



## COMMERCIAL LEASE SUBSIDY PROGRAM APPLICATION PACKET

Slate Belt Rising and Community Action Lehigh Valley (CALV) are introducing a pilot program, the SBR Commercial Lease Subsidy Program. The program aims to strengthen our neighborhoods by minimizing or lowering vacancies in our business corridors and providing economic opportunities in Bangor, Pen Argyl, Portland, and Wind Gap Boroughs. This program will provide businesses the support they need to get off the ground, helping to build more vibrant downtown areas that attract more businesses and the talent we need to build a competitive economy, thus creating a stronger and more resilient community.

### **Program Eligibility**

Any new business opening or moving into one of the boroughs or an existing business looking to open a second location within one of the boroughs may be eligible for the program. Businesses currently located in one of the boroughs that would like to relocate to another borough are not eligible.

### **Special Circumstance Eligibility**

Existing businesses operating in one of the boroughs of Bangor, Pen Argyl, Portland, and Wind Gap may be eligible for the program by special circumstances whereby the business is confronted by a non-self-inflicted hardship such as those brought on by natural disasters. (See Guidelines for Special Circumstance Eligibility)

### **General Guidelines**

1. SBR will offer financial support to approximately five businesses during the business's first six months of operation in the Boroughs of Bangor, Pen Argyl, Portland, or Wind Gap. SBR will provide a 100% rent payment of up to \$1,500 monthly to the commercial business owner for the first three months and a 50% rent payment of up to \$750 to the commercial business owner for each of the next three months. The lease payments will be made for six consecutive months.
2. A limit of one Lease Assistance grant will be approved per applicant (or related entity).
3. The applicant must be planning to lease between 500 s.f. – 5,000 s.f. of first floor, market-rate office or retail space in an eligible area for a minimum 2-year term. As this is an incentive program, no award will be made for leased space that has already been executed prior to application.
4. Applicant must certify that they are not in default of any other financing.
5. Applicant may be held responsible for repaying subsidy to SBR in case of non-payment of rent. Personal guaranty of business owner(s) is required.
6. Applicant must meet with a Business Advisor staff of the Rising Tide Community Loan Fund (RTCLF), a subsidiary of Community Action Committee of the Lehigh Valley, to ensure that the applicant has an approved business plan (see below).
7. The SBR Vibrant Economic Climate and Steering Committees must approve applicant.

8. Applicant must show proof of at least 6 months' rent in savings.
9. The applicant must agree to remain in business and not to sell or assign such business to another person or entity for a period of 12 months from the date subsidy is fully funded.
10. Payments will be made on a reimbursement basis, with the tenant required to submit documentation of the payment of rent for the period for which assistance is to be provided.
11. Applicants are required to provide a draft or executed copy of a lease for the commercial space to be occupied
12. Building to be leased must meet local building codes and ordinances and must be "rent ready" before subsidy will take effect.
13. Approved applicants will be required to enter into a written agreement with the CACLV that sets forth the terms and conditions of the rental subsidy.
14. Rent subsidy ceases once tenant's rent is submitted 30 days late as reported by property owner.

### **Guidelines for Special Circumstance Eligibility**

1. The SBR Vibrant Economic Climate and Steering Committees must approve that the applicant is entitled to eligibility under this section.
2. SBR will offer financial support to approximately five businesses during the businesses' time facing such hardship. SBR will provide a 100% monthly rent payment of up to \$1,500 to the commercial business owner for three months or 50% monthly rent payment for 6 months.
3. A limit of one Lease Assistance grant will be approved per applicant (or related entity).
4. Applicant must certify that they are not in default of any other financing.
5. Applicant may be held responsible for repaying subsidy to SBR in case of non-payment of rent. Personal guarantee of business owner(s) is required.
6. The applicant must agree to remain in business and not to sell or assign such business to another person or entity for a period of 12 months from the date subsidy is fully funded.
7. Payments will be made on a reimbursement basis, with the tenant required to submit documentation of the payment of rent for the period for which assistance is to be provided.
8. Applicants must provide a draft or executed copy of a lease for the commercial space to be occupied.
9. Building to be leased must meet local building codes and ordinances and must be "rent ready" before the subsidy takes effect.
10. Approved applicants will be required to enter into a written agreement with the CACLV that sets forth the terms and conditions of the rental subsidy.
11. Rent subsidy ceases once the tenant's rent is submitted 30 days late, as reported by the property owner.

### **Business Plan Required**

This business plan required will include, at a minimum, the following information:

- a. Purpose of your business
  - What product or service are you selling?
  - What is unique about your business?
  - What are your company's strengths and weaknesses?
  - What is the nature of this industry?
  
- b. Description of Market
  - Who are your target customers?
  - How large is the target market for your product?

- Is the market growing?
- What are your marketing and advertising strategies?
- What is your company's pricing strategy?
- What contracts or purchase orders do you currently have?

c. Description of Competition Who

- are your competitors?
- What are your competitor's strengths and weaknesses?
- What has been the failure rate of your competitors in the last few years, and why have they failed?

d. Description of Management Capacity

- What is your experience in this industry?
- What is your management background?
- Who will manage the business?
- Do you have a lawyer, accountant or consultant to assist management?
- Who are the other key management people within your company?

e. Description of Legal Status

- How are you legally organized? (Sole proprietor, partnership, corporation - C or S, nonprofit, cooperative, etc.) When was the business formed? Please include a copy of your business license.

Fees\*:

- \$50 Application Fee for For-Profit Entities
  - Annual Administrative Fee equal to 1% of the Annual Lease Incentive
- \* All fees are non-refundable.

Proof of license to conduct business within the Commonwealth of Pennsylvania and a Pennsylvania Tax Clearance Certificate is required.

Please note: It is the applicant/client's responsibility to maintain a current and clear tax clearance certificate and remain compliant with license requirements for their business. If a current and clear certificate and license are not evidenced to SBR at the time of application, SBR will not proceed with approval.

**Application Processing**

The SBR Commercial Rent Subsidy Program applications will generally be processed and presented to the SBR Vibrant Economic Climate Committee within thirty (30) calendar days of receipt of a complete application. The applicant will be notified if the SBR Steering Committee grants final approval.

Please fill out the attached application completely and direct all questions to:

Brian Fenstermaker, Director  
 Slate Belt Rising  
 197 Pennsylvania Avenue  
 Bangor, PA 18013  
[bfenstermaker@caclv.org](mailto:bfenstermaker@caclv.org)  
 484-523-0900

## APPLICANT INFORMATION

Applicant/Contact Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Nature of Business (please provide a detailed description of the business and indicate if it is new or existing):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ownership(Shareholders / Partners)	% interest	Company Officers	Position
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## PROPERTY TO BE LEASED BY APPLICANT

Property Address: \_\_\_\_\_

Property Owner

Name: \_\_\_\_\_

Property Owner

Address: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_

Please attach a valid certificate of occupancy, if certificate is not available please explain below:

\_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_

Yearly Rent: \$ \_\_\_\_\_

Square footage to be leased: \_\_\_\_\_

Monthly Rent Subsidy: \_\_\_\_\_

Describe the property to be leased including the building, its location, the type of space to be occupied (i.e. store front, office, etc.), the intended commercial use of the leased space, and the reason for occupying the new space:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PROJECTED EMPLOYMENT AND PROJECT COSTS

Projected Employment – How many new employment positions do you plan to create?

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Project Costs – How much capital (leasehold improvements, furnishings, fixtures, equipment, initial inventory etc.) do you estimate you will spend to establish this location?

\$ \_\_\_\_\_

## MISCELLANEOUS

1. Will there be any physical improvements to the newly leased commercial space (whether done by the property owner or as leasehold improvements) prior to occupancy by the applicant? \_\_\_\_\_

If yes, provide detail:

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2. Have you included a copy of your executed lease agreement? If no, explain:

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3. Does any owner or officer of the business leasing space have a business or familial relationship to the owner of the property to be leased? If yes, explain:

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Answer the questions below with "Yes" or "No."

Is the business or any owner delinquent in the payment of any municipal taxes or fees? \_\_\_\_\_

Is the business or any owner delinquent in the payment of any income tax obligation? \_\_\_\_\_

Is the business or any owner delinquent in the payment of any loans? \_\_\_\_\_

Is the business owner currently in default on any of its loans? \_\_\_\_\_

Are there currently any unsatisfied judgements against the business or any owner? \_\_\_\_\_

Has the business or owner ever filed for bankruptcy? \_\_\_\_\_

If the answer to any of the questions above is "Yes," please provide additional comments below or on additional pages if necessary.

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Are you seeking eligibility for this program under a special circumstance?    **YES**   or   **NO**   (**circle one**)

If YES, what is the special circumstance by which you believe you are eligible:

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# DECLARATIONS

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud Community Action Committee of the Lehigh Valley and may be a felony under the laws of the Commonwealth of Pennsylvania. I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my(our) business.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving any Program assistance, including funding, and that my (our) designation as a Program client does not guarantee my (our) receipt of any Program assistance.

Sign below:

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

\_\_\_\_\_  
\_\_\_\_\_

Printed Name and Title

Sign below:

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

\_\_\_\_\_  
\_\_\_\_\_

Printed Name and Title

\_\_\_\_\_  
\_\_\_\_\_

Property Owner Signature

Date

**LEASE DOCUMENTATION**

**Client Information:**

Date (month/day/year): \_\_\_\_\_

Client Name:

\_\_\_\_\_

Client Address:

\_\_\_\_\_

**Type of Assistance: Rent**

The monthly rent/mortgage payment is \$ \_\_\_\_\_

The one month amount being paid by this agency is \$ \_\_\_\_\_

The amount being paid is for the month of (month/year) \_\_\_\_\_

The one-month amount being paid is/was due on (month/day/year)

\_\_\_\_\_

*\*No deposits, late fees, etc. are eligible for assistance.*

**SBR Verification (To be completed by the SBR staff):**

SBR Staff Name:

\_\_\_\_\_

SBR Staff Signature:

\_\_\_\_\_

Date

(month/day/year): \_\_\_\_\_

**Property Owner Verification (To be completed by the property owner):**

This is to confirm that rent for \_\_\_\_\_

for the property at

\_\_\_\_\_ with

a monthly rent amount of \$ \_\_\_\_\_ (rent only: includes no deposits, late fees, or other charges) is

due on \_\_\_\_\_.

Property owner Name: \_\_\_\_\_ Phone:

\_\_\_\_\_ Address:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date (mo/day/yr): \_\_\_\_\_