

Business Grant Application - Past Due Rent or Mortgage Payment

Oak Park Business and Non-Profit Coronavirus Recovery Grant Program Funded by the American Rescue Plan Act

Required Application Submittals and Eligibility Certifications

By checking each box below, the undersigned hereby confirms and certifies that the statement is true and/or that the required submittals are provided in conjunction with the grant application.

	I confirm and certify that my business is located within the Village of Oak Park and the business maintains all proper business licenses and permits of operation and that my business has been impacted by the Covid-19 emergency and needs assistance in order to mitigate the financial hardship resulting from said Covid-19 emergency.
	I confirm and certify that the grant assistance that I am seeking is funded with federal American Rescue Plan Act resources, administered through the Village of Oak Park, which is making \$300,000 available to qualified, small Oak Park licensed businesses to help them pay past-due rent or mortgage payments related to the Covid-19 public health emergency. I confirm and understand that each small Oak Park licensed business is eligible for up-to \$5,000 in past-due rent or mortgage assistance. I further confirm and certify that I have attached a signed letter from my landlord or mortgage holder indicating the amount of my past-due rent or mortgage payments by month and year.
	I confirm and certify that the average annual gross receipts of the business are less than \$3,000,000.
	I confirm and certify that the past-due rent or mortgage expenses my business is seeking funding for with this grant application have not been funded by another state, local or federal grant or loan program.
	I confirm that the business is current with all local (Oak Park), state, and federal taxes and fees.
	I certify that the business has complied with its bylaws or other governing documents to obtain approval for the undersigned to submit this application and execute a loan agreement on behalf of the applicant.
VIL ap _l	ertify that the above information, to the best of my knowledge, is accurate and true. I understand that the LAGE will rely on the accuracy of the submittals and certifications made in conjunction with this plication. Any misrepresentation or inaccurate information may be treated as a default concerning any ant made.
Na	me of Business
Au	thorized Business Owner's Name (Please Print Clearly)
Au	thorized Business Owner (Please Sign)
Titl	e of Authorized Business Owner (Please Print Clearly)
Da	te Signed

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The Village will begin to accept grant program applications on Monday, September 27, 2021.

Business Owner's First Name (Please Print Clearly):			
Business Owner's Last Name (Please Print Clearly):			
Business Owner's Home Address:			
Business Owner's E-Mail Address:			
Business Owner's Telephone Number:			
Business Legal Name:			
Business DBA Name (If Different From Above):			
Address of Business:			
Business Phone Number:			
Business E-Mail Address:			
Years In Business: Years At Present Address:			
Business EIN#: Business DUNS#			
(Please DO NOT submit this application without listing the businesses EIN and DUNS number)			
Business Organization Type (Please Check One):Sole ProprietorPartnershipCorporationLLC			
Please Provide a Brief Description of Your Business:			

Grant Application Submission Instructions

Completed application forms and all attachments should be scanned and emailed to business@oak-park.us or can be mailed to: Village of Oak Park, Attention - Development Customer Services Department, 123 Madison Street, Oak Park, IL 60302. If you have any questions about the application requirements or have any issues with submitting any of the required documents, please email business@oak-park.us. DO NOT SUBMIT THIS APPLICATION WITHOUT THE REQUIRED LETTER FROM YOUR LANDLORD OR MORTGAGE HOLDER SHOWING THE MONTH AND YEAR YOU ARE PAST_DUE ON RENT. THE LETTER SHOULD LIST THE MONTH/YEAR AND CORRESPONDING AMOUNT OWED FOR THAT MONTH.

The Village of Oak Park does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation or veteran status as applicable.



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Grant Amount Being Requested By You (Up to \$5,000): \$		
Name of Landlord or Mortgage Holder:		
Telephone Number of Landlord or Mortgage Holder:		
Current Monthly Rent or Mortgage Payment Amount:		

IMPORTANT: Please attach a signed letter from your landlord or mortgage holder indicating the amount of your overall past-due rent or mortgage payments. The letter should list the month and amount for each month past-due. Please do not submit this application without the required signed letter from your landlord or mortgage holder.