



Applicant Name:	
Applicant Mailing Address:	
Telephone No.:	
Email:	
Owner Name, if not Applicant:	
Owner Mailing Address:	
Telephone No.:	
Email:	
Building Address:	
Current Use of Property:	
Amount Requested:	
CHECKLIST: Before starting the application Assistance Program Policy and have	ation, please read the Financial the following documents and
information prepared: (Your application winterprint all of these items are not attached and materials)	
check each item below and ensure the doc	• • • • • • • • • • • • • • • • • • • •

- O Two (2) bids from independent contractors (preferably local) for the full project costs
- O Written description for the full project specifying what specific improvements the application will be funding
- O A timeline of the full project from start to finish, showing the funding request milestones (what will be completed with LJURA funding)
- O Drawings/pictures showing the full project
- O Budget for the full project; items that will be part of the funding request noted or highlighted, <u>if applying for a loan</u>
- O Proof of financial ability of repayment (tax returns, P&L statement), if applying for a loan
- O Must be within the TIF District





rite a brief clude the i ade.	(750 words ntended us	e of the bu	ilding after	the improv	ements ha	. Plea ive be



O Anticipated positive impact to the local economy and expansion of the



Does this project address (please check all that apply):

O Reduction in the amount of blight

property tax base

O Increase in safety created by the project

Urban Renev	g, enhancing, or diversifying the business community within the val Authority District						
	O Anticipated increase in the amount of sales tax the City will receive through						
<ul> <li>Contributes t</li> </ul>	e operation of the new or expanded retail sales tax generating business ontributes to the creation of a diverse business base with a mix of retail, ervice providers, manufacturing, multifamily housing or office uses						
Has this property i	received any other funding through LJURA?						
□ Yes							
□ No							
Project Title							
Date							
Amount							
What is the timelin	ne of this project, from the date of this application until						





#### **Owner Certification**

I hereby certify that I am the owner of the above-described property for the purpose of this application, and that I have title to the property free and clear of any adverse judgments. I further certify that I am in good standing with the City of La Junta with no fines, fees or unpaid taxes owed to the City.

Owner's Signature	-
Owner's Printed Name	-
Date	-
Tenant Autho	orization (if needed)
Tenant Auth	onzation (ii needed)
	the subject of this application, authorize the the building, to undertake the improvements
Owner's Signature	Tenant Signature
Owner Printed Name	Tenant Printed Name
Date	 Date





#### BLIGHT, LIFE SAFETY AND ACCESSIBILITY FINANCIAL APPLICATION AGREEMENT

This Agreement is by and between the La Junta Urban I Colorado urban renewal authority (hereinafter referred to, property owner or tenant for t	as "LJURA"), and
the following address: (herein "Funding Recipient").	
As part of LJURA's Blight, Life Safety and Accessibility Program ("Program"), both parties agree that this Program aid the rehabilitation and restoration of the TIF District to encoura conditions that could qualify as blight or be injurious to pub welfare; to encourage private investment in commercial and that may otherwise be cost prohibitive, and to stimulate redevales tax revenues and property values.	ds business owners in age the elimination of lic health, safety and I multi-family housing
I agree to all the terms and conditions of participation in the P agree and certify that any funds (grants or loans) approved used only for the purpose specified within this application, an audited or reviewed at any time to assure that this is the case failure to adhere to any of the terms or conditions of the Programprovements becoming ineligible for reimbursement.	by the LJURA will be d that records can be e. I acknowledge that
LJURA, in its sole discretion, will determine compliance conditions of the Program. If the Funding Recipient is found terms and conditions of participation in the Program, the appresponsible for all costs and fees associated with the improve	I to have violated the olicant shall be solely
PROPERTY OWNER:	
Signature	
Printed Name	
Date	