development and its agents to freely obtain this information. Furthermore, the creditors and suppliers of the applicant(s) are authorized by the applicant(s) to release all information related to the credit worthiness of the applicant(s) to the City of Kent Department of Community Development and its agents.

The creditors and suppliers of the applicant(s) are hereby released from any and all liability for releasing such factual information to the City of Kent Department of Community Development and its agents related to the above referenced investigation. The applicant(s) acknowledge(s) that the investigation shall form a substantial basis for determining whether a loan will be made to the applicant(s), and that the results of the investigation will be maintained in the office of the Department of Community Development along with the loan application and related documentation. Furthermore, the City of Kent Department of Community Development is hereby released by the applicant(s) from any and all liability related to its reasonable reliance on the factual information obtained from the creditors and suppliers during the investigation.

Witness

Applicant Signature

Witness

Name of Applicant

Date

Address

Social Security No.:

Witness

Spouse's Signature

Witness

Name of Spouse

Date

Address

Social Security No.: