

## Commercial Rehabilitation Loan Application

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### Applicant Information

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Name of Applicant: \_\_\_\_\_

Federal ID Number or  
Social Security Number: \_\_\_\_\_  Owner or  Tenant

Street Address  
of Applicant: \_\_\_\_\_ Office Phone: \_\_\_\_\_

City, State,  
Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Email address:** \_\_\_\_\_

### Property Information

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Address of Building  
to be Rehabilitated: \_\_\_\_\_

Estimated Age of Building: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Estimated Market Value: \$ \_\_\_\_\_

Current Property Taxes: \$ \_\_\_\_\_

General Description of Building: \_\_\_\_\_

Existing Building Use: \_\_\_\_\_

Proposed Use of Building: \_\_\_\_\_

Is this building within a correct zoning classification?  Yes  No  
Current zoning? \_\_\_\_\_

Variances/special  
use permits? \_\_\_\_\_

Is the building in a Historic District?  Yes  No

Is it on the National Historic Register?  Yes  No

Is it in a Floodplain?  Yes  No

Legal Description: \_\_\_\_\_

City of Nashwauk, County of Itasca

Commercial Rehabilitation Loan Application

Ownership Information

Ownership interest in property to be improved:

- Contract for Deed
Free and Clear
Mortgage
Lessee: Specify terms of Lease:
Other: Specify:

Name(s) on Title: Specify ownership interest of each name on the title:

Amount of Outstanding Principal owed on Building: \$

Note: Attach a Copy of the Most Recent Property Tax Statement from County Assessor's Office and Proof of Insurance on Building

Estimated Rehabilitation Costs and Requested Loan Information (Estimate only)

Describe Proposed Improvements:

- Exterior:
Signs:
Awnings:
Mechanical Systems:
Architectural Services:
Interior:

Estimated Total Cost of Proposed Rehabilitation Work: \$

Requested Loan Amount from Program: \$

Matching Amount: \$

Sources of Match: Personal Savings Mortgage Private Loan Other

I/we certify that all statements on this application are true and correct to the best of my/our knowledge. I/we understand that any intentional misstatements will be grounds for disqualification. I authorize program representatives the right to access the property to be improved for the purpose of inspecting or obtaining information for the rehabilitation loan program.

Applicant: Date:

Once completed please return the application along with the following documentation in an envelope to:  
Nashwauk City Hall, Attention Jessica Pellinen or email directly to: [Jessica.pellinen@cedausa.com](mailto:Jessica.pellinen@cedausa.com)

- Proof of ownership: Copy of your Deed or Certificate of Title
- Proof that your property taxes are paid current (current property tax statement)
- Proof of identification and residency (anything showing your name and address)
- Proof of Insurance (Copy of your policy)
- UEI Number – Found at [SAM.gov](http://SAM.gov)